CDC-RFA-OT18-18020101SUPP18

FY18 CIO Project Plans

Category A

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Advancing Georgia Public Health System Violence Surveillance and Partnership Activities Based on the Cardiff Model

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Violence Prevention, Research and Evaluation Branch

4 CIO Point of Contact (POC) name(s):*
Steven Sumner; Kendell Cephas; Mary Phillips

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
hvo5@cdc.gov; koc9@cdc.gov; gyf3@cdc.gov

CIO POC phone number(es):*
770-488-3742; 770-488-1463

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 8/25 words maximum
State governmental public health department - Georgia

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$200,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
938/1,000 words maximum

Project Description – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):*

Proposed Activities: This is a proposed 3 year project ($200,000 per year) which will involve both a public health surveillance and public health partnership building component. The proposed project expands on and builds off of a pilot project in the Atlanta Metropolitan Area to implement a violence prevention program known as the Cardiff Model for Violence Prevention. The Cardiff Model program is intended to use combined data from hospital and police departments to better understand the location of violence in an area and to stimulate cross-sector partnerships for prevention. The Cardiff Model pilot in the Atlanta Metropolitan Area has successfully established data collection on violent injuries by a single hospital and a single police department partner. The goals of this proposed expansion project are to 1) establish a central repository for Cardiff Model data by a state government public health agency who can receive and centralize hospital data on violence injuries from multiple hospitals across the Atlanta Metropolitan Area covering multiple counties (Fulton, Dekalb, Gwinnett), and 2) to establish leadership and coordination of the partnership through this same state governmental public health agency.

1) Enhancing state public health capacity for surveillance of violence-related injuries: This project aims to develop a comprehensive public health surveillance system for violence based on combining hospital and police data on violent incidents based on the evidence-based Cardiff Model for Violence Prevention. In particular, a central repository for hospital data on violent injuries (containing, at minimum, precise information on location, date/time, and mechanism of injury) will need to be established. Because some data elements in the surveillance system are considered protected health information under HIPAA, the central repository for surveillance data will need to be established with a state-level governmental public health agency with authority to received protected health information from hospitals. Hospital data on violent injuries will then be cleaned, processed, and combined with data provided by police departments on violent incidents. Incidents will be identified that are unique to each data system, as well as incidents that are present in both data systems. The combined data will be mapped to identify hotspots, and periodic data reports and maps will be shared with partners to guide injury prevention and control measures.

2) Improving capacity to establish and maintain data-driven cross-sector partnerships to implement violent injury prevention and control programs: Data collected from the comprehensive public health surveillance system, as described above, will then be used to guide injury prevention and control activities. This project will work to establish a multi-sector partnership. The state-level public health agency with the authority to receive and centralize protected health information across multiple counties covering the Atlanta Metropolitan Area will need to periodically convene relevant law enforcement, health, and other community and governmental partners to review the public health surveillance data/maps to plan and implement coordinated injury control programs and activities. The relevant state-level public health agency will need to be able to establish a grant of authority with relevant partners for the purposes of reviewing data which may contain protected health information and conducting injury prevention and control activities. The state-level public health agency will be responsible for ensuring partnership engagement and leadership for injury control strategy and activities over a broad multi-county area covering the Atlanta Metropolitan Area and surrounding area. Through the mapping and data collection activities identified in Activity 1 above, the public health agency and partnership will assess trends in violent injuries over time to evaluate whether intervention activities are achieving a reduction in violence.

Expected Outputs:

• Public health violent injury surveillance system for Georgia housed within a state public health agency to include:
o Data sharing agreement between hospitals and state-level public health agency (up to 10 hospitals to be recruited; hospitals to be selected in consultation with state public health agency, CDC Division of Violence Prevention, and current Cardiff Model partners Grady Hospital and Dekalb County Police Department)
o At minimum, monthly sharing of hospital data with state-level public health agency
o Establish ongoing procedures for processing, cleaning, geocoding, comparing data overlap between hospital and police sources, and mapping hospital and police data (currently, the Atlanta Metro Area Cardiff Model project collects data from one hospital and one police department parter; this will be expanded to up to 10 hospitals covering multiple counties across the Atlanta Metro Area and surrounding area)
o Establish ongoing procedures for monthly data reports and maps to be shared with partners
• Development, convening, and leading of a broad coalition to include, at minimum, public health, hospitals, law enforcement, other relevant governmental agencies, and community partners. This output includes:
o Developing and implementing a public health grant of authority for injury prevention and control activities so maps or other data possibly containing protected health information can be shared and discussed with partners
o Establishing meeting for review of data and injury control activities every 2 months, at minimum.
o Facilitation of implementation of coordinated injury prevention and control programs, activities, and policies.
o Tracking of trends in violent injuries over time to assess whether intervention activities are leading to a reduction in violence.
• Documentation of lessons learned and best practices for implementation of the public health surveillance system and partnership activities to guide other locales considering implementing the Cardiff Model.

Expected Outcomes: Implementation of the aforementioned outputs is expected to result in: 1) a more comprehensive public health surveillance system for violent injury that is integrated into state public health data systems and procedures; 2) a cross-sector partnership to implement injury control activities, with assessment of whether violent injury is decreasing as a result of partnership activities; and 3) guidance for other locales in implementing such an approach.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships

- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 37/200 words maximum

The recipient will need established relationships, organizational capacity, and ability to assist state-level public health agencies. Experience in providing guidance and support for public health surveillance and partnership building activities at the state level is essential.

13 Applicant Program Experience:* 26/200 words maximum

The recipient should have experience assisting state-level public health agencies on matters of public health surveillance, partnership building, and documentation and promotion of best-practices.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 27/200 words maximum

The recipient of this funding will work closely with a state level public health agency to implement and expand the Cardiff Model violence surveillance system.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 65/200 words maximum

The recipient of the funding award will need the capacity to establish subcontracting with a state level public health agency. To successfully implement the public health surveillance system, support for an analyst (part-time, at minimum) housed at the state public health agency is needed as well as local funding for geospatial analysis software (such as ArcGIS), computer hardware, local travel, and miscellaneous supplies.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

	Briefly describe how. : * 81/200 words maximum
	Violent injuries are a leading cause of morbidity and mortality. This project establishes comprehensive public health surveillance for violent injuries as well as injury control activities. Locales implementing this approach have experienced a 42% reduction is hospital admissions due to violence [Florence, C., Shepherd, J., Brennan, I., & Simon, T. (2011). Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis. BMJ, 342, d3313.].
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 75/100 words maximum
	Total costs to implement the public health surveillance program by the state-level public health agency are estimated to not exceed $100,000 per year, including part-time analyst salary, computer, software, travel, supplies, and all fringe and indirects. The remainder of funds can be used to support funding recipient oversight, guidance, travel, and documentation of lessons learned and best practices. Funds can also be used to support implementation of injury control and prevention activities, as needed.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/5

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Advancing HiAP among Local Health Departments through capacity building and technical assistance

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Hope Roobol

CIO POC email address(es):*
hroobol@cdc.gov

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*
770.488.0584

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 18/25 words maximum
Local health departments, local health officials and their staff, and EH professionals at the local level.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$75,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
668/1,000 words maximum

Purpose/Expected Outcomes: Local health departments (LHDs), especially in home rule state and rural communities, are well-positioned to lead efforts to embed health considerations into policymaking across sectors, and increased coordination and collaboration between cities and counties can lead to improved government efficiency, shared goals across sectors, and better infrastructure to support county, city and regional agencies. In taking health in all polices and/or whole of government approaches to environmental health– environmental health challenges like exposure to toxic substances such as lead, extreme weather events, and access to safe drinking water, food, and air supported through robust environmental health services and infrastructure, among other pressing issues – can be better addressed and protected.

Consequentially, the associated health outcomes can then be improved, as health is more consistently considered in the decisions that influence these issues but are made across sectors, jurisdictions and levels of within and outside government. CDC is proposing to work to support LHDs to use whole of government and health in all policies strategies and tactics in their health departments. Through technical assistance activities, new solutions can be found, new relationships built, and processes implemented that work to address complex environmental health and health equity issues. Eventually, these approaches, tactics and strategies will become embedded into the day to day process not only for the LHDs but also for their counterparts across the government and in turn, continue improving environmental health and addressing health inequities, ultimately improving our communities' health.

Proposed Activities:
In order to support SHA in working to raise awareness and demonstrate the value of implementing environmental HiAP (eHiAP) strategies and tactics, the following activities are proposed:

• Technical assistance and capacity building program for city and county health departments to increase awareness, capacity and use of HiAP strategies and tactics (1, 2) promising practices (3) and identified HiAP evaluation metrics (4), or others which are emerging. Including activities such as:
o An eHiAP technical assistance program to health LHDs implement environmental Health in All Policies initiatives tailored to their communities.
o Provide monthly virtual office hours and/or presentations for interested LHDs along with those participating formally in the eHiAP TA program.
o Provide a virtual platform and/or routine communications for interested LHDs to access resources, and connect with other LHDs doing similar HiAP activities or working to advance similar HIAP goals. Such tools and resources could include:
A map of HiAP initiatives at the local and potentially state level(s)
A roster of LHDs points of contacts undertaking HiAP work and/or those who have participated in the eHIAP TA program
Compile and/or adapt HiAP resources for LHDs such as primers, PowerPoints, job aids, factsheets and other associated materials and make these tools/resources available online
Ongoing eHIAP newsletter or similar communications tool
o Potentially publish on eHiAP success and/or promote success through conference presentation(s) and existing dissemination channels.
o Connect LHDs to State Health Agency staff working on HiAP initiatives.

Expected Outputs:
• Development, execution and selection of eHiAP Technical Assistance grantees including:
o HiAP technical assistance program application
o List of local health department technical assistance applicants
o Notes from monthly HiAP technical assistance calls
o Technical assistance program evaluation survey template
o Completed evaluation forms from HiAP technical assistance program participants
• Documentation of general themes across TA grantees and development of associated tools/resources and presentations posted online for other LHDs
• Development of an article documenting key eHiAP success(s) e.g. Genoese County HIAP activities after the Flint water event.
• Technical activities tailored to the needs of LHDs undertaking eHIAP initiatives (e.g. monthly office hours, routine eHIAP newsletter, map if LHDs undertaking HiAP work, etc.

References

(1) Gase, Lauren N., Radha Pennotti, and Kenneth D. Smith. "Health in All Policies": taking stock of emerging practices to incorporate health in decision making in the United States." Journal of public health management and practice 19.6 (2013): 529-540. https://www.ncbi.nlm.nih.gov/pubmed/24080816
(2) NACCHO – Local Health department Strategies for Implementing HiAP - http://archived.naccho.org/topics/environmental/HiAP/upload/factsheet_hiap_dec2014-1.pdf
(3) NACCHO – Health in All Policies – Experience from Local Health Departments - https://www.naccho.org/uploads/downloadable-resources/NACCHO-HiAP-Report_Experiences-from-Local-Health-Departments-Feb-2017.pdf
(4) Gase, Lauren N., et al. "A practice-grounded approach for evaluating health in all policies initiatives in the United States." Journal of Public Health Management and Practice 23.4 (2017): 339-347. https://www.ncbi.nlm.nih.gov/pubmed/27598713

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	

- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 113/200 words maximum

Applicant organizations must demonstrate:
• Sufficient capability and capacity to carry out activities proposed.
• Capacity and infrastructure to effectively and efficiently collaborate with local health departments, local environmental health professionals and other environmental health organizations.
• Staff capacity and experience to develop an associated RFP and provide LHDs technical assistance.
• Experience providing a LHD technical assistance program on HiAP
• Capacity to develop local health department identified tools/resources, facilitate discussions in a collaborative environment or workgroup, and carry out the annual work plan.
• Evidence of past success in carrying out activities of similar size and scope.

The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan.

13 Applicant Program Experience:* 132/200 words maximum

	Applicants should have demonstrated program expertise in the following capacities: • Extensive environmental health and health in all policies subject matter expertise, with specific experience supporting local departments • Experience scoping, developing and implementing a request for technical assistance process which results in demonstrated environmental public health impact • Experience implementing a technical assistance program to LHDs, including staff experience in serving in a project officer role for local health department projects and providing technical assistance • Experience in developing training and tools/resources for local health leadership and local EH professionals. • Existing mechanism and infrastructure to communicate and reach local health departments. • Experience in supporting groups of local health staff and EH professional in particular, creating a culture of collaboration and supporting successful change management, leadership buy-in and norm shifting activities among local health agencies leadership and staff
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 44/200 words maximum
	• Applicants are expected to collaborate with CDC, other cross-sector associations and organizations which support EH professionals at the state, local and/or territorial level • CDC may also seek collaboration among funded partners to foster information sharing, strategic planning and coordination, cross-promotion and potential joint convening.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum
	It may be necessary to undertake subcontracts to best serve the technical needs of local health departments. Selecting the subcontractors will occur in consultation with CDC.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 25/200 words maximum Materials and webinars developed may be useful for Local health departments, local health officials and their staff, and EH professionals at the local level.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 84/100 words maximum
	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. Applicants must provide an itemized budget with the following headers: • Salaries and wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting • Other categories • Direct costs • Contractual costs
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/32

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/15 words maximum
Applied Policy Analysis Lab

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY

3 Division, office, or unit:*
Policy Research, Analysis, And Development Office

4 CIO Point of Contact (POC) name(s):*
Jim Kucik

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ezk9@cdc.gov

CIO POC phone number(es):*
404.639.7827

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 8/25 words maximum
Local Health Departments: city/county government health officials

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$225,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
647/1,000 words maximum

Purpose

Evidence-based and strategic policy approaches can create a better community environment conducive to improved health and reduced burden of costly health care and social services interventions. OADP proposes to develop a prototype Applied Policy Analysis Lab experience that brings the best CDC science to the hands of policy decision-makers, all supported through the application of an evidence-based decision-making process. The translation of research to actionable policies is a difficult process that requires support tools. The Applied Policy Analysis Lab will focus on high priority evidence based policies and tools to support policy makers and health system stakeholders in their use of evidence-based policy. CDC's intent is to inform and provide the best science and content-specific topics to community leaders and local health partners to make their own decisions for what is best based on their context and experience.

In addition to targeting Local Health Departments: city/county government health officials; this capacity-building assistance will also benefit State Governmental health policy and public health professionals and their multi-sector partners interested in applying evidence to inform policy decisions through a deliberative process to address priority public health issues.

This proposal is to closely collaborate with CDC to pilot the lab with local multi-sector public health focused teams by being a thought partner in developing the Applied Policy Analysis Lab services and to convene teams of local health policy leaders, public health practitioners, and community policy experts to use the services to inform decision making on a public health priority. During these convenings, training, education materials, and technical assistance will be provided to local leaders to enable them to keep pace with emerging public health issues that align with CDC priorities (e.g., as established through public health Winnable Battles). With a focus on local health officials and relevant policy decision-makers, the recipient will help explain policy options, share innovative and successful models, and help local jurisdictions develop actionable plans to address these public health priorities: convene multi-disciplinary local teams (with the option for appropriate parallels support at the state level); and develop resources to make progress on CDC priorities.

Proposed Activities:

• The Applied Policy Analysis Lab will consist of an interactive space in which local stakeholders including scientists, public health program expertise, policy makers and health system leaders can convene to discuss the evidence, policy options, and policy implications under expert guidance.
• The Applied Policy Analysis Lab will garner lessons learned from innovative incubation or learning labs, specifically those encouraging effective processes and frameworks for translating knowledge at the local level. A phased approach may be used initially to offer foundational skills and capabilities, and add additional services over time: rapid evidence reviews, evidence-based decision-making process, developing simulations or pilot tests based on local data and how to communicate policy.
• The Applied Policy Analysis Lab engagements will adapt to local participants according to their stage of readiness based on the CDC policy process. Engagements can be focused at any step, including problem identification, policy analysis, strategy and policy development, policy enactment or policy implementation, and policy evaluation. Services provided to move through this process will have five levels: Systems mapping; Evidence assessments; Synthesizing and translation; Deliberative process; and Simulation learning.
• The Applied Policy Analysis Lab will build on capacity developed within OADP and the CDC Policy Academy (skills and product focused). The Lab will help internal CDC SMEs align and further develop their policy options and extend partnerships with local legislative officials or staff, or other partner organizations including healthcare or other sectors. OADP will collaborate with internal CDC stakeholders on appropriate partners and participants to attend the Applied Policy Analysis Lab.

Outcomes:

Each Lab engagement will develop a local community action plan consisting of a defined set of evidence-based strategies to achieve progress toward an identified goal for community improvement by addressing public health priorities. Plans will vary depending on the stage of policy development on which the interventions are focused.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☐	Improved operational capacity to evaluate, manage, and improve public health systems
	☑	Improved leadership capacity to identify and prioritize public health needs
	☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 112/200 words maximum

The ideal organization should have strong relationships with health policy experts in the state executive and legislative branches, health department staff at all levels, and community policy experts and should be able to help these stakeholders develop and implement programs and policies in public health priority areas related to policy interventions. The organization should be able to facilitate collection of relevant information and sharing of ideas and experiences, create dialogue with outside organizations, and identify best practices in public health. The organization should have the ability to engage and convene a cross-sector group in order to learn about the diverse needs of those who inform policy or interact directly with policy decision-makers.

13 Applicant Program Experience:* 48/200 words maximum

The ideal organization should have demonstrated experience collaborating with health department staff at all levels and be familiar with workforce capacity building and conducting needs assessments. An ideal organization should also have an understanding of the policy development process and economic principles that inform policy decisions.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 23/200 words maximum

CDC has a clear vision for this project and seeks an organization to work collaboratively with them to fulfill that vision.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 32/200 words maximum

It is CDC's expectation that applicants will have the reach, relationships, capacities, and competencies listed above. If the applicant does not have these, CDC expects the applicant to subcontract appropriately.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 40/200 words maximum

The policy lab experience will facilitate a process that brings subject matter experts and a deliberative process that will bring governmental public health agencies to the table with other state and local experts to solve public health problems.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. OADP/FY18 (Year 1)/PP/4

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Assessing and Building the Capacity of States to Improve Vision and Eye Health

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Diabetes Translation

4 CIO Point of Contact (POC) name(s):*
Jinan Saaddine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
zna2@cdc.gov

CIO POC phone number(es):*
770-488-1274

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
State health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$700,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
684/1,000 words maximum

Purpose:
The project aims to work with 6-8 states to build infrastructure and develop capacity to prevent vision loss, improve eye health, and improve quality of life for those with or at risk of vision loss. In order to build effective capacity, there is a need to establish a backbone organization to serve as national technical assistance and resource center for vision and eye health, and to create an online toolkit to guide states. This proposed project will continue to support the current states to improve vision and eye health among high-risk populations. In addition, the proposed project will focus on added collaborations between additional states, building upon the successes of the current project, and including an ongoing monitoring and evaluation plan.

Expected Outputs:
1. Establish a backbone organization to serve as national technical assistance and resource center for vision and eye health. Supported by a multidisciplinary panel, the backbone organization will play a key role in ensuring that vision and eye health is included among the priorities of state and local public health departments.
2. Strengthen the capacity of states to address vision and eye health. Expanding existing state programs (Ohio, Nebraska, and Alabama), VHI would work closely with the organization to provide support to 3-5 additional states for building capacity to address vision and eye health as a public health priority; developing effective public health programs; and supporting activities such as data analysis to characterize the public health burden of vision loss, developing state-level champions for vision and eye health, engaging and convening stakeholders, and improving the quality of life for persons with vision impairment through promising interventions.
a. Identify and assess vision and eye health state level data sources, including BRFSS, Census, and other surveys or administrative data.
b. Identify gaps in diabetic and glaucoma eye care knowledge, barriers and facilitators to care and ways to overcome barriers using stakeholders and other informants.
c. Establish one or more collaborative opportunities with existing chronic disease programs (smoking cessation, disability and health, diabetes, cardiovascular health and others) at state health departments.
d. Develop and implement state & community level interventions with stakeholders to target high risk populations.
e. Monitor each project stage to evaluate state level data, capacity and commitment of stakeholders, gaps in public health eye care system, and effectiveness and outcomes of proposed interventions.
3. Create an online toolkit to guide states that would be updated regularly, and which would include a variety of content, such as, flagship programs that could serve as models and a foundation for peer-to-peer mentoring across states, strategies to integrate vision and eye health within the broader strategies for including vision rehabilitation into other public health activities.
a. Inventory and assess capacity/commitment of stakeholders (state, community, non-profit) to promote knowledge of diabetic eye disease, glaucoma care, need for routine eye examinations, barriers and facilitators to eye care, and to improve access to care.
b. Assess interventions to identify those that are unsuccessful, promising, or have rigor and measurable outcomes
Timelines:
1. Tasks 1, 2, and subtasks a-c first eight months.
2. Task 2, subtasks d-e, and subtask 3.a, 3.b months 7-18.
3. Task 2. a-e, task 3. A-b, completed during months 12-24.

Expected Outcomes:
1. Coordination of state efforts to build their capacity working closely with VHI and the backbone organization to implement activities listed in the work plan.
2. Assessment of state level data sources and information systems that characterize the magnitude of need of people with or at risk of vision impairment. Provide recommendations regarding how data sets might be enhanced to improve quality and utility, and reduce the burden of data collection.
3. Strong community and state level collaborations and an assessment of the capacity to sustain these collaborations. Provide metrics to assess the effectiveness and outcomes of collaborations.
4. Assessment of the utility of interventions to improve vision and eye care. Provide details regarding the specific interventions—including metrics to evaluate the development, and effectiveness of the intervention.
5. Creation of a toolkit that include key elements of state model programs, sample policies, and initiatives, that would be updated regularly, to guide states in addressing vision loss prevention and eye health promotion .
6. Assessment of workforce development and policy to integrate vision health within existing public health programs.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 171/200 words maximum

The applicant organization must have the capacity to work with state health departments as well as private non-profit organizations. The organization must have units focusing on state-based public health issues related to the reduction of chronic diseases, including vison impairment, diabetic retinopathy and glaucoma, and their associated risk factors.

The applicant organization must have the capacity to convene partner organizations, assess their capacity to address vision and eye health in community based programs, and determine the contribution of each partner to establish a comprehensive, integrated vision care initiative within the context of state and community based organizations. The applicant must show interest in improving education around vision and eye health among eye care providers, people at risk for developing vision loss, and people currently living with vision loss. Applications should highlight evidence-based and practice-based interventions, and specific ways in which the organization has in place local, state, and territorial public health infrastructure to provide the proper support for projects that focus on reducing the burden of vision impairment across the nation.

13 Applicant Program Experience:* 135/200 words maximum

The applicant must have an understanding of chronic disease as well as vision impairment. The applicant must have experience working with state and community partners. The applicant must have experience in assessing the magnitude, burden, and interventions associated with chronic diseases including vision impairment, and must have the capacity to critically assess the contribution of partner organizations to effect sustained program and systems change in the community. The applicant must have the knowledge, experience, and skills in working on reducing the burden of vision impairment and other chronic diseases and expertise on implementing policy, systems, and environmental changes to measurably improve access and utilization of eye care, improve detection of eye disease and vision impairment, and improve the health of people with and at risk of vision impairment in state and community settings.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 90/200 words maximum

This project will require extensive collaborations with state and community agencies and private nonprofit organizations to identify the capacity of partner organizations to address vision and eye health among people with or at risk of vision impairment, diabetic retinopathy and glaucoma. Additionally, this project will require the application to have the capacity to encourage and sustain collaborations between selected states and their program goals. A key component of this project is not only developing state-level interventions but opportunities for states to support each other based on their individual strengths.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 65/200 words maximum

This project will require subcontracts with multidisciplinary national organizations, states and private agencies to conduct the work outlined in the work plan. Each subcontractor must have demonstrated capacity and commitment to vision and eye health to assure that the project is implemented immediately, and subcontractors must have demonstrated knowledge of resources and subject matter expertise to address the topics identified in the work plan.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 60/200 words maximum

	Activities in the work plan will build the capacity to develop state-based vision loss prevention and eye health promotion programs that can extend and tie vision and eye health to a multiplicity of areas within state health departments, and support a framework that coordinates the vision and eye health initiatives across the public health infrastructure and vision community system.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 44/100 words maximum
	It is expected that this project will require a coordinator with sufficient time commitment to conduct Tasks 1, 2, 3, and subtasks. Resources will have to be allocated to state health departments and perhaps private nonprofit organization to conduct Task 1 and 2.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/31

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 11/15 words maximum Assessing and improving healthcare facility practices to protect patients in tribal communities.		
2	CIO:* NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE	3	Division, office, or unit:* Division Of Healthcare Quality Promotion
4	CIO Point of Contact (POC) name(s):* Ryan Fagan; Amy Valderamma; Michael Bell		CIO POC email address(es):* zzb8@cdc.gov; xyg9@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* (404)718-4555; (404)639-2231
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 15/25 words maximum Public health professionals serving tribal communities, and patients and healthcare personnel in tribal communities		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $900,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 82/1,000 words maximum
	Purpose: To increase capability and capacity for implementation and monitoring of core elements of infection prevention and control among staff and in facilities serving tribal populations. Proposed Activities: Activities can include infection control assessments and remediations, process review and improvements, knowledge assessments and gap analysis, administrative process review and gap analysis. Expected Outputs: Actionable summaries of facility and ward/unit-level capabilities, capacities, and gaps at facilities that are engaged that allow targeting of improvement efforts Expected Outcomes: Sustained improvements in the safety of patient care

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 113/200 words maximum

Successful applicants will have robust knowledge and existing relationships with tribal leadership, tribal healthcare providers and opinion leaders, and will be able to arrange collaborations with and access to healthcare delivery facilities, staff and mangers. The ability to produce tailored assessment tools based on CDC models that fit the needs of the communities in question and to efficiently modify and refine those tools based on CDC feedback will be required. Similarly, the ability to collect, maintain and analyze data gathered in the assessment process, package those data as clear and actionable reports to return to tribal partners and leadership, and deliver the data, reports and summary documents to CDC will be required.

13 Applicant Program Experience:* 24/200 words maximum

Extensive experience with outreach, collaboration, and successful program implementation with healthcare systems providing care to a diverse range of tribal communities is needed.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 19/200 words maximum

Collaboration will be needed with healthcare facility leadership and staff, patient populations, tribal leadership and community opinion leaders.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	None.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 30/200 words maximum Successful demonstration of an assessment, gap analysis and feedback program for healthcare quality in the service of tribal communities will benefit public health agencies and all levels of government.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 48/100 words maximum
	The applicant shall submit a budget that is reflective of work that will be completed in the current budget, as well as for the consecutive budget period as it relates to the funding amount. In addition, the budget submitted should include cost that are applicable and allowable.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/13

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Assessing and Strengthening National Vector Surveillance and Control

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Vector-Borne Diseases

4 CIO Point of Contact (POC) name(s):*
Tracy Hasvold

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
tab7@cdc.gov

CIO POC phone number(es):*
970-221-6422

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 22/25 words maximum
Local Health Departments (LHDs) across the United States, to include LHD leaders (i.e., local health officials or Chief Executive Officers (CEOs)

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$750,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
519/1,000 words maximum

Purpose: DVBD seeks support from partner organizations whose members include Local Health Departments (LHDs) across the United States, to include LHD leaders (i.e., local health officials or Chief Executive Officers (CEOs)) and LHD employees to assess national capcity to respond to vector-borne disease threats. Specifically, CDC seeks support in performing national assessments to acertain LHD competencies in the areas of vector surveillance, insecticide resistance testing, and vector control. In conjunction with these assessments CDC seeks support in developing and disseminating recommendations to address gaps in competency and providing focused technical assistance based on the outcomes of these assessments.

Proposed Activities:

Assessment of National Vector Surveillance and Control Competency

Coordinate with relevant partners to assess national vector surveillance and control challenges, needs, and gaps among local health departments. Specific activities include repeating a national vector surveillance and control competency survey and developing corresponding recommendations to improve prevention and control efforts. Specific activities should minimally include the following:

• Work with CDC to review and/or revise existing vector surveillance and control assessment tool to include tick management and further assess barriers in achieving core competencies.
• Review and update list of existing vector control entities across the U.S.
• Administer survey.
• Collect and analyze data.
• Work with CDC to identify specific recommendations for local health departments to improve vector surveillance and control capacity.
• Publish data to public.

Vector Surveillance and Control Summit(s)

Develop and host one or more vector surveillance and control summits which broadly targets vector surveillance and control entities such as vector control technicians, commercial vector control entities, local health departments, public works departments, mosquito abatement districts, and federal, state and local health department stakeholders. The broad goal for the summit would be to support CDC's effort to strengthen national vector prevention and control capacity through education, training and technical assistance. Specific topic areas could include sharing best practices and evidence-based interventions for vector surveillance, pesticide resistance testing, and pesticide application techniques.

Technical Assistance Program

Provide technical assistance to address identified gaps in vector surveillance and control competency. Maintain and expand upon existing vector surveillance and control tools targeting local health department members. Tools could include local health department success stories, technical videos demonstrating "how tos," sharing vector surveillance and control best management practices, and educational materials. Develop a peer-to-peer technical assistance program so that local health department partners can share expertise and best practices specific to vector-borne disease prevention and control.

Expected Outputs: 1) Collaborate with CDC on revision of national vector surveillance and control assessment; 2) Adminster national vector surveillance and control competency assessment; 3) Performan analysis of assessment results; 4) Publication of survey results to public health partners and the public; 5) Collaborate with CDC to develop corresponding recommendations for improved vector surveillance and control strategies which correspond to assessment results; 5) Develop and deliver technical assistance to improve national vector surveillance and control activities; 6) Host national vector surveillance and control summit(s).

Expected Outcomes: 1) Greater understanding of the gaps and barriers to comprehensive national vector surveillance and control; 2) Improved understanding of core competencies for vector surveillance and control; 3) Improved national capacity to perform vector surveillance and control activities.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☑	Improved operational capacity to evaluate, manage, and improve public health systems
	☑	Improved leadership capacity to identify and prioritize public health needs
	☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 73/200 words maximum

DVBD recognizes the need to further develop and support collaborative relationships with Local Health Departments (LHDs) across the United States, to include LHD leaders (i.e., local health officials or Chief Executive Officers (CEOs) and LHD employees and other public health partner organizations who can support national capacity building and disease prevention objectives. DVBD would like to partner with these programs to promote the development of robust vector surveillance and control programs.

13 Applicant Program Experience:* 126/200 words maximum

DVBD seeks an applicant who has established relationships with CDC, Local Health Departments (LHDs) across the United States, to include LHD leaders (i.e., local health officials or Chief Executive Officers (CEOs) and LHD employees, and other partner organizations. Applicant must have proven ability to work with Local Health Departments (LHDs) to include LHD leaders (i.e., local health officials or Chief Executive Officers (CEOs) and LHD employees in developing and implementing activities to include:
• Evaluating effective policies and practices in states
• Providing guidance on appropriate coordination and to response vector-borne disease threats across state agencies including environmental agencies
• Providing targeted communication materials on vector-borne diseases to state health officials and other state agencies
• Assisting the states implementing recommendations and best practices as they relate to vector surveillance and control

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 23/200 words maximum

The applicant would work in consultation and collaboration with CDC, state and local health departments, vector control agencies and other partner organizations.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 46/200 words maximum

There may be a need to subcontract work; however DVBD would work in consultation with recipient to identify any work for subcontracting purposes. Subcontractors would need to demonstrate prior relevant experience in the applicable areas of sub-contracted work (for example vector surveillance and vector control).

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 37/200 words maximum

Assessing vector surveillance and control capacity and developing corresponding recommendations to address identified gaps and barriers will give CDC and local health departments the knowledge and tools to strengthen their response to vector-borne disease threats.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 25/100 words maximum

	Funds will be used to cover personnel and benefit costs, travel expenses, supplies, equipment and consultant fees needed to cover work described above.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/7

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Assessing Tribal Clinical Fall Prevention Initiatives

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Leanna Thompson

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lmf8@cdc.gov

CIO POC phone number(es):*
770-488-3915

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
Tribal Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$100,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
296/1,000 words maximum

Purpose:
Falls are a common and costly health issue facing all older Americans age 65 and older. However fall incidence is highest among American Indian/ Alaskan Native (AI/AN) populations. This project will conduct an environmental scan of AI/AN older adult populations to assess AI/AN fall risk factors, burden, and the feasibility of conducting clinical fall prevention strategies. These data will support future efforts to prevent falls among AI/AN populations.

Proposed Activities:
Recipient will work with CDC NCIPC to
1. Assess available data needed to report on fall incidence or death among AI/AN populations. These data should include information on the circumstances surrounding a fall as well as contributing factors (e.g., age, gender, health status, comorbidities).
2. Assess opportunities to collect data on fall related risk factors and other contributing factors present among AI/AN populations (e.g., gait and balance impairment, use of medications linked to falls, postural hypotension, vision impairment, poor foot health, home hazards).
3. Assess tribal/federal health centers current use of fall prevention efforts to screen, assess, and intervene to reduce fall risk, and identify barriers in conducting these prevention strategies.
Assessments will take place in select tribal communities that are currently receiving funding to implement a community-based fall prevention program. A final report will be prepared which details the findings of these three assessments in the selected communities.

Expected Outputs:
The recipient will be responsible for the development of an assessment tool (with assistance from NCIPC), administering the assessment in selected communities, and preparing a final report to be delivered to NCIPC with findings.

Expected Outcomes:
A final report to NCIPC summarizing the status of STEADI and barriers to implementing STEADI in the selected communities. This information will be used to inform future decisions and materials related to STEADI for AI/AN populations.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 41/200 words maximum
	Applicant must have organizational capacity to coordinate and manage all aspects of the assessment. This capacity requires a strong understanding of tribal injury prevention (specifically tribal older adult fall prevention programs) and tribal healthcare and public health delivery systems.
13	Applicant Program Experience:* 33/200 words maximum
	Applicants must have experience working with tribal governments on public health and/or injury prevention programs. Experience providing technical assistance to tribal injury prevention and older adult fall prevention programs is recommended.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 16/200 words maximum
	Recipient is expected to collaborate closely with CDC NCIPC on all aspects of this project.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 35/200 words maximum
	The results of this assessment will be used to improve the STEADI toolkit for use in tribal communities, increasing the capacity of tribes to implement public health interventions to assess older adult falls.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 35/100 words maximum
	Funds can be used to support salary and administrative costs in developing and conducting the assessment as described above. Funds can also be used to support travel costs related to conducting the assessment.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/26/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/15

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Building Capacity for Tobacco Prevention and Control within State Health Departments

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Office On Smoking And Health

4 CIO Point of Contact (POC) name(s):*
Sarah O'Leary; Laura Whalen; Pamela Cox

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
euh9@CDC.gov; leg6@cdc.gov; pkc2@cdc.gov

CIO POC phone number(es):*
770-488-8816; 770-488-5184; 770-488-7885

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 25/25 words maximum
State Health Officials, State Health Agency leaders: deputies, legislative liaisons, legal counsel, financial officers, Tobacco Program Managers, informatics, human resource, and environmental health directors.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$193,525
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
704/1,000 words maximum

Purpose
Tobacco remains the number one cause of death and disease in the United States. The goals of the Office on Smoking and Health (OSH) and the National Tobacco Control Program (NTCP) are to use evidence-based interventions to prevent initiation to tobacco use, eliminate secondhand smoke exposure, increase cessation of tobacco use, and identify and eliminate tobacco-related disparities. The NTCP is made up of Tobacco Control Managers in states, islands, territories, and includes national and federal partners, along with other key stakeholders. Tobacco Control Program Managers are located in state health departments or related agencies and need to maintain productive continuous relationships in order to achieve the NTCP goals.
This project will provide support for the target population by educating on tobacco control issues and the impact of tobacco use across public health, with particular emphasis on new staff, and high priority issues of state health departments. The project will provide communication, coordination, and collaboration to connect tobacco control issues with health department priorities. Efforts will focus on integrating tobacco into health department high priority issues and initiatives, including such areas as the current opioid epidemic, but also other key issues that may emerge over time. The project will promote collaboration across health department sectors (chronic disease areas, environmental health, maternal and child health) to educate on tobacco use and integrate interventions that support and complement initiatives across the states and nation.

Activities
• Provide technical assistance to the target population via topic specific webinars and calls, workgroups, including planning agendas, requesting speakers, sending out notices, moderating calls, preparing notes, and sending out notes from calls.
• With guidance from the CDC OSH Project Officer, provide technical assistance (knowledge, information on the Surgeon General's Report, Evidence Base Policy Outcomes, OSH media campaigns, and comprehensive tobacco control programming) via conference calls, webinars, and articles.
• Provide technical assistance and support to OSH to answer questions from the target population or their partners regarding activities to achieve the National Tobacco Control Program goals.
• Provide meeting facilitation, committee coordination, letter writing, email alerts, and the development of agenda and meeting minutes.
• Identify emerging issues for technical assistance and develop technical assistance opportunities to include webinars, work groups and resources to increase knowledge and understanding of the issues.
• Expand the knowledge of evidence-based tobacco control on high priority issues such as flavored tobacco products, including menthol, the connections between tobacco use and opioid use, and electronic nicotine delivery devices among state health officials, deputy directors, policy liaisons and other staff in state health departments.
• Identify innovative methods to impact current and emerging issues in tobacco control, on a broad range of public health issues, such as flavors, opioid use, and other emerging issues.
• Provide regular feedback to the target population via monthly or quarterly newsletters, websites, and communications about resources.
• Provide education on various state and national policy impacting tobacco control and related health areas.
• Facilitate collaboration between the target population and federal and national partners, including nongovernmental organizations.
• Leverage the Tips from Formers Smokers, national education campaign with tobacco control and other programs and public health issues in state health departments.

Expected Outputs
• Mechanism and venues to provide expertise to implement the goals of CDC OSH with the targeted population, including workgroups, webinars, conference calls, meetings and resource materials.
• Analysis and education on state and national policy impacting tobacco control and related health areas, via webinars, podcasts, infographics, publications, and dissemination of resources.
• Representation on behalf of the target population at CDC OSH meetings and calls
• Logistical support for all meetings, calls, webinars and committees, including developing agendas, facilitating meetings, taking and disseminating notes.
• Monthly status report which provides a summary of completed and on-going activities for each of the technical requirements and activities.

Expected Outcomes:
• Strengthened relationships between CDC OSH and the targeted populations to support state tobacco control efforts
• Increased knowledge and skills in evidence-based tobacco control strategies and awareness of the evidence for comprehensive tobacco control program among the targeted population.
• Increased exchange of tobacco control scientific findings and strategies to address other public health priorities, that intersect with tobacco control
• Increased collaboration and sharing among the members of the target population and CDC OSH to further the goals of CDC OSH.
• Increased networking among public health professionals to support tobacco control at the State level with an emphasis on state health departments.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑ Improved operational capacity to evaluate, manage, and improve public health systems

☑ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

☐ Increased capacity to evaluate laws and policies to affect health

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability of public health systems to achieve nationally established standards

☑ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

☐ Strengthened capability to systematically apply and use laws and policies to improve health

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 179/200 words maximum

The recipient organization should have the capacity to engage with federal, national and state organizations and partners to provide leadership at a national level across states and national networks to provide technical assistance on evidence-based practices for tobacco control, disseminate resources, provide a forum for sharing lessons learned, promote collaboration across chronic diseases, and convene stakeholders to address emerging issues.
The recipient organization must have an existing structure and capacity to connect State Tobacco Control Program Managers and tobacco issues to higher level state health department issues and priorities, through state health officials, deputy directors, and legislative liaisons.
The recipient staff must have knowledge of the evidence-base to support comprehensive tobacco programs, including knowledge of emerging products and issues, and the relationship of tobacco use to chronic disease.
The organization should have the capacity to disseminate resources widely on a regular basis, though various venues including conducting webinars, facilitating conference calls, and developing and using media resources, including maintain the TCN website. The organization should have program management and administrative capacity to support multiple project tasks and activities.

13 Applicant Program Experience:* 142/200 words maximum

The recipient should have developed relationships and experience among state health departments, relative to tobacco control, and have worked collaboratively with federal, national and state partners, as well as nongovernmental organizations, and be able to engage partners to provide technical assistance and advance CDC OSH goals. The recipient should have experience in tobacco control at the national and state level, and be knowledgeable in tobacco policy issues that impact the sustainability and activities of comprehensive tobacco control programs for states. This includes knowledge in program infrastructure, tobacco policy, cessation, and health equity, as well as cross cutting issues for tobacco control such as chronic diseases and behavioral health issues. The recipient should have expertise in managing multiple projects and liaising between CDC, and multiple partners and stakeholders. The recipient should have structures in place for managing networks, committees, and workgroups.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 69/200 words maximum

	CDC OSH expects the recipient to collaborate with OSH's partners, including federal, national and state organizations whose work relates directly or indirectly to tobacco control. The recipient is also expected to collaborate with CDC OSH staff and funded awardees that may include states, recipients of other cooperative agreements, and networks as needed to accomplish the goals of OSH. CDC will provide guidance and consultation on partnerships and collaboration.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 14/200 words maximum
	The recipient may subcontract as needed to accomplish the work of the project.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 39/200 words maximum State Health departments will benefit from technical assistance to staff across the health departments, to increase knowledge of tobacco control strategies, related public health law, and cross cutting issues for tobacco control on state health priority topics.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/46

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Building capacity for water preparedness and response - Local

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*
Jonathan Yoder

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jey9@cdc.gov

CIO POC phone number(es):*
4047184696

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 17/25 words maximum
Local health officials with primary responsibility for public health or environmental health emergency preparedness and response.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$78,570
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
632/1,000 words maximum

Often the local and state public health agencies responsible to respond to emergencies have done no prior planning, do not have appropriate tools, and lack timely or credible public health messaging. Repeated complex emergencies and outbreaks associated with WASH emergencies have highlighted the need for tools that water utilities and public health can use to assess the potential public health impact of the emergency and effectively communicate to the public. Communities rely on WASH infrastructure for basic life needs. Aging water infrastructure, severe weather, and accidents cause an estimated 240,000 annual main breaks (some result in loss of service and boil water advisories). These are expected to increase with aging infrastructure. Recent examples raise concern about current readiness of state and local public health departments to respond to WASH emergencies that threaten community health.
Severe weather events (floods, hurricanes, droughts) compromise WASH infrastructure and are expected to increase with a changing climate. This is illustrated by the 2017 hurricane season, where Hurricanes Harvey, Irma, and Maria caused widespread devastation in multiple states and territories. The public health issues of floods, lack of power and drinking water, non-functioning waste water systems, and water damage to buildings were challenging to public health and medical responders.
CDC has developed guides/tools for drinking water emergencies, including the Drinking Water Advisory Communication Toolbox (DWACT) and the Emergency Water Supply Planning Guide for healthcare facilities (EWSP). However, additional work is needed to incorporate these tools into state/local health departments emergency preparedness, evaluate their effectiveness and develop additional tools necessary to deal with these complex WASH emergencies, often caused by emerging pathogens, chemicals, toxins, or natural disasters (e.g., floods, hurricanes).
Based on work started during 2017 and 2018 by a national organization, we have identified several challenges with integrating water preparedness into public health response in local health department.
- Lack of a comprehensive evaluation of existing tools with key public health partners that would provide an opportunity to refine these tools and gain buy-in. Local and state health department participation in improving these tools would strengthen these tools and provide incentive to encourage use by frontline public health staff.
- Gaps in communication tools for responding to water-related emergencies with science-based health communication messages based on CDC's CERC principles.
- Need for field-deployable implementation guides for DWACT and EWSP, waterborne disease outbreak investigation toolkit, and drought guidance. These are lengthy guides that provide great background for planning.
- Need for improved materials to deal with chemicals and toxins which have increasingly caused water emergencies
- Need for rapid information dissemination tools (e.g., social media) in the event of a WASH emergency

To address this gap in public health water preparedness, a national organization developed a water preparedness workgroup comprised of local health department staff during 2017/2018. During the regular working meetings, they developed and/or refined preparedness and response tools, including a table top exercise, communication tools for water-related emergencies, and drinking water advisory messages. The workgroup identified additional tools, resources, and gaps in local public health departments for water-related emergencies.
This project will continue the work of that workgroup including 1) participate in national meetings and conferences to increase awareness of the water-related challenges and available tools; 2) continuing the national workgroup; 3) develop WASH-related guidance and preparedness tools to integrate into public health preparedness planning and response; 4) modify existing tools to make them field-deployable for public health, water utilities and emergency responders, enhancing the effectiveness of partners to address constituent emergency WASH needs; and 5) develop opportunities to develop proficiency and promote water capacity by piloting the incorporation of preparedness tools in select health departments and evaluating their use.
These objectives can be accomplished in multiple ways, including by convening workgroups and developing, deploying, and refining tabletop exercises.
This project involves working with CDC WASH subject matter experts in the infectious disease and environmental health. These groups have a history of collaboration on water preparedness projects.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑	Improved operational capacity to evaluate, manage, and improve public health systems
☑	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 113/200 words maximum

The mission of the applicant will be to act as a leader, partner, catalyst, and voice for local health departments (LHDs). In keeping with this mission, the applicant's preparedness work will focus on activities related to both practice and policy. The applicant will serves as a two-way conduit through which LHDs can provide input and effect change on national initiatives and through which national partners can disseminate information to LHDs on emerging national issues and events. A vital part of the applicant organization's work will be to create and maintain tools, trainings, and resources that are designed to help LHDs enhance their capacity to respond to public health emergencies and other disasters.

13 Applicant Program Experience:* 92/200 words maximum

The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, the local health officials of the health agencies across the United States. The organization should support local efforts that protect the health of all people and engage in a wide range of scientific, educational, technical assistance, training and policy activities on behalf of advancing public health preparedness and response capacity. Projects occurring in the organization should include pandemic and catastrophic event planning, community health resilience and recovery, strategic partnerships, and performance measurement and evaluation.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 42/200 words maximum

The applicant shall strengthen ongoing collaborative partnerships with other key partner organizations that have a preparedness focus. Strategic partnerships should assist key stakeholders coordinate comprehensive preparedness and response systems. All aspects of the project will be conducted in collaboration with CDC.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 30/200 words maximum

This project will increase capacity of public health departments to respond to water-related emergencies. Additionally, it will provide benefit to local and federal public health preparedness and response capacity.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 35/100 words maximum

	The applicant will submit a budget that is reflective of work that will be completed in the current budget period, as well as for the consecutive budget period as it relates to this funding.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/15/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/11

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Building capacity for water preparedness and response - State

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*
Jonathan Yoder

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jey9@cdc.gov

CIO POC phone number(es):*
404-718-4696

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 17/25 words maximum
State health officials with primary responsibility for public health or environmental health emergency preparedness and response.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$78,570
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
673/1,000 words maximum

Complex emergencies and outbreaks associated with drinking water, sanitation, and hygiene (WASH) trigger emergency responses because of their potential for causing community-wide outbreaks and disruption. Often the local and state public health agencies responsible to respond to these emergencies have done no prior planning, do not have appropriate tools, and lack timely or credible public health messaging. Repeated complex emergencies and outbreaks associated with WASH emergencies have highlighted the need for tools that water utilities and public health can use to assess the potential public health impact of the emergency and effectively communicate to the public. Communities rely on WASH infrastructure for basic life needs. Aging water infrastructure, severe weather, and accidents cause an estimated 240,000 annual main breaks (some result in loss of service and boil water advisories). These are expected to increase with aging infrastructure. Recent examples raise concern about current readiness of state and local public health departments to respond to WASH emergencies that threaten community health.

Severe weather events (floods, hurricanes, droughts) compromise WASH infrastructure and are expected to increase with a changing climate. This is illustrated by the 2017 hurricane season, where Hurricanes Harvey, Irma, and Maria caused widespread devastation in multiple states and territories. The public health issues of floods, lack of power and drinking water, non-functioning waste water systems, and water damage to buildings were challenging to public health and medical responders.

CDC has developed guides/tools for drinking water emergencies, including the Drinking Water Advisory Communication Toolbox (DWACT) and the Emergency Water Supply Planning Guide for healthcare facilities (EWSP). However, additional work is needed to incorporate these tools into state/local health departments emergency preparedness, evaluate their effectiveness and develop additional tools necessary to deal with these complex WASH emergencies, often caused by emerging pathogens, chemicals, toxins, or natural disasters (e.g., floods, hurricanes).

Based on informal feedback from partners, we have identified several challenges with integrating water preparedness into public health response.

- Lack of a comprehensive evaluation of existing tools with key public health partners that would provide an opportunity to refine these tools and gain buy-in. Local and state health department participation in improving these tools would strengthen these tools and provide incentive to encourage use by frontline public health staff.
- Need for field-deployable implementation guides for DWACT and EWSP, waterborne disease outbreak investigation toolkit, and drought guidance. These are lengthy guides that provide great background for planning. However, the additional of field checklists and packets of response materials for specific situations are needed.
- Need for improved materials to deal with chemicals and toxins which have increasingly caused water emergencies
- Need for rapid information dissemination tools (e.g., social media) in the event of a WASH emergency

To understand this gap in public health water preparedness, ASTHO developed and implemented a survey of state environmental and preparedness programs during 2017/2018. This will assess the tools, resources, and gaps in state public health departments for water-related emergencies.

Based on the results of the data on needed resources, tools, and capacity in state health departments, this project will 1) publish an evaluation of the capacity in state health departments to respond to water-related emergencies; 2) convene a national workgroup to address this issue, comprised of state public health leaders and relevant national public health organizations; 3) develop WASH-related guidance and preparedness tools to integrate into public health preparedness planning and response; 4) modify existing tools to make them field-deployable for public health, water utilities and emergency responders, enhancing the effectiveness of partners to address constituent emergency WASH needs; 5) participate in national meetings and conferences to increase awareness of the water-related challenges and available tools; and 6) develop opportunities to develop proficiency and promote water capacity by piloting the incorporation of preparedness tools in select health departments and evaluating their use.

These objectives can be accomplished in multiple ways, including by convening workgroups and developing, deploying, and refining tabletop exercises.

This project involves working with CDC WASH subject matter experts in the infectious disease and environmental health. These groups have a history of collaboration on water preparedness projects.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☐	Improved operational capacity to evaluate, manage, and improve public health systems
☑	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 154/200 words maximum

The primary goal of this project is to assist State and Territorial Health agencies and CDC to develop a better prepared public health system for WASH-related emergencies. Through policy and professional development, delivery of technical assistance and tools, dissemination of promising practices; and evaluation of progress, the applicant will increase the ability of state and territorial health agencies to protect communities from infectious, occupational, environmental, terrorist, and other emerging threats. The principal goals specific to this project should reflect how the applicant ensures a better prepared public health preparedness system by targeting areas of greatest need. The overarching goals are: increasing the ability of health officials and federal policy makers to make informed policy and operational decisions; developing the discipline of state and territorial public health preparedness; increasing collaboration between state and territorial health agencies and other stakeholders; and creating greater efficiency and effectiveness in state and territorial public health preparedness programs.

13 Applicant Program Experience:* 98/200 words maximum

The applicant will be a vital link and information conduit between state and territorial health agencies and federal agencies to create a prepared public health system. The organization should assist state and territorial health agencies by analyzing preparedness information and public health and health system infrastructure issues, and by recommending sound and progressive statebased public health policy, strategies, and best practices. By producing tools and resources and facilitating technical assistance to the states and territories, the applicant is expected to provide state and territorial health agencies the support needed to create a better prepared public health system.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 42/200 words maximum

The applicant shall strengthen ongoing collaborative partnerships with other key partner organizations that have a preparedness focus. Strategic partnerships should assist key stakeholders coordinate comprehensive preparedness and response systems. All aspects of the project will be conducted in collaboration with CDC.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 30/200 words maximum

This project will increase capacity of state health departments to respond to water-related emergencies. Additionally, it will provide benefit to local and federal public health preparedness and response capacity.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 35/100 words maximum

	The applicant will submit a budget that is reflective of work that will be completed in the current budget period, as well as for the consecutive budget period as it relates to this funding.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/10

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Building Capacity in Maternal and Child Health (MCH) Programs and Policies

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Reproductive Health

4 CIO Point of Contact (POC) name(s):*
Donna Addison

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dnp7@cdc.gov

CIO POC phone number(es):*
770-488-6501

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 14/25 words maximum
This project will benefit maternal and child health (MCH) programs in state health agencies.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,250,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
396/1,000 words maximum

Background:
The mission of the Division of Reproductive Health (DRH) is to promote optimal and equitable health in women and infants through public health surveillance, research, leadership, and partnership to move science to practice. The Maternal and Child Health (MCH) Epidemiology Program within the Division supports this mission by providing direct assistance to public health agencies through a variety of mechanisms, including assigning senior CDC MCH epidemiologists and fellows and increasing the ability to apply scientific and research evidence at the agencies where the senior MCH epidemiologists are assigned. The program also partners with various federal, state, tribal, and local agencies to move the science to practice, build capacity, increase infrastructure, and translate MCH findings for programmatic and policy use in MCH programs at state health departments.

The purpose of this project is to further the DRH mission by:
• Providing an infrastructure for identifying and responding to emerging issues in MCH, then sharing information and solutions on national trends in MCH epidemiology and surveillance.
• Identifying, translating, and supporting health research that contributes to effective, evidence-based and informed public health practices, programs, and policies.
• Improving the integration of primary clinical care and public health with a focus on maternal and child health.
• Promoting development of essential and varied partnerships to leverage resources for program implementation and policy improvement.

Funded activities may include:
• Develop learning communities/collaboratives on topics such as access to contraception, postpartum substance use services and neonatal abstinence syndrome, and other emerging issues among women of reproductive aged women, pregnant and postpartum women, and infants in states.
• Convene stakeholder and/or expert panel meetings on topics such as risk appropriate care, maternal mortality, and other emerging MCH issues to examine existing research on current topics in relation to reproductive aged women, pregnant and postpartum women, and infants in states.
• Respond to new and emerging issues in MCH, develop innovative solutions, and disseminate findings to state health agencies.

Expected Outputs:
• Success stories from state health agencies on integration of clinical care and public health.
• Newsletter, briefs, resource documents, toolkits, e-mails disseminated to state health agencies describing program or policy innovations in maternal and child health.
• Mechanism to disseminate information on evidence-based and informed best practices in MCH epidemiology and surveillance.

Expected Outcomes:
• Increased awareness of state health agencies on evidence-based and best practices in emerging MCH issues.
• Improved collaboration and partnership for effective program and policy development, delivery and evaluation.
• Strategies to address emergent MCH issues based on current available evidence.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 87/200 words maximum

The organizational capacity statement should describe the mission, how the applicant agency is organized, the nature and scope of its work and/or the capabilities it possesses.

The applicant must demonstrate the following organizational capacity:
• Have a documented history of establishing effective relationships with state health agencies including state health department leadership (e.g., state health officials/health commissioners/medical directors).
• Appropriately trained staff to oversee project implementation, including the budgetary, program management, and reporting aspects of the fellowship program.
• Appropriate information technology systems to produce required federal progress, financial and annual reports.

13 Applicant Program Experience:* 148/200 words maximum

The applicant must demonstrate the following program experience:

• Extensive experience (10 years or more) of formulating and influencing sound public health policy and ensuring excellence in state-based public health practice.
• Extensive experience with tracking, evaluating, and advising public health agencies on the impact and formation of public or private health policy which may affect them and providing them with guidance and technical assistance on improving the nation's health.
• Have a documented history of providing MCH capacity-building assistance to state public health agencies.
• Have a documented history of disseminating evidenced-based and informed best practices in MCH to state health department staff.
• Be a national organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, including the public health professionals these agencies employ.
• Be a membership organization of the chief health officials for each U.S. state and territory, as well as the District of Columbia.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 67/200 words maximum

This project will result in Increased collaboration between multiple programs within the CDC Division of Reproductive Health, our partnering organizations, and states around emerging issues related to MCH Epidemiology.
Recipients will also be encouraged to build and sustain strategic partnerships and collaborations with state chief health officials and program staff that have a role in implementing this program's strategies and activities, and achieving the expected outcomes.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 55/200 words maximum

The applicant is expected to dedicate funding (amount TBD, subsequent to award of cooperative agreement) to a subcontract with an academic institution to evaluate the process of implementing project activities.
Academic partners must have a developed curriculum in applied epidemiology, with faculty specialized in the field of maternal and child health and evaluation.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 48/200 words maximum

This project will address the capacity building needs of maternal and child health programs in state governmental health agencies. Upon completion of this project, state governmental public health agencies will increase state's capabilities to implement evidence-based/informed public health programs, policies, and services to address public health needs.

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 47/100 words maximum
	The applicant must submit an itemized budget and budget narrative, consistent with CDC guidance for completing a detailed budget (http://www.cdc.gov/od/pgo/funding/budgetguide.htm. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose and projected outcomes outlined in the project narrative.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/10/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/14

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Building Capacity in Public Health Ethics at Governmental Public Health Departments

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR SCIENCE

3 Division, office, or unit:*
Office Of Scientific Integrity

4 CIO Point of Contact (POC) name(s):*
Drue Barrett

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
DBarrett@cdc.gov

CIO POC phone number(es):*
404-639-4690

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 12/25 words maximum
The capacity building assistance should benefit local public health leadership and workforce.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$25,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
504/1,000 words maximum

Background:
Governmental local public health departments stand on the frontline of decision making to promote and protect public health. In their everyday activities, they grapple with decisions that present ethical challenges, such as allocating scarce resources and respecting individual rights while protecting the public good. Public health ethics involves a systematic process to clarify, prioritize and justify possible courses of public health action based on ethical principles, values and beliefs of stakeholders, and scientific and other information. There is a need to provide governmental local public health officials with tools, resources, and training to integrate public health ethics into decision making at all levels. This need has been enhanced by the Public Health Accreditation Board's addition of an ethics measure to its accreditation standards.

For the past 5 years, the Public Health Ethics Unit (Office of Scientific Integrity) has worked to assist governmental public health departments build ethics capacity. This has included providing training on public health ethics, creating tools to assist in the building of ethics infrastructure, and demonstrating the process of establishing an ethics committee.

Purpose:
The purpose of this proposed project is to build upon our efforts to strengthen public health ethics capacity at governmental local public health departments.

Proposed Activities:
Proposed projects should include activities which:
1. Promote the provision of training on public health ethics for the governmental local public health department workforce.
2. Identify specific public health ethics issues of concern to governmental local public health departments and develop and promote the use of tools and resources which provide guidance on addressing these issues.
3. Support governmental public health departments in their efforts to establish infrastructure in public health ethics, including assisting in increasing collaboration and networking among academic institutions and governmental local public health departments on identifying, analyzing, and resolving ethics issues.
4. Identify effective evaluation strategies for demonstrating the impact of governmental local public health department's public health ethics activities.

Expected Outputs:
1. The awardee will conduct at least two public health ethics training sessions (either in person or via webinar) for the governmental local public health workforce.
2. The awardee will identify public health ethics issues of concern to governmental local public health departments and collaborate with the Public Health Ethics Unit on the development of tools and resources which address at least one of these issues.
3. The awardee will demonstrate success in establishing collaboration and networking between at least one academic institution and a governmental local public health department on a public health ethics issue.
4. The awardee will recommend at least one potential strategy, including relevant sources of data, which will allow governmental local public health departments to demonstrate the impact of their public health ethics activities.

Expected Outcomes:
Governmental local public health workforce (including leadership and staff) who are knowledgeable about what constitutes an ethics issue, know how to receive assistance on addressing an ethics issue, address ethical challenges in their day-to-day work in a deliberate, systematic manner in ways that are consistent with key ethical values of public health practice, and are aware of strategies for demonstrating the impact of their public health ethics activities.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [x] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 54/200 words maximum

The applicant must have a proven track record of improving the performance of public health systems in governmental local public health departments. This should include the capacity to provide training, technical consultation, and information dissemination and outreach to governmental local public health departments, as well as mechanisms for understanding their needs and concerns.

13 Applicant Program Experience:* 44/200 words maximum

The applicant must have a demonstrated track record of working with governmental local public health departments on providing training on public health ethics issues, developing useful tools and resources on public health ethics, and assisting in the development of public health ethics infrastructure.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 60/200 words maximum

The awardee will be expected to collaborate with the Public Health Ethics Unit on the project activities. This may include conference calls to review project plans and progress, addressing input from Public Health Ethics Unit leadership on project activities, and collaborating with the Public Health Ethics Unit on providing training and on the development of public health ethics resources.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 106/200 words maximum

This capacity building assistance project will benefit governmental public health departments by ensuring that they have a competent workforce, adequate infrastructure, and a decision making process that is able to identify, analyze, and resolve ethical issues that arise in public health practice. The project will also be useful for governmental public health departments who are seeking to build their ethics infrastructure in order to meet the ethics measure that is now part of the Public Health Accreditation Board process. The project will benefit CDC by providing information that will allow the Public Health Ethics Unit to improve its public health ethics training, tools and resources.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 20/100 words maximum

	Funds may be used to support salaries, supplies, information technology, and travel as needed to accomplish the project activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/23/2018 You will be directed to a confirmation screen upon successful save or submission. OADS/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Building Capacity of the Public Health System to Improve Population Health through Local Health Departments

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Office On Smoking And Health

4 CIO Point of Contact (POC) name(s):*
Michon Jeter; Renee Wright; Pam Cox

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
fox1@cdc.gov; rid2@cdc.gov; pkc2@cdc.gov

CIO POC phone number(es):*
770-488-3791; 770-488-1146; 770-488-7885

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 8/25 words maximum
Local public health staff, leadership, and stakeholders.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$115,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
656/1,000 words maximum

Purpose:
Cigarette smoking remains the leading cause of death and disability in the United States despite a significant decline in the number of people who smoke. Over 16 million Americans have at least one disease from smoking, and 480,000 Americans die from smoking each year. This amounts to $300 billion in direct medical costs and lost productivity that could be averted every year if we could prevent youth from starting and help every person who smokes to quit.

Local public health systems are key in promoting social norm change at the community level. Since the first U.S. Surgeon General's report on the health consequences of smoking in 1964, cigarette smoking has been nearly cut in half. This success is grounded in the ability of local communities to shape social norms through policy and systems level interventions. Despite the success in reaching national smoking prevalence goals set to meet the Health People 2020 Goals, change is stalled in disparate populations including those living in the Midwest and Southeast, individuals living in poverty, rural communities, American Indians, and those with behavioral health issues who continue to use tobacco at levels higher than the national average.
The purpose of this project is to strengthen local tobacco control efforts in areas of the U.S. with the highest tobacco use prevalence within rural America. The awardee is expected to increase the implementation of evidence-based tobacco control programs, policies and services. Awardees should build on efforts to improve public health in rural America. The awardee should work through local public health departments, community health systems and the state tobacco control program. The awardee is encouraged to increase the state tobacco control program capacity to implement effective evidence-based tobacco control programs at the local level and through the local public health system.

Proposed Activities:
The awardee will
• Provide technical assistance to local public health departments and their stakeholders through multiple modalities including topic specific webinars and calls, workgroups, including planning agendas, requesting speakers, sending out notices, moderating calls, preparing notes, and sending out notes from calls.

• Expand the knowledge of evidence-based tobacco control on high priority issues such as local smokefree air interventions; flavored tobacco products, including menthol; the connections between tobacco and opioid use and electronic nicotine delivery devices among local public health departments and their stakeholders; and health system change that encourages quit attempts among tobacco users.

• Provide regular feedback to the target population via monthly or quarterly newsletters, websites, and communications about resources.

• Provide education on evidence-based tobacco control interventions.

• Identify emerging issues for technical assistance and develop technical assistance opportunities to include webinars, work groups and resources to increase knowledge and understanding of the issues.

Expected Outputs:
Demonstrated tobacco control work in three states with a minimum of five local health departments/systems in each of those states to improve implementation of evidence-based tobacco control interventions.
At least three state plans to improve their success in implementing evidence-based tobacco control interventions in rural settings.
At least one annual presentation to OSH Staff on lessons learned to improve working with rural communities.
A mechanism and venues to provide expertise to implement the goals of CDC OSH with the local public health departments and their stakeholders, including workgroups, webinars, conference calls, meetings and resource materials.

Monthly status report which provides a summary of completed and on-going activities for each of the technical requirements and activities.
At least 2 resources that analyze national policy/materials/resources and customize them for local public health departments

Expected Outcomes:
• Increased knowledge and understanding that leads to successful implementation of evidence-based tobacco control programs for local and community tobacco control programs
• Increased understanding of the unique needs of rural communities that leads to successful implementation of evidence-based tobacco control programs
• Increased use and dissemination by local health departments of training resources and support materials for evidence-based tobacco control interventions
• Increased collaboration between local health departments and local health systems to deliver evidence-based tobacco control interventions

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships

- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 44/200 words maximum

The awardee must be professionally skilled in the area of both local and community public health with a proven history of organizing, executing, and evaluating local public health interventions. Manage a steering committee, program committee, and series of break out work groups.

13 Applicant Program Experience:* 29/200 words maximum

The awardee must have demonstrated experience in:
• organizing, executing and evaluation local public health interventions
• managing a steering committee, program committee, and series of break out work groups

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 81/200 words maximum

The awardee is required to collaborate with the state tobacco control programs in all states where local work is conducted This collaboration will be accomplished through the National Tobacco Control Program (NTCP) via the Office on Smoking and Health.
The awardee is encouraged to expand and leverage partnerships with organizations external to CDC working tobacco control and local public health capacity.
The awardee is required to collaborate with CDC funded national partnerships that work directly with local public health departments.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum

The awardee may subcontract as necessary for carrying out this cooperative agreement.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

	Briefly describe how. : * 26/200 words maximum
	Local health departments will receive technical assistance and training to build their knowledge of, and improve success in implementing, evidence-based tobacco prevention and control interventions.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/52

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Building Climate and Health Capacity in Local Health Agencies

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Environmental Hazards And Health Effects

4 CIO Point of Contact (POC) name(s):*
Paul Schramm; Pam Collins

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
pschramm@cdc.gov; ing4@cdc.gov

CIO POC phone number(es):*
770-488-0666; 770-488-0792

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 11/25 words maximum
Local (county/city) health department staff and the populations they serve.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$160,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
371/1,000 words maximum

Climate change can influence human health in numerous ways. Shifts in temperature, precipitation patterns, and sea-level can affect respiratory and cardiovascular disease, food-borne and water-borne illness, mental health, and vector-borne disease, among other health effects. The Centers for Disease Control and Prevention's Climate and Health Program (CHP) was formally established in 2009 and supports state and city health department efforts to develop and pilot methods to adapt to the current and future health effects of climate change. The program's mission is to lead efforts to identify populations vulnerable to climate change, recognize and anticipate health impacts, develop adaptation plans, and ensure that systems are in place to detect and respond to current and emerging health threats. The project will convene and support a workgroup or series of meetings or webinars on climate change and local public health, to facilitate information sharing and improve access to tools, trainings, and case studies.

Project Overview
The overall goal of this program is to enhance the capacity of local health departments to prepare for and respond to the health effects of climate change. While CDC currently provides some funding and technical guidance to two local health departments for climate and health work, the vast majority of local health departments have no funding to pursue this work. The applicant would provide support and guidance to local health departments. This would help build capacity through effective communication, providing technical assistance on climate-related issues, and convening peer groups that help foster open dialogue and idea exchanges to promote plans to help prepare for the effects of climate change on health.

Potential activities and outputs
This project could be accomplished through a workplan that convenes stakeholder workgroups and develops technical documents, programs, and/or documents to support local health departments. Activities may include the applicant providing direct logistical support or mini-grants to local health departments to support climate adaptation activities such as:
• adaptation planning at the local level
• education activities for local communities
• implementation of interventions
• incorporating health into existing adaptation plans in cities or counties

Goals/Outcomes
• Build stronger local health departments that are prepared for a changing climate
• Increase capacity of local health departments to engage in climate-related activities
• Increase sharing of information and best practices across jurisdictions
• Creation of specific technical assistance products to aid in the above outcomes

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 35/200 words maximum
	The applicant must be able to coordinate work with local health departments, facilitate communication through methods such as conference lines or webinars, perform monitoring, and support programs through methods that may include in-person meetings.
13	Applicant Program Experience:* 52/200 words maximum
	The applicant must have strong working relationships with local health departments. Staff should have experience coordinating funding, facilitating communication, and providing technical guidance. Experience with environmental health efforts is needed. The applicant should be actively engaged in relevant networks and groups, such as Environmental Health or local government public health workgroups.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 45/200 words maximum
	Coordination of work between local health departments and CDC will be necessary. The applicant should encourage and facilitate stakeholder engagement with relevant partners, potentially including community groups, other Federal or local agencies, and any relevant academic or government partners working on climate and health.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum
	Sub-contractual work is permissible but not required. The applicant should specify amount of funding, period of performance, work plan, and selection criteria for any sub-contractual work.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 27/200 words maximum This project will benefit public health agencies at the local level by providing them technical assistance and tools to increase their climate and health adaptation capacity.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 13/100 words maximum
	All use of funds must relate to stated project objectives and goals.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/10

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Building climate and health capacity in state health departments

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Environmental Hazards And Health Effects

4 CIO Point of Contact (POC) name(s):*
Paul Schramm; Pam Collins

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
pschramm@cdc.gov; ing4@cdc.gov

CIO POC phone number(es):*
770-488-0666; 770-488-0792

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 26/25 words maximum
State Health Officials and staff, along with other State Health leaders including but not limited to environmental health directors, and populations residing in these jurisdictions.

PROJECT FUNDING
OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$160,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
313/1,000 words maximum

Project overview
Climate change can influence human health in numerous ways. Shifts in temperature, precipitation patterns, and sea-level can affect respiratory and cardiovascular disease, food-borne and water-borne illness, mental health, and vector-borne disease, among other health effects. The Centers for Disease Control and Prevention's Climate and Health Program (CHP) was formally established in 2009 and supports state and city health department efforts to develop and pilot methods to adapt to the current and future health effects of climate change. The program's mission is to lead efforts to identify populations vulnerable to climate change, recognize and anticipate health impacts, develop adaptation plans, and ensure that systems are in place to detect and respond to current and emerging health threats.

Scope of Work
As the leading public health agency for the US, the CDC plans to use its disease prevention expertise to support state health departments to investigate, prepare for, and adapt to the health effects of climate change. Some state health departments have limited capacity and/or funding for climate and health adaptation efforts. This project would build state health agency capacity to better understand and adapt to emerging climate-related health issues in their jurisdiction.

Activities/Outputs
This could be accomplished through:
• convening a stakeholder workgroup
• developing guidance, programs, and/or documents to support state health departments
• Holding webinar(s) to share information
• Providing technical assistance to state health departments
This would aid CDC by providing support and guidance to state health departments that do not currently receive direct funding from CDC. This would help states build capacity through effective communication, providing technical assistance on climate-related issues, and convening peer groups that help foster open dialogue and idea exchanges to promote plans to help prepare for the effects of climate change on health.

Goals
• Build stronger state health departments that are prepared for a changing climate
• Increase capacity of state health departments to engage in climate-related activities
• Increase collaboration and information sharing on climate and health across state governments

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 38/200 words maximum
	The applicant must be able to coordinate work with state health departments, facilitate communication through methods such as conference lines or webinars, perform monitoring, and support programs through methods that may include site visits or in-person meetings.
13	Applicant Program Experience:* 57/200 words maximum
	The applicant must have strong working relationships with state health departments in a public health context. Staff should have experience coordinating funding, facilitating communication, and providing technical guidance. Experience with environmental health efforts is needed. The applicant should be actively engaged in relevant networks and groups, such as Environmental Health or state government public health workgroups.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 45/200 words maximum
	Coordination of work between state health departments and CDC will be necessary. The applicant should encourage and facilitate stakeholder engagement with relevant partners, potentially including community groups, other Federal or local agencies, and any relevant academic or government partners working on climate and health.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum
	Sub-contractual work is permissible but not required. The applicant should specify amount of funding, period of performance, work plan, and selection criteria for any sub-contractual work.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 23/200 words maximum This project will benefit public health agencies by providing them technical assistance and tools to increase their climate and health adaptation capacity.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 13/100 words maximum
	All use of funds must relate to stated project objectives and goals.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/8

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Building Environmental Health Informatics Capacity in State Health Agencies

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Environmental Hazards And Health Effects

4 CIO Point of Contact (POC) name(s):*
Christi Jones

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
buv3@cdc.gov

CIO POC phone number(es):*
(770) 488-3703

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
State Health Agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
262/1,000 words maximum

Increased adoption of electronic health records (EHRs) and health information exchanges (HIEs) as a result of federal initiatives such as the Affordable Care Act, HITECH Act, and Meaningful Use (MU) have underscored the need to develop better strategies for using data in health agencies, as well as develop and support an informatics workforce that can understand and meet these increased needs. The overall goal of this project is to explore how GIS tools can be used in conjunction with electronic health record (EHR) data to support environmental public health surveillance activities, from defining the geographical scope of a problem, to locating at risk communities and targeting public health intervention efforts.

Purpose: To enhance State Health Agencies capacity in the application of geographic information system (GIS) technologies for disease surveillance to improve environmental health informatics and to document current applications of GIS tools to electronic health record (EHR) data that explore the relationship between health outcomes observed and environmental factors, like air pollution, walkability, etc.

Proposed Activities:
• Recruit and fund up to thirty participants from state health agencies to participate in a GIS workshop;
• Develop case studies and conduct key informant interviews to showcase how State Health Agencies and primary care providers are currently using GIS to assess health outcomes observed in EHR data.

Expected Outputs:
• Organize a GIS surveillance workshop for up to 30 State Health Agency staff;
• Develop a report that captures best practices and demonstrates the value of applying GIS tools to EHR data for active disease surveillance.

Expected Outcomes:
• Increased capability of public health staff in the area GIS surveillance;
• Improved operational capacity to meet current GIS needs.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies

	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 49/200 words maximum
	The applicant must have a strong and close working relationship with state, territorial, local, and tribal health departments and have the project staff, experience, and organizational infrastructure to organize and manage multi-agency groups from various state, territorial, local, tribal, and federal public health agencies, and other professional public health organizations.
13	Applicant Program Experience:* 33/200 words maximum
	The applicant must have documented experience managing projects with participation from multi-agency groups, specifically with partners from state, territorial, local, and tribal health departments, related to environmental health surveillance and workforce development.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 22/200 words maximum
	The applicant must have extensive experience engaging Federal and State public health partners to support the activities outlined in this proposal.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum
	If subcontractors are needed, subcontracts should be selected in accordance with the policy and procedures for competitive bid or an adequately justified sole source selection.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 28/200 words maximum State Health Agencies will have an increased capability of their staff in the area of GIS surveillance and improved operational capacity to meet the growing GIS need.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum
	A detailed budget narrative is required detailing all, personnel, travel and contractual costs, as well as other expenses.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/26

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Building Health Department Capacity to Apply Quality STD Clinical Services and Recommendations

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*
Brandy Maddox, Shean Johnson, Dan Lentine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ftn6@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov

CIO POC phone number(es):*
404-639-8511; 404-639-6168; 404-639-0462

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 23/25 words maximum

Local public health departments interested in assessing their capacity to implement the Providing Quality STD Clinical Services Recommendations.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$250,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
497/1,000 words maximum

Purpose:
The forthcoming Providing Quality STD Clinical Services Recommendations will provide national guidance on quality STD care by providers offering basic or specialized STD care. The recommendations are a complement to the CDC 2015 STD Treatment Guidelines, with emphasis on clinical operations, and outline that STD-related clinical services should be available to persons with or at risk for STDs in different clinical settings. The recommendations are scheduled for release in September 2018 and CDC/DSTDP needs to be able to support health departments with translation of the recommendations into practical application. CDC staff have limited capacity to develop an implementation support package for this purpose.
This project is intended to primarily serve local health departments who are interested applying the recommendations in their clinical settings. The intended goal is to increase their capacity to use the tools to assess their clinical services and capacity to prioritize and apply the recommendations. State health departments are also expected to benefit from project activities.

Proposed Activities:
Proposed activities under this project need a partner to: 1) translate recommendations into an appropriate implementation support package, 2) provide training on use of the implementation tools to support uptake of the recommendations to a limited set of health departments, and 3) finalize the implementation support package based on experience with those health departments and prepare the package for wider dissemination.
Sample activities under this project include:
• Develop tools or checklists that support assessment of existing clinic services and capacity to implement recommendations
• Collaborate with a limited set of health departments seeking to improve their capacity to provide quality STD clinical services
o Organize and host (virtual) meetings with 10-12 sites to assess implementation support needs and preferences and facilitate tool development
o Conduct 'soft launch' with 10-12 sites, to ensure relevance and appropriateness to the intended audience
o Provide targeted technical assistance to apply the implementation support package with 3-5 sites
• Develop a brief training guide to support introduction and use of the tools and resources by DSTDP staff and others who want to use them to train or orient others in application of the recommendations
The materials and approaches used should be delivered to DSTDP at the end of the project, in case DSTDP can implement the approach directly in the future. The products should be developed in line with best practices in training materials and methods. Materials should be developed to be readily posted and accessed online.

Expected Outputs:
The primary outputs for this project include 1) a summary of the needs assessment, 2) the implementation support tools described above, and 3) a brief training / technical assistance guide.

Expected Outcomes:
The main outcomes include increased awareness of state/local health department capacity to implement recommendations, and increased skills to prioritize recommendations for implementation. This will be achieved through increased access to the implementation support package to apply the recommendations.
CDC and its partners will make products available through relevant websites, promote their availability, and support their use going forward.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 85/200 words maximum

The recipient needs expertise in training/capacity building approaches, convening/partnering, and effective methods of translation and evaluation.

The recipient also is expected to have capacity in translation, implementation/assessment tool development, and clinic operations to be able to develop the content of the implement support package independently, with guidance from CDC/DSTDP and drawing readily from existing clinic or organizational assessment materials and frameworks. The recipient should also be able to offer creative services (graphic design, printing, etc.) to support development of the relevant tools and products

13 Applicant Program Experience:* 48/200 words maximum

The recipient needs experience working with, and providing training and tools for health departments. The recipient should also have experience with clinical operations, policy and cost related activities. Experience translating recommendations, guidelines or other research/evaluation findings in health department settings is desirable.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 112/200 words maximum

The recipient is expected to collaborate with a subset of health departments funded by the Division of STD Prevention for STD prevention and control. This subset of CDC awardees will serve as an advisory group to this project, to ensure that the products developed are relevant and useful to their work. The recipient is expected to collaborate with state health departments and organizations serving state health departments to determine opportunities to translate and use findings at the state level. The recipient is also expected to work closely with the Division of STD Prevention, whose clinical, evaluation, and other staff will provide guidance about the content of materials produced.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 41/200 words maximum

The recipient may opt to subcontract some of the creative services work to a relevant vendor. Criteria for identifying/selecting such subcontractors may include cost, timeliness of work, and quality of the products. CDC reserves the right to approve the subcontractor.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 43/200 words maximum

The implementation support package will be finalized based on experience with the participating state/local health departments and the final package will be available for wider dissemination to governmental public health agencies interested in implementing the Recommendations for Providing Quality STD Clinical Services

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 95/100 words maximum

	The project funds are intended to be used to support staff who will develop the implement support package (e.g., relevant training and products), provide technical assistance to a limited set of local health departments, and relevant production/creative services costs. Travel by relevant staff to Atlanta to discuss the project with CDC at least two times during the project period also should be included. The project and activities will be scaled to match the actual funding amount available. The recipient will work with CDC on a work plan based on the actual funding amount available.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/15

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National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Building Local Public Health Leadership Capacity To Prevent HIV

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of HIV/AIDS Prevention

4 CIO Point of Contact (POC) name(s):*
Ijeoma Ihiasota

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
WNQ5@cdc.gov

CIO POC phone number(es):*
(404) 498-0549

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 22/25 words maximum
Leadership and staff of local health departments (whether organized at a county, city, or other, sub-state level) in the United States

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$400,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
461/1,000 words maximum

Local health departments (LHDs) play an important role in HIV prevention through their direct provision of HIV prevention services; their influence on and contributions to policies; and their inter-organizational partnerships and ability to link to health and social service systems operating in their communities.

The purpose of this request is to fund a national membership organization that represents city and county health officials to support the identification, development, dissemination, implementation, and evaluation of policies, tools, and information that optimally support LHDs' ability to drive improvements in HIV-related outcomes in their communities. Specific elements are described below:

Core Policy and Communications Activities
The Division of HIV/AIDS Prevention (DHAP) needs real time information on trends in LHD awareness and implementation of DHAP policies and priorities that influence programs. One of the products to be developed will be a sentinel network comprised of a representative sample of LHDs that provide HIV and STD prevention and care. The sentinel network should offer a robust platform to field multiple queries about HIV prevention program and policy issues at the local level, and the query results should be shared to inform federal, state, and local policy and program development, delivery, and evaluation.

LHDs and their communities are in a better position to adopt and implement effective, evidence-based HIV prevention policies and programs, when they have access to models informed by science, documented best practices, and experiences of their peers. A key outcome will be the development and ongoing maintenance of a comprehensive, current repository of model HIV prevention policies, program practices, and tools. Another deliverable will be an evaluation of these models and the extent that identified resources facilitate LHDs' ability to engage key stakeholders, such as legislators, community partners, or service providers, for structural and operational changes that advance local HIV prevention goals.

Opioids
LHDs vary widely with respect to their operational capacity, service communities, and support needs: the mechanisms used to communicate information about HIV/STI prevention to, from, and among them must be similarly diverse. Under this project, the funded organization will develop and execute activities that enhances LHDs' awareness of new scientific, policy, or program developments at the federal, state, and local levels, and also supports LHDs' ability to translate that information into action to address HIV prevention in people who inject drugs. To that end, both passive/didactic (e.g., newsletters, websites, webinars) and active/dynamic (e.g., peer-to-peer learning communities) dissemination channels may be used to achieve these objectives.

HIV/AIDS Elimination Efforts
Now more than ever we have the tools to end the HIV epidemic in this country. Using proven strategies, this funding will support activities within LHDs towards elimination of HIV by seeking policy solutions and capacity building to ensure access to treatment for those living with HIV and expand access to preventative measures like Pre-Exposure Prophylaxis (PrEP).

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☐	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs
	☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☑	Improved communication and information technology capacity to inform the public efficiently and effectively
	☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
	☑	Increased capacity to evaluate laws and policies to affect health
	☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate	

	☐ Increased capability of public health systems to achieve nationally established standards
	☑ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 178/200 words maximum
	The applicant should represent, or otherwise have the capacity to reach and engage, local health departments across the United States, and it should demonstrate capacity in the following areas: • Identifying, engaging, and collecting qualitative and quantitative from LHDs across the nation that are involved in the provision of HIV/STI prevention and care services; • Formulating, identifying and collecting, disseminating, and/or evaluating the value/impact of model policies, practices, and tools; • Engaging LHDs in active communities of learning around HIV prevention practices, policies, and recommendations • Reaching a broad array of stakeholders (including LHDs, but also key HIV prevention stakeholders and policymakers at the local, state, and/or federal levels) through multiple communication channels and tailoring communication products to audience needs; • Engaging, convening, and cultivating lasting partnerships with organizations that represent potential or existing LHD partners and stakeholders (e.g., national organizations and state-level entities, such as HIV prevention planning groups, legislators); • Scanning and assessing the programmatic and policy environments in which LHDs are operating and using those findings to develop recommendations that can inform policymakers and public health practitioners at the federal, state, and local levels.
13	Applicant Program Experience:* 143/200 words maximum
	The applicant should have experience working on HIV prevention issues at the local, state, and national levels, as well as experience working collaboratively with other national professional organizations whose members or activities substantially influence HIV prevention-related outcomes. The applicant should also have experience in the following areas: • Collecting qualitative and quantitative data through various mechanisms (e.g., surveys, interviews, focus groups, policy documents); analyzing and synthesizing potentially conflicting data from diverse sources; and developing reports and recommendations that can inform national policy and practice • Convening, supporting and/or actively participating in complex, multi-stakeholder projects and initiatives • Developing communication products suitable to a wide range of audiences (in particular, legislators, policy stakeholders and local health department staff) • Fostering active learning communities and otherwise supporting/building awareness and capacity among LHDs with respect to HIV prevention services • Developing, identifying, evaluating, and supporting implementation of model policies, practices, operations, and system-level arrangements
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 57/200 words maximum
	The applicant is expected to coordinate activities under project area #2: with other national organizations working actively in this area and various offices and operating divisions within CDC, including CDC/DHAP, CDC/DVH, CDC/NCIPC. Under all project areas, the applicant will be expected to work closely with CDC/DHAP to ensure that program expectations are understood and objectives are met.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 27/200 words maximum
	Improve LHDs ability to respond to opioid related infectious disease threats, particularly HIV, as well as develop capacity to address HIV elimination within their jurisdictions.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 60/100 words maximum

	In general, proposed uses of funds should be logically and directly related to key objectives, outcomes, and outputs specified in the project plan. To that end, travel and meeting related costs may be proposed for certain activities, but these costs should be minimized as much as possible and alternative platforms for consultation (e.g., online meetings) leveraged whenever possible.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/34

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
Building State Health Department Capacity to Develop and Utilize Viral Hepatitis Epidemiological Profile

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Viral Hepatitis

4 CIO Point of Contact (POC) name(s):*
Mona Doshani

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
imf6@cdc.gov

CIO POC phone number(es):*
404-718-8854

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 8/25 words maximum

State Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
573/1,000 words maximum

Purpose: The purpose of a state hepatitis epidemiological profile (SHEP) is to document, interpret and frame the dimensions and burden of HCV and HBV epidemic in local terms that can be used to heighten awareness and to drive policies for prevention, care and planning. This project addresses DVH Strategic Imperative: "Strengthen viral hepatitis surveillance and monitoring'- Objective 1: Improve detection of reporting of viral hepatitis infections; Strategy 1.1: Strengthen state and local health department capacity. From 2014 to 2016, CDC in partnership with a CDC funded national organization, supported twenty states health departments (Arkansas, Oregon, and Wisconsin, Arizona, Connecticut, Iowa, Louisiana, Pennsylvania, Rhode Island, Virginia, and Washington, Kentucky, Michigan, Georgia, Colorado, Delaware, Indiana, Missouri, Utah, West Virginia) to develop a comprehensive viral hepatitis epidemiological profile.

Each state successfully documented their viral hepatitis burden. Some examples where states have used the epidemiologic profile: 1) to improve statewide HCV testing (Arkansas) 2) guide state-level policy recommendations on HCV testing among injecting drug users entering medication assisted therapy programs (Oregon) 3) develop novel approaches to clean surveillance data (Pennsylvania) 4) reestablishing a state HCV coalition (Arizona) and 5) disseminate results to public health and medical professionals to increase awareness (all states).

The proposed project will target the following professionals in State Health Departments: Viral Hepatitis Prevention Coordinators, Disease Control and Immunization Program Officials, Health Program Officials, Health Educators, State Health Officers and Staff, Public Information Officers.

Proposed Activities:
The scope of this project is to support additional states health departments to develop a comprehensive viral hepatitis epidemiologic profile. Key features for developing the profile include: (1) identifying and analyzing multiple sources of credible data with robust methodology, and (2) is presented in a manner that it can be used to inform policy, educate professionals and lay public. The profile can be used to: identify prevention, treatment and care priorities; provide a sharper focus for public education materials; develop professional education materials that enhance CME and trainings; and strengthen grant and cooperative agreement proposals. Targeted audiences include health officials, health care planners, legislators and other policy makers, health professionals, community based organizations and local media.
CDC, in partnership with the cooperative agreement recipient, will identify up to eight state health departments with varying technical capacity to develop these profiles. Partners at state or county health departments will include the Viral Hepatitis Prevention Coordinator (VHPC), one or more epidemiologist, and other health department colleagues that are needed to develop, disseminate and utilize the profile. The state or county health department applicants must demonstrate support from health department leadership and commitment for participation of staff (VHPC, one or more epidemiologists, etc.). At a minimum, state health department awardees should have a combination of skills and experience in (1) applied public health epidemiology; and, (2) data management and analysis in SAS. CDC and the cooperative agreement recipient will work with the states to identify and analyze routine and novel sources for data, analyze/support analysis of data, help to identify appropriate target audiences, produce the profile and plan, and assist in its utilization.

Expected Output/Outcomes:
1. Completion of up to eight State-level Profiles and make publically available (e.g., on a website)
2. Completion of plans for utilization of each profile
3. Produce a "Lessons Learned" evaluation of the development of profile process with recommendations useful to other health departments.
4. Presentation about efforts and findings at a state or national meeting (e.g., a VHPC event)
5. With partners, author a manuscript on findings/lessons learned suitable for submission to a peer-reviewed journal.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑	Improved operational capacity to evaluate, manage, and improve public health systems
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 52/200 words maximum

• Applicant must have the capacity to provide technical assistance and work with state health agencies in developing the viral hepatitis epidemiologic profiles.
• Applicant must have technical experts that can assist in implementation of strategies to access novel sources of data to develop the profiles; and develop and implement a utilization plan.

13 Applicant Program Experience:* 75/200 words maximum

• Applicant must have prior experience working with state health department in developing integrated epidemiologic profiles.
• Applicant must understand the concepts, methodology and processes for developing epi profiles.
• Applicant must have the ability to assists state health departments in the interpretation of epidemiologic data in ways that are consistent and useful in meeting the needs of both Hepatitis prevention and care programs.
• Applicant must have the knowledge and skills necessary to assist with the evaluation efforts.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 24/200 words maximum

Applicant will work with and provide limited support to 8 state health departments and will collaborate also with CDC Division of Viral Hepatitis.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 57/200 words maximum

The profile will be used to identify prevention, treatment and care priorities; provide a sharper focus for public education materials; develop professional education materials that enhance CME and trainings; and strengthen grant and cooperative agreement proposals. Establish relationships with other public health agencies to gather information on burden of Hepatitis b and/or c in their jurisdictions.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 63/100 words maximum

	Funds may be used to hire and support travel for 2 or more TA providers, for necessary materials and technical support to produce profiles, for database access, to support limited funding for data entry and local travel for health department staff, to support travel expenses to one national training and one or more health department colleagues, staff travel as needed to CDC.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/19

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Building State Health Department capacity to use ACEs data for prevention of negative health outcomes.

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Violence Prevention

4 CIO Point of Contact (POC) name(s):*
Malia Richmond-Crum; Pam Brown

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jrv8@cdc.gov; jiy3@cdc.gov

CIO POC phone number(es):*
Malia: 770-488-0526; Pam: 770-488-1345

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 22/25 words maximum
Target population is senior leadership within state health departments, including but not limited to state health officers, deputies, and legislative liaisons.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$200,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
528/1,000 words maximum

Purpose: CDC's Division of Violence Prevention (DVP) seeks to prevent violence and its consequences so that all people, families and communities are safe, healthy and free of violence. DVP is committed to stopping violence before it begins (primary prevention). Research shows that childhood adversity, including experiencing or exposure to violence, can lead to negative health and risk behavior outcomes, including substance abuse. The foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). State health departments can collect information about ACEs through the Behavioral Risk Factor Surveillance System (BRFSS). Since 2009, thirty-two states plus the District of Columbia have included ACE questions for at least a year on their BRFSS. Findings show almost two-thirds of surveyed adults report at least one ACE and more than one in five report three or more ACEs. Research also reveals a graded dose-response relationship between ACEs and negative health outcomes. **The purpose of this project is to inform state health leaders and broaden their perspectives for how ACEs prevention connects to prevention of substance abuse, including opioid abuse, and other public health concerns.** The project aims to facilitate strategic decision-making and use of health department infrastructure and resources to promote prevention of ACEs and to elevate addressing ACEs as a state public health priority.

Proposed Activities:

- Ongoing outreach to, and communication with state health officers and health department leaders to identify strategies for the primary prevention of ACEs and understand how primary prevention strategies are complementary, but parallel, to trauma-informed care.
- Disseminate information on ACEs data and trends. Develop and share practical data reports illustrating most current trends in ACEs among populations.
- Tracking state ACEs-related legislation to identify, compare and contrast state policy relative to evidence on what works to prevent ACEs.
- Promote buy-in for state health leaders' engagement around the importance of BRFSS ACE and Opioids modules:
  - Facilitate leadership understanding of connection between ACEs and opioids and how preventing ACEs is a primary prevention strategy for opioid use
  - Provide language, messaging and informational materials that delineate the interconnections between these two issues as well as the relationship between ACEs and other health problems such as suicide, other forms of violence, maternal and child health
  - Create better understanding of the utility of collecting ACEs and opioid data in preventing health issues
  - Help connect ACEs teams with opioid teams in state health departments to remove siloes and enhance opportunities for collaborative work leading to efficiencies, positive impact and health outcomes

Expected Outputs:

- Conference calls, webinars and meetings with state health leaders around the importance of preventing ACEs, difference between primary prevention and trauma-informed care, and the connection between ACEs and opioids use/abuse and other health issues
- Products providing state health leaders with language and messaging that clearly and simply delineate the relationship of ACEs to opioid abuse and other negative health outcomes
- Connections/collaborations between ACEs and opioids contacts in state health departments
- Completed scan of state ACEs legislation, including analysis and comparisons to evidence of effectiveness for ACEs prevention, and dissemination of findings to key stakeholders

Expected Outcomes:

- ACEs elevated as a prevention priority of state health leadership
- State health department infrastructure/systems connect ACEs to primary prevention of opioid use and other public health issues
- State health leaders inform state policy for prevention of ACEs
- States adopt BRFSS ACEs module
- States adopt BRFSS Opioids module

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	

	☐ Improved operational capacity to evaluate, manage, and improve public health systems
	☑ Improved leadership capacity to identify and prioritize public health needs
	☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☐ Improved communication and information technology capacity to inform the public efficiently and effectively
	☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
	☑ Increased capacity to evaluate laws and policies to affect health
	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☑ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☑ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 53/200 words maximum
	Organizational and staff capacity to support state health leadership for implementing primary prevention efforts to address ACEs and their impact on negative health outcomes: • Access to project's target population (SHO's, Deputies, legislative liaisons) • Expertise related to primary prevention , translation of technical information • Infrastructure to support project activities, outputs and outcomes • Management capacity to implement the award
13	Applicant Program Experience:* 53/200 words maximum
	• Experience providing technical support and training for state health departments to inform policy, systems and environmental change • Experience developing educational/guidance tools for primary prevention efforts • Experience communicating and collaborating with state health leadership and their stakeholders • Experience working with state health departments to identify and address infrastructure and capacity needs to support public health priority issues
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 28/200 words maximum
	It is expected that the recipient will collaborate with CDC/DVP, state health department leadership and other organizations with expertise and interest in supporting project purpose and goals
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 10/200 words maximum
	Any subcontracting must be reviewed and approved by CDC/DVP
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 42/200 words maximum

	We expect this project to result in increased public health leadership for addressing ACEs and preventing substance abuse and other health issues and strengthened capacity within state health departments for cross-cutting prevention efforts to address violence and other negative health outcomes.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 24/100 words maximum
	Funds may be used for necessary expenditures such as labor, program products, subcontracts (if needed), travel, and other appropriate direct and indirect costs.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/17

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Building State Practitioner Capacity to Address Vector-Borne Disease Threats

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Vector-Borne Diseases

4 CIO Point of Contact (POC) name(s):*
Tracy Hasvold; Sue Visser

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
tab7@cdc.gov; sfv1@cdc.gov

CIO POC phone number(es):*
970-221-6422; 970-494-6624

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 9/25 words maximum
State Health Departments, including State Health Officials

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$500,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
484/1,000 words maximum

Purpose: DVBD seeks support from partner organizations whose members include State Health Departments across the United States, to include State Health Officials to build national capacity to respond to vector-borne disease threats. Specifically, CDC seeks support in engaging existing and incoming state health officials, particularly new officials who may have have less experience with vector-borne disease threats and may benefit from being convened alongside national vector control organizations to identify common goals and identify collaborative solutions. CDC seeks a partner to convene these vector-borne disease stakeholders. DVBD also seeks a partner to provide Geographic Information Systems (GIS) training to state health departments to increase the ability to increase understanding of vector-borne disease threats locally and to use data to inform vector control decision-making.

Proposed Activities: Engage State Health Officials
Identify and engage each newly appointed state health officials and plan activities to orient them to vector-borne disease threats and lessons learned from the Zika emergency reponse and other responses to emerging vectcor-borne disease threats.
Specific activities should include:
• Developing a report that identifies each new state health official and their past experience with vector-borne disease threats
• A needs assessment related to the knowledge gaps and needs of the nation's state health officials, relative to vector-borne disease threats
• Engagement opportunities for the state health officials (in-person or remote), including opportunities to decrease knowledge gaps and needs of the nation's state health officials, relative to vector-borne disease threats
Convene National Vector Control Organizations
Develop and host a meeting of national vector control organizations to facilitate the exchange of technical and applied knowledge among these organizations and encourage relationships among the organizations and state health officials involved in vector-borne disease prevention and mitigation. Specific topic areas could include sharing experiences with state legislation that impacts vector control, surveillance, and response as well as best practices and evidence-based interventions for vector surveillance, pesticide resistance testing, and vector control.
GIS Training
Partner with relevant experts to develop and provide GIS training opportunities for members of state health departments to utilize GIS techniques in their surveillance of vectors and vector-borne disease.

Expected Outputs: 1) Adminster and summarize a needs assessment of state health officials pertaining to preventing and mitigating vector-borne disease threats; 2) Develop an engagement plan to address the needs of state health officials, with an emphasis on newly appointed health officials; 3) Collaborate with CDC on developing an agenda and plan a meeting of national vector control organizations; subsequently hold meeting; 4) Collaborate with CDC to develop and support participation in GIS training opportunities for staff from state health departments; 5) Develop and deliver technical assistance to improve nationals vector-borne disease prevention and mitigation efforts.

Expected Outcomes: 1) Greater understanding of vector-borne disease threats among newly appointed state health officials; 2) Improved understanding of shared mission and best pratices for vector-borne disease prevention and control among national vector control organizations; 3) Improved national capacity to prevent and mitigate vector-borne disease threats.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [x] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability of public health systems to achieve nationally established standards

☑ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

☑ Strengthened capability to systematically apply and use laws and policies to improve health

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 56/200 words maximum

DVBD recognizes the need to further develop and support collaborative relationships with state health departments across the United States, to include state health officials and other public health partner organizations who can support national capacity building and disease prevention objectives. DVBD would like to partner with these programs to prevent and mitigate vector-brone disease threats.

13 Applicant Program Experience:* 83/200 words maximum

DVBD seeks an applicant who has established relationships with CDC, state health departments across the United States, state health officials, and other partner organizations. Applicant must have proven ability to work with state health departments to include state health officials and implementing activities, including:
• Assessing needs of state health departments
• Providing guidance on appropriate coordination on vector-borne disease threats
• Providing targeted training to state health officials and other state agencies
• Assisting states in the implementation of best practices for vector-borne disease surveillance, prevention, and mitigation.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 22/200 words maximum

The applicant would work in consultation and collaboration with CDC, state health departments, national vector control organizations, and other partner organizations.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 51/200 words maximum

There may be a need to subcontract work; however DVBD would work in consultation with recipient to identify any work for subcontracting purposes. Subcontractors would need to demonstrate prior relevant experience in the applicable areas of sub-contracted work (for example vector or vector-borne disease surveillance, GIS technologies, and vector control).

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 85/200 words maximum

Assessing the needs of newly appointed state health officials and addressing their knowledge gaps will ensure that each state is prepared to prevent and mitigate vector-brone disease threats. Addressing knowledge gaps pertaining to GIS among state health department staff will improve surveillance activities and could increase the use of data to inform decision-making within states. Convening national vector control oragnizations could increase the use of best practices for vector control and vector-borne disease prevention, thereby decreasing the impact of vector-borne diseases on state populations.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 25/100 words maximum

Funds will be used to cover personnel and benefit costs, travel expenses, supplies, equipment and consultant fees needed to cover work described above.

CIO CERTIFICATION

18

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/9

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Building State Preparedness to the Opioid Overdose Epidemic

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Rita Noonan; Reshma Mahendra

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
RNoonan@cdc.gov; zep0@cdc.gov

CIO POC phone number(es):*
770-488-1532; 770-488-1207

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 5/25 words maximum
State Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$400,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
895/1,000 words maximum

Goal: To increase the ability of states and their partners to respond to the needs of communities hardest hit by the opioid overdose epidemic and support communities that have had a recent clinic closure that places patients at risk.
Background:
Drug overdose deaths and opioid-involved deaths continue to increase in the United States. Deaths from drug overdose are up among both men and women, all races, and adults of nearly all ages. The opioid overdose epidemic is affecting every state across the country. Opioids—prescription and illicit—are the main driver of drug overdose deaths. Opioids were involved in 42,249 deaths in 2016, and opioid overdose deaths were five times higher in 2016 than 1999.
Empowering and equipping states and communities with the resources and information they need to combat prescription opioid abuse and overdose is a key component in CDC's work on this epidemic. Currently, CDC funds 45 states and the District of Columbia through its Overdose Prevention in States program, which seeks to equip state health departments with resources and support needed to advance prevention interventions and to increase the timeliness and comprehensiveness opioid overdose reporting.
In recent years, the opioid overdose epidemic has worsened with a rise in the use of illicit opioids such as heroin and illicitly manufactured fentanyl. CDC has forged partnerships with law enforcement to address this growing illicit opioid problem. The agency has partnered in innovative ways with public safety and is a leader in prevention strategies in High Intensity Drug Trafficking Areas across 20 states.
Greater communication and collaboration between public health and law enforcement can improve the response to crises and the targeting of effective interventions. Communities are faced with an array of challenges related to the opioid overdose epidemic. Some are hardest hit with high numbers of overdose deaths, others may have a surge in non-fatal overdoses over a short period of time due to a bad batch of drugs entering the market. Still other communities may be faced with clinic closures where patients receiving high dosages of opioids were suddenly left without care and are now at risk for adverse outcomes. All of these scenarios could benefit from an emergency response preparedness and/or coordinated response across public health, law enforcement, and providers. This project is intended to help communities that may be initially overwhelmed by these situations.
The purpose of this project is to create, train, stand-up, support opioid response teams (or "strike teams") that are either activated within a state or could be deployed to a community (upon the request of the community) that have been identified as a hot spot for prescription or illicit opioids or where local public health and health services have been overwhelmed. This project is designed with flexibility in mind to respond to community needs either from a clinic closure or through a significant increase in deaths or non-fatal overdoses.
Project Description
State public health agencies will work with state and local public health entities to assist local communities impacted by the opioid epidemic.
(1) Tier 1 Response: Build internal capacity of public health, law enforcement, medical reserve corps (or public health service), and treatment providers from local communities by engaging in preparedness exercises. The purpose of this component is to ensure that partners all know what to do when something happens. Example of types of activities may include (not an exhaustive list):
a. Identify critical partners in the state and those that are specific to the community
b. Create simple guidebook on preparedness to test out in a few communities
c. Implement preparedness training exercise in a few communities with the goal of "getting ready in advance"
d. Revise simple guidebook based on exercise
e. Respond to actual community needs (not an exercise scenario)—standup response team, engage partners, facilitate response, and coordinate partners.
(2) Tier 2 Response: Implement clinical response to include clinical triaging unit to support care for high risk patients when a provider's license gets suspended or revoked. Activities may include (not an exhaustive list):
a. Facilitate and support effective communication between law enforcement and public health.
b. Provide urgent communication to affected patients on available resources.
c. Provide hotline staff to provide mostly scripted information and provide referrals (consider relying on Medicaid and private insurers for help with this when possible).
d. Stand-up staffing component to include communications, hotline staff, liaisons with state, Medicaid, insurers, data analyst to work with PDMP and Medicaid data in assessing needs/scope), public health subject matter experts, and a clinical response team with multiple prescribers (with DEA licenses and with buprenorphine waivers), clinicians with appropriate prescribing, tapering schedules, screening for opioid use disorder expertise, nurse, social worker, and pharmacist.
e. Triage to help get patients into care in the community and surrounding areas based on need and would fill a critical gap that has been identified as a need in other responses to quickly stabilize patients.
f. Prepare a simple clinical response guidebook to be used by other communities facing a similar situation.
Products
(1) Prepare all materials needed for the response exercise.
(2) Simple guidebook on preparedness related to the opioid overdose epidemic. A short how-to guide for communities (e.g., what to do in the first 24 hours, who are essential partners, plans over the first 72 hours, etc.).
(3) Prepare a simple clinical response guidebook to be used by other communities facing a similar situation. This guidebook would outline the critical elements that are needed to respond effectively.
(4) Materials to be developed would be flyers with hotline # and basic info to be posted on outside of closed clinic(s), hotline scripts, prescribing and tapering guidance for clinicians and pharmacists.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships

- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 72/200 words maximum

Applicant should have extensive experience in emergency response using an incident command structure. Applicant should have experience working with state health officials and other state governmental leaders. Applicant should be familiar with providing clinical care during critical situations that overwhelm communities and putting patients at risk. Applicant must also demonstrate capacity to collaborate, represent, and connect to public health, law enforcement, medical reserve corps (or public health service), and treatment providers.

13 Applicant Program Experience:* 49/200 words maximum

Applicant should have experience working with state leaders and experience working within the opioid overdose field, preparedness expertise, and experience outlining effective public health action through a multi-agency approach. Have keen understanding of CDC's approach to opioid overdose prevention and the interface between public health and public safety.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 27/200 words maximum

Meaningful collaborations with groups most directly involved with opioid overdose prevention, with groups that have the experience and expertise working in response or incident command.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 29/200 words maximum

The applicant may contract (or acquire consultant services) as needed to complete the work, particularly as it relates to rapid or emergency response and implementation of project activities.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

	Briefly describe how. : * 42/200 words maximum
	This CBA is intended to increase the ability of states and their partners to respond to the needs of communities hardest hit by the opioid overdose epidemic and support communities. Government public health agencies are the critical partners in this work.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 13/100 words maximum
	Funds for proposed travel must be aligned with the project activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/25

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Building State Public Health Department Capacity to Support Breastfeeding

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*
Carol MacGowan; Linda Barnes; Paulette Murphy

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dvx2@cdc.gov; lit2@cdc.gov; pem1@cdc.gov

CIO POC phone number(es):*
(770) 488-5626; (404) 867-9697; 770-488-5849

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 3/25 words maximum
State Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$600,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
427/1,000 words maximum

Purpose:
The primary purpose of this project is to help state public health departments (SPHD) increase their capacity to implement evidence-based breastfeeding programs, practices, and services in three priority areas: increase practices supportive of breastfeeding in birthing facilities, provide access to professional and peer support for breastfeeding, and ensure workplace compliance with the federal lactation accommodation law. This would include helping SPHDs to develop and maintaining partnerships critical to building support for continuity of care for breastfeeding families, including state breastfeeding coalitions.

Proposed Activities
In addition to these suggested activities, the applicant is encouraged to propose innovative approaches:
1. Provide capacity building assistance to, and augment existing breastfeeding promotion and support work in, the SPHDs that are funded through Cooperative Agreement DP18-1807: State Physical Activity and Nutrition (SPAN), through implementation of a collaborative learning community model.
2. Work with SPHDs to strengthen and/or incorporate breastfeeding support into perinatal quality collaboratives, aligning it with infant mortality and morbidity prevention work – as a way of building sustainability
3. Build and/or continue strategic partnerships with affiliated Public Health-focused organizations that that have a role in achieving the project outcomes and proposed activities.
4. Landscape analysis of how states are incorporating and sustaining statewide breastfeeding support efforts through policy, systems, and environmental changes.
5. Based on availability of funding, provide support for innovation projects in 3-5 states, in order to inform the field and add to the practice-based evidence. The innovative projects should focus on the one or more of the three priority areas identified in the purpose, and on the decrease or elimination of breastfeeding disparities.
6. Collaborate with CDC to improve technical and program guidance and evaluation; and monitor and report progress.
7. Provide process evaluation of activities, report lessons learned, replicable models, and create success stories.

Expected Outputs:
Examples of, and develop models for, implementation and sustainability of state-level breastfeeding support interventions or programs
National picture of breastfeeding efforts at the SPHD level
A report on activities implemented and coordination efforts and activities by partner Public health-focused organizations
Resources posted and disseminated for all states to use, including success stories, tools, replicable models, and white papers
At minimum, quarterly collaborative, web-based calls to include ongoing training and sharing

Expected Outcomes:
Increased availability of credible and consistent resources for SPHDs
Increased capacity of SPHDs to integrate breastfeeding support into, and coordination among, existing SPHD programs
Increased coordination among affiliated Public Health-focused organizations
Increased availability of credible and consistent resources for SPHDs
Improved coordination and provision of evidence based recommendations for systems of breastfeeding support
Increased integration of breastfeeding support into applicable SPHD programs, including perinatal quality collaborativesContinued increases in breastfeeding rates

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 146/200 words maximum

The applicant should demonstrate the abililty to successfully execute the strategies and meet project outcomes by addressing the following:
Adequate infrastructure to engage with state health agencies and breastfeeding coalitions in order to build their capacity to implement breastfeeding programs and practices.
Capacity and ability to engage with SPHD leadership, to obtain engagement and commitment to address breastfeeding support at the state-wide level.
Adequate program management/staffing to undertake such a state-focused national program.
Adequate capacity and competency in assisting state health agencies and breastfeeding coalitions, specifically in breastfeeding and health equity
Knowledge, understanding, and commitment to maternal and child health issues at the state and community level
Relevant skill sets or ability to access expertise in breastfeeding Information, data systems, and electronic information and communication systems to implement the award
Capability to manage the required procurement efforts, including the ability to write and award subcontracts

13 Applicant Program Experience:* 92/200 words maximum

- Experience and expertise in providing public health capacity building assistance (CBA) at the state public health department level.
- Significant experience in partnering with SPHDs to develop capacity to address specific priorities through implementation of programs and practices
- Experience in working in maternal and child health, specifically related to breastfeeding, at a statewide population level
- Experience in reaching and providing CBA to statewide coalitions with a potential to partner with state health agencies
- Experience in facilitation of state to state mentoring, and peer exchange of best practices and tools
- Experience in implementing programs that address health equity

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 72/200 words maximum

It is expected that the recipient will partner with up to 15 grantees (public health agencies) funded through Cooperative Agreement DP18-1807: State Physical Activity and Nutrition (SPAN)
It is expected that the recipient will collaborate with breastfeeding support organizations to coordinate current technical assistance and support for state breastfeeding coalitions
It is expected that the recipient will collaborate with Public Health-focused organizations that that have a role in achieving the project outcomes and proposed activities.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum

It is expected that the recipient will subcontract with up to five SPHDs (or their designees) to implement innovative breastfeeding support interventions.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 72/200 words maximum

	Support for breastfeeding for the purpose of increasing breastfeeding initiation, duration, and exclusivity rates, as well as to decrease disparities in breastfeeding will result in improve health among infants, young children, and their mothers. Improved health in the maternal, infant and young child population helps mitigate racial disparities, the effects of poverty, and the development of certain infections, and the development of several chronic diseases, such as Diabetes and certain cancers.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 88/100 words maximum
	• Minimal funds should be used for internal capacity building. The recipient may use funds for staff and/or contractors with subject matter expertise, to be able to provide technical assistance to SPHDs. • Funds may be used to collaborate with and obtain technical assistance for the purpose of developing partnerships, capacity building, implementation of strategies, and national dissemination of practices implemented and lessons learned • Funds could be used for sub-contracts for innovation grants • Funds should be used to evaluate activities and reach of the project, report lessons learned, and create success stories.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/69

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 2/15 words maximum
Climate-Ready Territories Initiative

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Environmental Hazards And Health Effects

4 CIO Point of Contact (POC) name(s):*
Paul Schramm; Pam Collins

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
pschramm@cdc.gov; ing4@cdc.gov

CIO POC phone number(es):*
770-488-0666; 770-488-0792

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 11/25 words maximum
Territorial health departments, Territorial Health Officials, their leadership and staff

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$275,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
594/1,000 words maximum

Background
Climate change can influence human health in numerous ways. Shifts in temperature, precipitation patterns, and sea-level can affect respiratory and cardiovascular disease, food-borne and water-borne illness, mental health, and vector-borne disease, among other health effects. The Centers for Disease Control and Prevention's Climate and Health Program (CHP) was formally established in 2009 and supports state and city health department efforts to develop and pilot methods to adapt to the current and future health effects of climate change. The program's mission is to lead efforts to identify populations vulnerable to climate change, recognize and anticipate health impacts, develop adaptation plans, and ensure that systems are in place to detect and respond to current and emerging health threats. State and local government health departments are funded by the CHP to operationalize the Building Resilience Against Climate Effects (BRACE) framework and to produce a Climate and Health Adaptation Plan.
While some state and city health departments have capacity and funding for climate and health adaptation, there is a strong need to provide funding and technical assistance to Territorial (Insular Area) governments. As the leading public health agency for the US, the CDC plans to use its disease prevention expertise to assist Territorial governments to investigate, prepare for, and adapt to the health effects of climate change.

Project Overview
This project would provide funding and assistance to the applicant to support climate and health adaptation activities conducted with Territories. The applicant will work with Territorial Health Officials, their leadership and staff, the populations residing in these jurisdictions, and related partners and stakeholders.The applicant would coordinate a selection process designed to award funding to Territorial Governments to implement climate and health activities. CDC would provide technical assistance.

Scope of Work
The applicant is expected to use the CDC grant to identify relevant stakeholders, initiate or support a Territorial climate and health working group or similar group, solicit applications from Territories, coordinate a review process with CDC, and award funding to select Territorial Governments. The applicant must demonstrate ability to utilize existing relationships with Territorial health entities and serve to coordinate work between the Territories, the Federal government, and other relevant entities. The applicant will work closely with CDC to manage the funded programs, providing assistance and coordination. The applicant may convene or coordinate stakeholder meeting(s), including representatives from the selected Territories; collect information or "success stories" from existing and proposed work; and develop products (e.g. fact sheets, a webinar, descriptive website) with this information.

Goals
• To reduce climate-related morbidity and mortality in Territories
• To build capacity to identify and assess climate-related health threats to Territories
• To build climate and health adaptation capacity within Territorial governments
• To increase collaboration and data sharing among Territories, the Federal government, state/local governments, and other partners on issues of climate and health
• To increase communication and information sharing about the health effects of climate change

Sample activities for Territories
• Hold workshop(s) or meeting(s) with community members and key stakeholders
• Identify vulnerable areas or populations
• Coordinate with a climatological group to compose a summary of climate impacts
• Catalogue available health data and indicators relevant for climate-related threats
• Plan or implement a specific intervention
• Develop and implement an educational campaign on climate and health
• Monitor and evaluate existing or proposed programs intervention

Sample outputs/products from Territories
• Educational materials
• Meeting summaries or white papers
• A report or other summary document/material outlining topics such as the existing and expected climate, vulnerable areas and/or populations, potential health threats, and existing and needed capacity to begin to address these threats
• A written climate adaptation plan or strategy
• A summary presentation of work
• A list of relevant stakeholders

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
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- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 45/200 words maximum

The applicant must be able to coordinate work with Territorial Governments, receive and distribute funding via a competitive process, facilitate communication through methods such as conference lines or webinars, perform monitoring, and support programs through methods that may include site visits or in-person meetings.

13 Applicant Program Experience:* 55/200 words maximum

The applicant must have strong working relationships with Territorial Governments in a public health context. Staff should have experience coordinating funding, facilitating communication, and providing technical assistance. Experience with environmental health efforts is needed. The applicant must be actively engaged in relevant networks and groups, such as Environmental Health or Territorial Public Health workgroups.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 44/200 words maximum

Coordination of work between Territorial Governments and CDC will be necessary. The applicant must encourage and facilitate stakeholder engagement with relevant partners, potentially including community groups, other Federal or local agencies, and any relevant academic or government partners working on climate and health.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum

Sub-contractual work is permissible but not required. The applicant should specify amount of funding, period of performance, work plan, and selection criteria for any sub-contractual work.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 23/200 words maximum

	This project will benefit public health agencies by providing them technical assistance and tools to increase their climate and health adaptation capacity.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 13/100 words maximum
	All use of funds must relate to stated project objectives and goals.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/7

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 2/15 words maximum
Climate-Ready Tribes Initiative

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Environmental Hazards And Health Effects

4 CIO Point of Contact (POC) name(s):*
Paul Schramm; Pam Collins

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
pschramm@cdc.gov; ing4@cdc.gov

CIO POC phone number(es):*
770-488-0666; 770-488-0792

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 23/25 words maximum
Tribal Governments and Tribal Health Organizations —including Tribal epidemiology centers or health care delivery systems or a relevant consortium of Tribal Governments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$275,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
582/1,000 words maximum

Climate change can influence human health in numerous ways. Shifts in temperature, precipitation patterns, and sea-level can affect respiratory and cardiovascular disease, food-borne and water-borne illness, mental health, and vector-borne disease, among other health effects. The Centers for Disease Control and Prevention's Climate and Health Program (CHP) was formally established in 2009 and supports state and city health department efforts to develop and pilot methods to adapt to the current and future health effects of climate change. The program's mission is to lead efforts to identify populations vulnerable to climate change, recognize and anticipate health impacts, develop adaptation plans, and ensure that systems are in place to detect and respond to current and emerging health threats. State and local government health departments are funded by the CHP to operationalize the Building Resilience Against Climate Effects (BRACE) framework and to produce a Climate and Health Adaptation Plan.

While some state and city health departments have capacity and funding for climate and health adaptation, there is a strong need to provide funding and technical assistance to Tribal governments. The need for climate and health adaptation activities has been specifically identified as a priority by the Tribal Advisory Committee to the CDC. As the leading public health agency for the US, the CDC plans to use its disease prevention expertise to assist Tribal Governments to investigate, prepare for, and adapt to the health effects of climate change.

Project Overview
This project would provide funding and assistance to the applicant to support climate and health adaptation activities conducted with Tribes. The applicant would coordinate a selection process designed to award funding to Tribal Governments to implement climate and health activities. CDC would provide technical assistance.

Scope of Work
The applicant is expected to use the CDC grant to identify relevant stakeholders, initiate or support a Tribal climate and health working group or similar group, solicit applications from Tribes, coordinate a review process with CDC, and award funding to select Tribal Governments. The applicant must demonstrate the ability to utilize existing relationships with Tribal health entities and serve to coordinate work between the Tribes, the Federal government, and other relevant entities. The applicant will work closely with CDC to manage the funded programs, providing assistance and coordination. The applicant is expected to convene or coordinate stakeholder meeting(s), including representatives from the selected Tribal governments; collect information or "success stories" from existing and proposed Tribal government work; and develop products (e.g. fact sheets, a webinar, descriptive website) with this information.

Goals
• To reduce climate-related morbidity and mortality in Tribal jurisdictions
• To build capacity to identify and assess climate-related health threats to Tribes
• To build climate and health adaptation capacity within Tribal governments
• To increase collaboration and data sharing among Tribes, the Federal government, state/territorial governments, and other partners on issues of climate and health
• To increase communication and information sharing about the health effects of climate change

Sample activities for Tribes
• Hold workshop(s) or meeting(s) with community members and key stakeholders
• Identify vulnerable areas or populations
• Coordinate with a climatological group to compose a summary of climate impacts
• Catalogue available health data and indicators relevant for climate-related threats
• Plan or implement a specific intervention
• Develop and implement an educational campaign on climate and health
• Monitor and evaluate existing or proposed programs intervention

Sample outputs/products from Tribes
• Educational materials
• Meeting summaries or white papers
• A report or other summary document/material outlining topics such as the existing and expected climate, vulnerable areas and/or populations, potential health threats, and existing and needed capacity to begin to address these threats
• A written climate adaptation plan or strategy
• A summary presentation of work
• A list of relevant stakeholders

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 45/200 words maximum

The applicant must be able to coordinate work with Tribal Governments, receive and distribute funding via a competitive process, facilitate communication through methods such as conference lines or webinars, perform monitoring, and support programs through methods that may include site visits or in-person meetings.

13 Applicant Program Experience:* 58/200 words maximum

The applicant must have strong working relationships with Tribal Governments in a public health context. Staff should have experience coordinating funding, facilitating communication, and providing technical guidance. Experience with environmental health efforts is needed. The applicant must be actively engaged in relevant networks and groups, such as the Tribal Advisory Committee or existing Tribal Environmental Health workgroups.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 44/200 words maximum

Coordination of work between Tribal Governments and CDC will be necessary. The applicant must encourage and facilitate stakeholder engagement with relevant partners, potentially including community groups, other Federal or local agencies, and any relevant academic or government partners working on climate and health.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum

Sub-contractual work is permissible but not required. The applicant should specify amount of funding, period of performance, work plan, and selection criteria for any sub-contractual work.

16 Will the proposed CBA benefit governmental public health agencies?* (●) Yes ( ) No

Briefly describe how. : * 23/200 words maximum

	This project will benefit public health agencies by providing them technical assistance and tools to increase their climate and health adaptation capacity.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 13/100 words maximum
	All use of funds must relate to stated project objectives and goals.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/6

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 15/15 words maximum Communities of Practice: Heart Disease and Stroke Prevention, Detection, and Control in Local Health Departments		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH	3	Division, office, or unit:* Division For Heart Disease And Stroke Prevention
4	CIO Point of Contact (POC) name(s):* Letitia Presley-Cantrell; Camillia Easley; Kaha Ahmed; Rebeka...		CIO POC email address(es):* lrp0; hwq5; wnq9; eut9
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-5177; 770-488-4140; 770-488-7474; 770-488-6215
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 11/25 words maximum City and Local Health Departments serving populations of 900,000 or more.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $250,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
171/1,000 words maximum

The purpose of this project is to work with large cities/local health departments to spur the dissemination of promising practices and advancing those policy, systems, and environmental approaches to that have been effective in reducing the burden of chronic disease, specifically by addressing cardiovascular disease. The applicant is expected to:

-Establish, convene, and lead Communities of Practice (CoP) that jointly identify problems, develop solutions, and learn by implementing the strategies related to how to work most effectively to address chronic disease prevention, specifically, CVD, through policy, systems, and environmental approaches in large cities/ local health departments serving populations of 900,000 or greater.

-Develop, prepare, and present didactic learning opportunities via webinars, convenings, meetings, trainings, and conference calls to inform the work of the CoP.

-Assess and categorize anecdotal information; analyze existing data and resources to summarize findings for dissemination. Structure the information in user-friendly formats, including toolkits, print and on-line resources, and/or technical packages to promote success to others working on similar efforts; and assure this info and resources are disseminated broadly.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 183/200 words maximum

The applicant should have a national presence for representing city, county, and/or local health departments and ensure they have the capacity, resources, and support needed to identify, convene, and engage large cities/communities that are actively undertaking policy, systems, and environmental approaches to chronic disease prevention.

The applicant should provide documented evidence of its organizational capacity and infrastructure to perform the proposed activities including:

-Establishing, convening, and leading Communities of Practice (CoP) that jointly identify problems, develop solutions, and learn by implementing the strategies related to how to work most effectively to address chronic disease prevention, specifically, CVD, through policy, systems, and environmental approaches in large cities/ local health departments serving populations of 900,000 or greater.

-Developing, preparing, and presenting didactic learning opportunities via webinars, convenings, meetings, trainings, and conference calls to inform the work of the CoP.

-Assessing and categorizing anecdotal information; analyzing existing data and resources to summarize findings for dissemination. Structuring the information in user-friendly formats, including toolkits, print and on-line resources, and/or technical packages to promote success to others working on similar efforts; and assuring this info and resources are disseminated broadly.

13 Applicant Program Experience:* 42/200 words maximum

	The applicant should provide documented experience of its work to enhance local health departments' capacity to expand and disseminate effective chronic disease prevention activities at the policy, systems, and environmental levels, specifically through the use of Communities of Practice models.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 54/200 words maximum
	The applicant is expected to operationalize and support a communities of practice model with large cities such that those cities are able to engage with their peers and spur dissemination of promising practices and advancing the work of policy, systems, and environmental approaches to reducing the burden of chronic disease, specifically cardiovascular disease.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 22/200 words maximum It will focus on enhancing local health departments' programmatic capacity to address the burden of chronic disease, specifically cardiovascular disease.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/99

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Convening Listening Sessions to Explore and Address Environmental Health Needs and Concerns in Tribal Communities

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Office Of Policy, Planning And Evaluation

4 CIO Point of Contact (POC) name(s):*
Donata Green

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dqg7@cdc.gov

CIO POC phone number(es):*
770.488.7717

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 28/25 words maximum
American Indian/Alaska Native public health (PH) professionals with diverse PH/tribal backgrounds and experience, tribal serving organizations, urban Indian organizations, national partners with similar interest, topics and priorities

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
264/1,000 words maximum

The purpose of the proposed project is to better understand ways to help improve environmental health within Tribal communities by planning for and convening listening sessions with various Tribal officials and leaders, directors of Tribal Health Organizations (THOs), Inter Tribal Councils, Tribal Epidemiology Centers, as well as Tribal service agencies/organizations and/or Tribal communities. Through the listening sessions, the recipient will engage Tribal leaders, Tribal communities and other Tribal entities to discuss the various environmental health concerns in their communities and discuss ways for addressing the needs and concerns. CDC envisions incorporating the learnings from the listening sessions into various programmatic and other activities.

Proposed Activities:
1. Work with CDC to develop and implement a comprehensive strategy for convening listening sessions. The strategy should allow for diverse geographical and tribal representation, various topical interests and other as identified by the applicant.
2. Identify top level environmental health needs/concerns as identified through the listening sessions.
3. Identify programmatic and other activities that can address the top level environmental health needs/concerns
4. Identify the logistics and ideal location(s) for the listening sessions
5. Identify appropriate facilitator(s) for the listening sessions
6. Document and identify common themes from each listening session
7. Propose a plan for next steps
8. Convene regular conference calls for planning purposes

Expected Outputs:
1. Identify and document top level environmental health needs/concerns
2. Convene a number of listening sessions as determined by CDC and the recipient
3. Final report of the listening sessions including themes and programmatic and activity recommendations
4. At least bi-weekly conference calls

Expected Outcomes:
1. The target audience and other stakeholders will become more knowledgeable on the most impactful environmental health issues and possible steps needed to mitigate the impact
2. Technical assistance modules and/or programmatic content may be developed that Tribal communities could benefit from.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies ☐ Strengthened capability to use communication and information technology to affect health decisions and actions ☑ Strengthened capability to respond to public health priorities collaboratively and strategically ☐ Strengthened capability to systematically apply and use laws and policies to improve health ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 59/200 words maximum
	The applicants organizational capacity should include the ability to coordinate listening sessions with a diverse pool of tribes, tribal serving organizations; assist with the logistical aspects of travel and agenda development; coordinate bi-weekly calls with CDC; expertise in collaborating with other local, state and national tribal partners and stakeholders who have experience with and are knowledgeable on environmental health issues in Indian country.
13	Applicant Program Experience:* 45/200 words maximum
	Must have an established history of working with local, state and national tribal partners, tribes, and tribal serving organizations on public health and environmental health topics. Must have demonstrated skills in coordinating meetings, trainings, reaching a diverse and wide audience to highlight AI/AN environmental health topics.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 24/200 words maximum
	The applicant is expected to collaborate with local, state and regional tribal leaders and tribal organizations, other appropriate entities to achieve the objectives of this project.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 15/200 words maximum
	Subcontrating is permissible. The applicant may consult with CDC on the use of subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 24/200 words maximum Listening sessions provide an opportunity for public health agencies to better understand the environmental health needs and concerns of various Tribal communities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 84/100 words maximum
	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. Applicants must provide an itemized budget with the following headers: • Salaries and wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting • Other categories • Direct costs • Contractual costs
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/37

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 9/15 words maximum Coordination of Immunization Activities among County and City Health Officials		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Immunization Services Division
4	CIO Point of Contact (POC) name(s):* Duane Kilgus		CIO POC email address(es):* dgk9@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404.639.6354
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 12/25 words maximum Local health departments staff including county and city health officials		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $200,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 175/1,000 words maximum
	Purpose: The Immunization Project will increase capacity of local health departments to prevent and control vaccine preventable disease in their communities by working with county and city health officials on programmatic and policy issues. Proposed Activities: • The awardee will update and promote national policies, guidance documents and decisions related to immunizations with input from city and county health officials. • The awardee will represent and/or have county and city health officials provide perspective during national policy and programmatic discussions. • The awardee will collect, organize and disseminate immunization related recommendations, evidence-based strategies, tools and resources. • The awardee will perform evaluations of selected model practices and tools to assess accessibility, utility and impact of materials created and disseminated. Expected Outputs: • Increase local health officials awareness of national recommendations and resources • Increase local health officials input into programmatic and policy decisions • Increase local health officials awareness of evidence-based strategies and model practices Expected Long term Outcomes: • Reduced immunization barriers and missed opportunities • Adolescents and adults receive recommended vaccinations • Reduce morbidity and mortality from vaccine preventable disease

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 122/200 words maximum

Applicant must be a national organization and have an established membership that represents city and county health officials. The applicant must have dissemination mechanisms that reach local health departments with immunization information related to recommendations, policy, program as well as educational materials. The applicant must have members that are willing and able to participate at national meetings, such as the Advisory Committee on Immunization Practices and the National Vaccine Advisory Committee to represent the local health department perspective. The applicant must have the infrastructure to collect model practices and tools to improve accessibility, utility and impact of immunization materials. Organization must have appropriate staff that has the necessary skills and experience needed to conduct the work described in the project description.

13 Applicant Program Experience:* 62/200 words maximum

The organization must have experience:
• Working with key stakeholders at the national level on immunization issues
• Proving input at the national level on immunization issues; drafting and promoting policies and programs that increase immunization rates within local health departments.
• Communicating immunization information to local health departments
• Supporting an immunization workgroup made up of local health department and coalition representatives.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 26/200 words maximum
	The applicant will collaborate with national organizations that represent state and territorial health officials, immunization program managers, national health care provider groups and the CDC.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 21/200 words maximum
	The selected organization will be working the city and county health officials that maybe part of governmental public health agencies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/7

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Coordination of Immunization Activities among State and Territorial Health Officials

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division, office, or unit:*
Immunization Services Division

4 CIO Point of Contact (POC) name(s):*
Achal Bhatt

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
abhatt@cdc.gov

CIO POC phone number(es):*
4046398588

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 25/25 words maximum
The specific priority subpopulation that will benefit if the State Health Officials (SHOs) and their staff, along with other state and territorial health agency leaders

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$275,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
441/1,000 words maximum

The purpose of the program is to coordinate the activities between the NCIRD and state and territorial health officials on issues related to immunizations for children, adolescents and adults.
Overall goals of the project fall into 3 general categories: Educate and Communicate; Represent and Coordinate and Evaluate and Assist.

• Educate and Communicate: Create communication mechanism to rapidly disseminate information to and from state and territorial health officials. Develop materials and distribute information to state health officials (SHOs) and other audiences to increase vaccination coverage rates. Share information on topics such as: new initiatives, emerging threats, changes in recommendations and programmatic changes in the immunization program.
Outputs: Up-to-date mechanism to reach SHOs quickly with accurate and timely information. Education materials as needed both in print and electronically. Webinars and conference calls as needs.
Outcomes: Ensure greater awareness and understanding of issues related to immunization so local, state and national programmatic decision can be made with wider input from the public health community. Increase accurate and timely information about vaccines.

• Represent and Coordinate: Provide representation and state perspective on current and new immunization policies, and programs by participation on national committees and at national meetings. Create partnerships between state health departments and other immunization stakeholders, and coordinate and collaborate on cross-cutting issues.
Outputs: Representation of the SHO perspective during national discussions on topics related to immunizations.
Outcomes: Stronger national, state and local immunization policies and programs.

• Evaluate and Assist: Evaluate specific immunization topics and identify strategies that can be addressed by state and territorial health officials to increase vaccination coverage rates within their jurisdiction. Provide technical assistance to states and territories to implement identified strategies.
Outputs: Provide technical assistance as needed to SHOs and stakeholders as needed.
Outcomes: Increase in SHOs ability to improve the state immunization program.

Sample activities may include:
1. Provide updates on key immunization-related developments to state and territorial health officials, and other immunization stakeholders via newsletters, conference calls, and other communication sources.
2. Participate in meetings and inform state and territorial health officials and other partners of the issues addressed by the Advisory Committee on Immunization Practices (ACIP), the National Vaccine Advisory Committees (NVAC), and immunization stakeholder organizations.
3. Provide representation of state and territorial health officials at national meetings including but not limited to: ACIP and NVAC. Organize and convene meetings as needed for the purpose of exchanging immunization related information and program updates.
4. Coordinate immunization efforts with existing state and territorial health officials' health projects and other organized health related associations.
5. Provide technical assistance to state and territorial health officials through specific projects with deliverables. Projects may include but are not limited to: Interstate data sharing and creating educated leaders in the community.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 30/200 words maximum

Applicant must have established experience providing capacity building assistance with state health departments. The applicant must have appropriate staff that can conduct the activities listed in the Project Description.

13 Applicant Program Experience:* 32/200 words maximum

Applicants must demonstrate ability to conduct both qualitative and quantitative evaluations. Additionally, applicant must have an understanding of issues related to implementation of an immunization program at the state level.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 17/200 words maximum

Applicant should collaborate with national immunization stakeholders to sustain and improve immunization program implementation and vaccine uptake.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 12/200 words maximum

State and Territorial Health Officers are part of governmental health agencies

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

CIO CERTIFICATION

18

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/5

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 5/15 words maximum Culturally tailored Adverse Childhood Experiences Toolkit		
2	CIO:* NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL	3	Division, office, or unit:* Other Enter other division, office, or unit:* Division of Violence Prevention
4	CIO Point of Contact (POC) name(s):* Melissa Merrick; Katie Ports		CIO POC email address(es):* kcq7@cdc.gov; kports@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-4754
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 27/25 words maximum Tribal health departments; sub target populations include Indian Health Service boards and Tribal NGOs using ACE data to develop culturally tailored prevention messages and translation materials		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $100,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 196/1,000 words maximum
	Despite the growing availability of ACE translational materials, they have been largely geared toward the general population and limited attempts have been made to partner with tribal organizations to develop and disseminate culturally relevant ACE messages for the American Indian/Alaskan Native (AI/AN) population. A disproportionate burden of ACE-associated health outcomes and behaviors exists in the AI/AN population. For example, suicide attempts, diabetes, and sexual assault are experienced at significantly higher rates relative to other race groups in the US. Recently, several tribal health groups have engaged DVP to participate in sessions to discuss ACEs and share knowledge regarding their impact the on AI/AN communities and families. These discussions have included the Tribal Advisory Committee, Tribal organizations, and Tribal Leaders. In response to this growing recognition of the importance of early childhood on subsequent health outcomes, it is necessary to facilitate a bidirectional exchange of both cultural and ACE-related knowledge and expertise. As such, we propose to partner with Tribal NGOs to support Indian Country involvement in translating findings from the ACE Study and other available data to develop culturally appropriate messaging for tribal health leaders that will result in an online toolkit of prevention and messaging resources.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 61/200 words maximum

The Tribal NGO's board of directors should be comprised of public health leaders and experts who are members of tribal communities, have communications expertise, have experience developing and refining culturally tailored messages and materials, have knowledge related to translation science regarding moving from research to practice and from practice to research, and have extensive and strong partnerships with AI/AN populations.

13 Applicant Program Experience:* 38/200 words maximum

The Tribal NGO should have carried out similar projects in the past. For example, the organization should have established partnerships, translated scientific findings into culturally appropriate public health messages, and disseminated messages widely to tribal populations.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 46/200 words maximum

The recipient can partner with other non-governmental organizations to carry out the project. For example, partnerships with tribal health clinics and other service providers could be used to disseminate and promote ACE prevention messages and resources. Other potential collaborators could include research partners and state health departments.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 36/200 words maximum This proposal will allow for the development of an online toolkit of culturally tailored prevention messages for AI/AN populations, which experience a large burden of adverse childhood experiences and their associated health and social consequences.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 38/100 words maximum
	Funds should be used for the development and dissemination of culturally tailored public health messages related to the prevention of adverse childhood experiences for tribal health leaders, as well as for an implementation plan and strategy.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/02/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Deputy to Deputy Collaboration and Workgroup

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Mitch Morris

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
mhm9@cdc.gov

CIO POC phone number(es):*
770-488-1518

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 7/25 words maximum
Senior Deputies in state health departments/agencies

PROJECT FUNDING
OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$150,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
202/1,000 words maximum

Purpose: This project will include the planning, implementation, coordination and convening of a new Deputy to Deputy workgroup with the primary goal of improving relationships, coordination, program implementation and management practices between state health departments and the CDC's national centers, institutes and offices (CIOs). The outputs will be clear processes and plans for improving the performance of the public health system. The outcomes will include better working relationships, more frequent and two-way communications, collaborative problem solving and improved public health program implementation. These activities will be conducted via phone and/or webinar technologies with at least one face to face meeting each year. This workgroup will include an invitation to all state senior deputies and all 14 of CDC CIO deputy directors.
Proposed Activities:
• Convene Senior Deputies Peer Network and CDC Deputy Directors
• Work with Senior Deputies Committee to plan meeting
• Conduct quarterly calls or webinars with CDC Deputy Directors
Expected Outputs:
• The outputs will be clear processes and plans for improving the performance of the public health system.

Expected Outcomes:

• The outcomes will include better working relationships, more frequent and two-way communications, collaborative problem solving and improved public health program implementation.

The applicant will need to comply with existing guidelines and processes implemented at CDC for PPHF funding.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 21/200 words maximum

The applicant must have ongoing and direct communication and relationships with all State Senior Deputies in the public health departments/agencies.

13 Applicant Program Experience:* 14/200 words maximum

Proven working relationship with all State Senior Deputies in the public health departments/agencies.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 25/200 words maximum

	The applicant will be expected to collaborate with the CDC/Office for State, Tribal, Local and Territorial Support's deputy director in coordinating all project activities.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	None
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 45/200 words maximum This project will include the planning, implementation, coordination and convening of a new Deputy to Deputy workgroup with the primary goal of improving relationships, coordination, program implementation and management practices between state and territorial health departments and the CDC's national centers, institutes and offices
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 68/100 words maximum
	The applicant will need to comply with existing guidelines and processes implemented at CDC for PPHF funding. PPHF funds are awarded in compliance with programmatic activities as defined in the Act. OGS, in coordination with CDC Centers, Institutes, and Offices (CIOs), ensures: • The use of funds is consistent with stated purposes • All obligating documents reflect those purposes and describe the specific activities that track to PPHF funding
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 07/13/2018 You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/56

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Development of a Comprehensive Approach/Plan to Rheumatic Heart Disease in the USAPI

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Insular Affairs

4 CIO Point of Contact (POC) name(s):*
Victoria Rayle

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
VRayle@cdc.gov

CIO POC phone number(es):*
808-541-3761

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 14/25 words maximum
Territorial Health Departments: Public Health leadership, officials and public health program staff

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$125,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
702/1,000 words maximum

Purpose:
Two USAPI jurisdictions (American Samoa and FSM/Pohnpei) have the highest documented rates of rheumatic heart disease (RHD) in the world, as revealed in recent screenings conducted in these two jurisdictions. However, discussions with clinicians and health directors in the other FSM states and USAPI jurisdictions indicate that their jurisdictions face similar burdens of acute rheumatic fever (ARF)/RHD, although screening hasn't been initiatied. There are no domestic HHS programs that specifically address RHD. The two jurisdictions which have begun to screen for RHD now need to establish comprehensive prevention and treatment program, based on the latest evidence. The purpose of this project is to build a common knowledge base for the USAPI jurisdictions regarding best-practices in RHD screening, data collection, prevention,, treatment, policy development and evaluation/research.
Proposed Activities:
1) Convening of experts and key jurisdictional individuals:
Convene regional, national and international experts in RHD screening, RHD public health program implementation (prevention and secondary treatment), RHD policy development and RHD evaluation/ research; HHS representatives, and USAPI and Hawaii jurisdictional representatives (public health, clinical and policy) to learn about and share the latest evidence-based strategies, discuss issues specific to the USAPI/Pacific region including RHD/GAS skin infections/scabies, discuss strategies to developing wholistic, sustainable RHD prevention, screening, and treatment program in low-resource environments, and develop and/or expand current jurisdictional RHD plans. Additional targeted populations include public health partners including political leadership and community leaders
American Samoa and FSM/Pohnpei, the two jurisdictions which have already begun screening, will be targeted for greater representation at the expert consultative meeting and the remaining jurisdictions will be invited to identify two-three individuals to participate in anticipation of future work in their jurisdictions. * No funds from this project plan would be used to support the attendance of HHS representatives.
2) Convene two jurisdictional level gatherings with expert follow-up mentoring: To assist American Samoa and Pohnpei in further developing and implementing their plans, two types of follow-up activities will be conducted:
a) In-person: One to two RHD experts will provide on-site assistance in American Samoa and in Pohnpei to host a local convening of policy makers, public health and health officials and clinicians, community members and other key sector representatives (e.g., education, faith-based groups) at which the most up-to-date information and practices related to RHD prevention and treatment will be discussed and the draft jurisdictional plan further refined with jurisdictional input.
b) Video-conferencing: VTC will be utilized to enable RHD experts to provide monthly follow-up technical assistance and guidance in plan implementation to AS and Pohnpei.
Expected Outputs:

1) Recommendations to HHS as to how currently-funded USAPI programs can support RHD efforts, including data collection requirements.
2) American Samoa and FSM/Pohnpei: Draft comprehensive, sustainable jurisdictional RHD plans, based on the latest evidence, will be developed and then further expanded and refined during the jurisdictional-level workshops.
3) Other USAPI jurisdictions: Draft jurisdictional plans designed to raise awareness regarding RHD and GAS strep skin infections, identify champions, and generate leadership and community momentum to address RHD will be developed during the expert consultation meeting
4) An USAPI RHD community of practice will be created and fostered through the use of the Zoom webinar platform and the creation of an ARF/RHD EHO program.
5) A regional strategic plan to address ARF/RHD prevention and treatment will be drafted.
Expected Outcomes:
American Samoa and Pohnpei will have developed and implemented comprehensive, sustainable ARF/RHD prevention and elimination plans, with the expected downstream outcomes of decreased ARF and RHD; enhanced, consistent secondary treatment to prevent further complications and the need for surgery; reliable data collection to show outcomes; and the development of new knowledge regarding best-practices in low-resource, tropical environments.
Other USAPI jurisdictions will have the knowledge needed to take initial steps to address RHD (e.g., begin documenting the burden of ARF/RHD in their respective jurisdictions and garnering community and leadership commitment to action).
An USAPI RHD community of practice will be developed that will enhance sharing across the jurisdictions and American Samoa and Pohnpei will have developed the capacity to serve as advisors to other jurisdictions as they begin RHD programs.
Lessons learned from the work in the USAPI will become the basis for addressing the pockets of high RHD rates on the U.S. mainland, such as in the South.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 61/200 words maximum

Applicant should have documented experience in development of cross-sector public health programs; experience in engaging public health and political leadership; the ability to convene and staff a gathering of experts, including traveling jurisdictional, regional and international experts; the ability to sub-contract with experts; the ability to utilize the Zoom VTC webinar platform to host meetings and for follow-up TA.

13 Applicant Program Experience:* 80/200 words maximum

It is likely that few if any national or regional partnership grantees will have specific program experience in ARF/RHD program and policy development and research. It will therefore be critical that the partner has experience and documented ability to help guide subject matter experts in the development of comprehensive, sustainable integrated public health programs in low-resource areas; a basic knowledge of USAPI health systems and the Pacific environment; and the abilitiy to sub-contract in an efficient, timely manner.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 66/200 words maximum

It will be necessary for the applicant to be able to effectively collaborate with a range of HHS partners, with ARF/RHD (including GAS skin infection/scabies) experts and entities in RHD prevention, screening, program implementation and research, and with jurisdictional public health leadership and clinicians to carry-out the work described above. In HHS, this will require working across agencies and op-divs (e.g.,CDC, HRSA, OPA/OASH, OASH-RIX).

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 129/200 words maximum

To procure the attendance and additional technical assistant services of RHD experts, the applicant should be able to identify experts and/or centers with RHD program and policy implementation experience, experience in building local capacity for RHD screening, experience in developing national or regional RHD elimination plans, and RHD research capacity, including experience in the cross-cutting research area of RHD and GAS skin infections. Given that no single individual or entity would be able to meet this comprehensive array of capabilities, CDC will work with the recipient to determine qualified subcontractors such as those with experience in screening capacity building, program implementation in low-resource areas, and research, as well as a pediatric cardiologist with Pacific experience. The names of additional entities and individuals will be provided if this is deemed fundable.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 93/200 words maximum

	Jurisdictional public health agencies will benefit because they will gain the additional knowledge and technical assistance required to implement comprehensive, sustainable RHD programs, thereby eventually reducing the extreme health burden to individuals, the economic burden to health departments because of required drugs and personnel to address RHD, and the overall economic burden to families and jurisdictions, improving the overall health of the jurisdiction. Health department staff will gain additional quality improvement and program planning knowledge as this becomes an example of systematic, cross-program collaboration to address a critical public health issue.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/58

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Enhancing local public health emergency preparedness and response

2 CIO:*
OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE

3 Division, office, or unit:*
Division Of State And Local Readiness

4 CIO Point of Contact (POC) name(s):*
Todd Talbert; Andrea Harris

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
eup2@cdc.gov; fdn7@cdc.gov

CIO POC phone number(es):*
404-639-7876; 404-639-8411

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 5/25 words maximum
Local Public Health Department

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,000,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
825/1,000 words maximum

1) Public Health Systems Infrastructure-Activities to improve public health emergency management systems and programs.

• Assist with the implementation, development, and review of updated content to support program evaluation via the Operational Readiness Review (ORR) and performance measure.
- Expected Output(s): Development of tools and resources.

• Implement strategic policy positions that advance local Public Health Emergency Preparedness (PHEP) capabilities in coordination with other national organizations that represent local health officials, emergency managers and other key stakeholders.
- Expected Output(s): Tools, resources, and/or trainings.

• Maintain a forum for LHD Directors that includes supporting a preparedness policy advisory group in collaboration with the Division of State and Local Readiness (DSLR).
- Expected Output(s): Development of tools and resources.
• Collaborate with constituents to develop a training resource among a sample of local jurisdictions and conduct follow up evaluation.
- Expected Output(s): Development of tools and resource.

• Promote and disseminate educational materials, training curricula, and program evaluation tools.
- Expected Output(s): Tools, resources, and/or trainings.

• Coordinate guidance to assist LHDs with dispensing medical countermeasures to at-risk populations during a public health emergency.
- Expected Output(s): Tools and resources

• Develop toolkit that will contain evidenced-based fatality management (FM) best practices, planning templates/checklists, and FM-

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 93/200 words maximum

The overarching goals specific to this project reflect a need for a more prepared public health and healthcare system by targeting those areas of greatest need. The applicant's organizational capacity must possess the most relevant skills, technology, organizational reach, and infrastructure to improve the capacity of local health officials and federal policy makers to make informed policy and operational decisions; to develop greater efficiency and effectiveness in local public health and healthcare preparedness programs; to promote collaboration between local health agencies and other stakeholders; and to develop the discipline of community resilience.

13 Applicant Program Experience:* 68/200 words maximum

The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, the local health officials of the health agencies across the United States. The organization should support local efforts that protect the health of all people and engages in a wide range of scientific, educational, technical assistance, training and policy activities on behalf of advancing public health preparedness and response capacity.

COLLABORATIVE WORK

14	Expectations for Collaboration, as applicable: 0/200 words maximum
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 86/200 words maximum The applicant's capability, expertise, resources, national reach, and history of providing capacity-building are relevant to implementing this program's key strategies and activities to achieve expected outcomes. The program strategies include strengthening the capacities and capabilities of public health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. The capacity-building efforts of this program are expected to strengthen and optimize the public health system and services to improve and protect the nation's health.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. OPHPR/FY18 (Year 1)/PP/3

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Enhancing state public health emergency preparedness and response for Tribal Government Leaders

2 CIO:*
OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE

3 Division, office, or unit:*
Division Of State And Local Readiness

4 CIO Point of Contact (POC) name(s):*
Todd Talbert; Andrea Harris

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
eup2@cdc.gov; fdn7@cdc.gov

CIO POC phone number(es):*
404-639-7876; 404-639-8411

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 11/25 words maximum
Tribal government leaders and officials and tribal public health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$50,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
429/1,000 words maximum

1) Public Health Systems Infrastructure- Activities to improve public health emergency management systems and programs

• Provide technical assistance to tribal communities in their efforts to improve the tribal public health emergency preparedness programs in those jurisdictions by assisting with data needs through partnership development and community based research, and education.
- Expected Output(s): Summary report of technical assistance provided.

• Develop strategies to increase understanding of tribal public health emergency preparedness programs technical assistance needs as it relates to Tribal Public Health Emergency Preparedness (TPHEP).
- Expected Output(s): Tools and resources.

CBA short-term expected outcome: Improved operational capacity to evaluate, manage and improve public health systems; and

CBA long-term expected outcome: Increased capability of public health systems to achieve nationally established standards.

1) Partnership- Activities to improve the establishment and maintenances of results-driven partnerships.

• Collaborate with constituents actively involved in long term planning, and potentially sustainability of the Tribal Public Health Emergency Preparedness (TPHEP) program, in various reservations and develop a program specific strategic plan.
- Expected Output(s): Tools and resources.

• Collaborate with Tribes, Area Health Boards, Tribal organizations, and Tribal Leaders to advance public health emergency preparedness programs in those jurisdictions.
- Expected Output(s): Tools, resources, and/or trainings.

CBA short-term expected outcome: Improved capacity to establish and maintain partnerships within and across sectors to create shared vison of health.

CBA long-term expected outcome: Strengthened capability to response to public health priorities collaboratively and strategically.

2) Program and Services- Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services.

• Promote and disseminate public health communications and/or campaigns via multiple platforms to Tribes, Area Health Boards, Tribal organizations, and Tribal Leaders to improve public health efforts.
- Expected Output(s): Tools, resources, and/or trainings.

CBA short-term expected outcome: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs.

CBA long-term expected outcome: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs.

3) Data and Information Systems- Activities to improve the collections, management, interpretation, and dissemination of data to guide decision-making.

• Collaborate with the Division of State and Local Readiness to collect data related to Tribal Public Health Emergency Preparedness (PHEP) criteria and Cooperative Agreement requirements.
- Expected Output(s): Tools, resources, and/or trainings.

• Enhance surveillance systems and data sharing between states and tribes.
- Expected Output(s): Tools, resources, and/or trainings.

CBA short-term expected outcome: Improved capacity of data and information systems to conduct public health monitoring and surveillance.

CBA long-term expected outcome: Increase capability to use data to inform decision-making and support evidence-based practices and policies.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 44/200 words maximum

The applicant should represent, or otherwise have the capacity to reach and engage, tribal government leaders and tribal health departments and it should demonstrate capacity in the following areas:
• represent tribal leadership
• influence public health policy to ensure excellent tribal-based public health practice

13 Applicant Program Experience:* 39/200 words maximum

The applicant should have experience working with grants, contracts and cooperative agreements with federal agencies. The applicant should have experience working with tribal health agencies to develop and implement programs and policies in public health priority areas.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 0/200 words maximum

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 86/200 words maximum The applicant's capability, expertise, resources, national reach, and history of providing capacity-building are relevant to implementing this program's key strategies and activities to achieve expected outcomes. The program strategies include strengthening the capacities and capabilities of public health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. The capacity-building efforts of this program are expected to strengthen and optimize the public health system and services to improve and protect the nation's health.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
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Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Enhancing State Public Health Emergency Preparedness and Response

2 CIO:*
OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE

3 Division, office, or unit:*
Division Of State And Local Readiness

4 CIO Point of Contact (POC) name(s):*
Todd Talbert; Andrea Harris

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
eup2@cdc.gov;fdn7@cdc.gov

CIO POC phone number(es):*
404-639-7876; 404-639-8411

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 16/25 words maximum
State health officials with primary responsibilities related to public health/medical emergency preparedness and response

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$375,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
842/1,000 words maximum

1) Public Health Systems Infrastructure- Activities to improve public health emergency management systems and programs.

• Assist with the implementation, development, and review of updated content to support program evaluation via the Operational Readiness Review (ORR) and performance measure.
- Expected Output(s): Development of tools and resources.

• Administer/participate in preparedness policy conference calls with the program directors of Public Health Emergency Preparedness (PHEP) and the Strategic National Stockpile (SNS) programs for all 50 states and 4 locally- funded jurisdictions with CDC's Division of State and Local Readiness (DSLR) and other key stakeholders.
- Expected Output(s): 1) Workgroup Meeting Calendar, 2) Meeting agendas and minutes (as applicable), and 3) Post-meeting summary of impacts and recommendation that inform program and public health preparedness and response.

• Maintain a forum for Directors of Public Health Preparedness (DPHP) and a public health preparedness policy advisory group in collaboration with the Division of State and Local Readiness and assist in coordination and integration of information and activities on the DPHP Executive Committee and annual meeting.
- Expected Output(s): Development of tools and resources.

• Enhance procedures for distributing funds to local levels in a timely and efficient manner and to assist in developing effective sub-awardee monitoring plans that track spending and reduce unobligated Public Health Emergency Preparedness (PHEP) preparedness funds remaining at the end of budget and project periods.
- Expected Output(s): Report highlighting gaps and/or challenges and recommend courses of action.

• Provide expert opinion and analysis of current technical assistance efforts, promising practices, research, etc.
- Expected Output(s): Summary report of technical assistance provided.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 95/200 words maximum

The overarching goals specific to this project reflect a need for a more prepared public health and healthcare system by targeting those areas of greatest need. The applicant's organizational capacity must possess the most relevant skills, technology, organizational reach, and infrastructure to improve the capacity of state health officials and federal policy makers to make informed policy and operational decisions; to develop greater efficiency and effectiveness of state and public health and healthcare preparedness programs ; to promote collaboration between state health agencies and other stakeholders; and to develop the discipline of community resilience.

13 Applicant Program Experience:* 80/200 words maximum

The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, the state and health officials of the health agencies in all 50 states, U.S. territories, freely associated states, and the District of Columbia. The organization should support state and efforts that protect the health of all people and engages in a wide range of scientific, educational, technical assistance, training and policy activities on behalf of advancing public health preparedness and response capacity.

	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 0/200 words maximum
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 85/200 words maximum The applicant's capability, expertise, resources, national reach, and history of providing capacity-building are relevant to implementing this program's key strategies and activities to achieve expected outcomes. The program strategies include strengthening the capacities and capabilities of public health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. The capacity-building efforts of this program are expected to strengthen and optimize the public health system and services to improve and protect the nation's health.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. OPHPR/FY18 (Year 1)/PP/6

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Enhancing Territorial and Freely Associated States Public Health Emergency Preparedness and Response

2 CIO:*
OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE

3 Division, office, or unit:*
Division Of State And Local Readiness

4 CIO Point of Contact (POC) name(s):*
Todd Talbert; Andrea Harris

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
eup2@cdc.gov; fdn7@cdc.gov

CIO POC phone number(es):*
404-639-7876; 404-639-8411

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 20/25 words maximum
Territorial health and Freely Associated States officials with primary responsibilities related to public health/medical emergency preparedness and response

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$75,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
531/1,000 words maximum

1) Public Health Systems Infrastructure- Activities to improve public health emergency management systems and programs.

• Administer/participate in preparedness policy conference calls with the program directors of Public Health Emergency Preparedness (PHEP) and the Strategic National Stockpile (SNS) programs for 8 territories/Freely Associated States, with CDC's DSLR and other key stakeholders.
- Expected Output(s): 1) Workgroup Meeting Calendar 2) Meeting agendas and minutes (as applicable), and 3) Post-meeting summary of impacts and recommendation that inform program and public health preparedness and response.

• Implement strategic policy positions that advance territorial and Freely Associated States Public Health Emergency Preparedness (PHEP) capabilities in coordination with other national organizations that represent local health officials, emergency managers and other key stakeholders.
- Expected Output(s): Tools, resources, and/or trainings.

• Ensure territories and Freely Associated States' participation in both a forum for Directors of Public Health Preparedness (DPHP) and a public health preparedness policy advisory group in collaboration with the Division of State and Local Readiness.
- Expected Output(s): Report summarizing inputs and/or recommendations provided and the impact to the public health system.

• Enhance procedures for distributing funds to local levels in a timely and efficient manner and to assist in developing effective sub-awardee monitoring plans that track spending and reduce unobligated Public Health Emergency Preparedness (PHEP) preparedness funds remaining at the end of budget and project periods.
- Expected Output(s): Report highlighting gaps and/or challenges and recommend courses of action

• Enhance processes to inventory and analyze territorial and Freely Associated States legal authorities for receiving, allocating and spending emergency preparedness funds and recommend courses of action for improving fiscal/administrative capacity of public health agencies.
- Expected Output(s): 1) Tools and resources and 2) Report of the program's effectiveness

• In conjunction with a national organization that represents local health officials, advance Public Health Emergency Preparedness (PHEP) capability development at the territorial and Freely Associated States level (e.g. jurisdictional risk assessments, community partnership projects and specific planning for at-risk populations)
- Expected Output(s): 1) Tools and resources and 2) Report of the program's effectiveness.

• Provide expert opinion and analysis of current technical assistance efforts, promising practices, research, etc.
- Expected Output(s): Summary report of technical assistance provided.

• Increase territorial and Freely Associates States Medical Counter Measures Dispensing and vaccine administration model and practices through promoting and disseminate innovative the development/coordination of targeted training and educational forums.
- Expected Output(s): 1) Tools and resources 2) Report of the program's effectiveness.

CBA short-term expected outcome: Improved operational capacity to evaluate, manage and improve public health systems; and

CBA long-term expected outcome: Increased capability of public health systems to achieve nationally established standards.

2) Communication and Information Technology- Activities to improve the use of communication and information technology to affect health decisions and actions

• Represent territorial and Freely Associated States interests through participation in CDC exercises, After-Action Reviews, and trainings in conjunction with the DSLR leadership team.
- Expected Output(s): 1) Development of tools and resources, and 2) Report highlighting gaps and/or challenges and recommend courses of action.

CBA short-term expected outcome: Improved communication and information technology capacity to inform the public effectively and efficiently.

CBA long-term expected outcome: Strengthened capability to use communication and information technology to affect health decision and actions.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 106/200 words maximum

The overarching goals specific to this project reflect a need for a more prepared public health and healthcare system by targeting those areas of greatest need. The applicant's organizational capacity must possess the most relevant skills, technology, organizational reach, and infrastructure to improve the capacity of territorial and Freely Associated States health officials and federal policy makers to make informed policy and operational decisions; to develop greater efficiency and effectiveness of territorial and Freely Associated States public health and healthcare preparedness programs ; to promote collaboration between territorial and Freely Associated States health agencies and other stakeholders; and to develop the discipline of community resilience.

13 Applicant Program Experience:* 81/200 words maximum

The applicant organization must possess solid experience and expertise in building the programmatic capacity of its members, the health officials of the health agencies in all 50 states, U.S. territories, freely associated states, and the District of Columbia. The organization should support territorial and Freely Associated States efforts that protect the health of all people and engages in a wide range of scientific, educational, technical assistance, training and policy activities on behalf of advancing public health preparedness and response capacity.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 6/200 words maximum

15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 86/200 words maximum The applicant's capability, expertise, resources, national reach, and history of providing capacity-building are relevant to implementing this program's key strategies and activities to achieve expected outcomes. The program strategies include strengthening the capacities and capabilities of public health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. The capacity-building efforts of this program are expected to strengthen and optimize the public health system and services to improve and protect the nation's health.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Environment and Public Health Nexus: US EPA-States Collaborative Pilots

2 CIO:*
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
US Environmental Protection Agency, Office of Research and Devel...

4 CIO Point of Contact (POC) name(s):*
Lisa Matthews; Amy Scheuer

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
matthews.lisa@epa.gov; scheuer.amy@epa.gov

CIO POC phone number(es):*
202-564-6669; 202-564-3243

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 14/25 words maximum
Target population is state environmental agencies and state public and environmental health agencies.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$25,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
360/1,000 words maximum

Goals: The mission of the US EPA is to protect the environment and human health, and at its core is a public health agency. Healthy people and communities cannot exist without healthy, functioning ecosystems.

EPA ORD in cooperation with the Environmental Council of States (ECOS, the national association of state environmental agency leaders) with its research arm, the Environmental Research Institute of the States (ERIS), and partners reaching state public health officials and state environmental health directors plan to collaborate in developing risk communication models that will leverage resources and advance the mutual mission of protecting the public's health from environmental threats. ECOS and expected partners provide assistance and serve as liaisons to their state agency members.

Expected Outputs:

- **Risk Communication Models**
  - Using the information gained in 2017, the recipient will work with ECOS to develop communication models on what works and what doesn't work when addressing chemicals of emerging concern, including Per- and Polyfluoroalkyl Substances (PFAS). The end product would be a clearinghouse of fact sheets or other guidance documents on what "does or doesn't work" when communicating about contaminants of emerging concern.
  - In addition, each jurisdiction and site impacted by contamination does community meetings in different ways. What types of community meetings work? What are the different tools and techniques used to answer questions people have (e.g., some local health agency gave index cards for community members to write their questions on and then they would be answered and posted online for the public to view at a later time and helped people to feel their concerns were being heard). Other states used hotlines to field questions and then post those answers online. the recipient will collect current models being used by states and develop a clearinghouse of communication models for addressing PFAS and contaminants of emerging concern. In addition, the recipient will work with ECOS to develop an FAQ/troubleshooting information for different audiences.

Outcomes:

- Improve public health, due to a greater awareness of risks from chemicals of emerging concern.
- Increased accessibility of risk communication models for states and communities, and what works and does not work.
- Build diverse public health and environmental partnerships with states and their communities.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically

	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 35/200 words maximum
	The successful recipient should represent state public and environmental health agencies in the United States as well as influence public health policy to ensure excellent state-based public health programs to improve the nation's health.
13	Applicant Program Experience:* 22/200 words maximum
	Ideally, the recipient would have experience working with state public health (organizations, contacts, etc.), risk communication, and related processes, etc.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 109/200 words maximum
	To successfully complete these pilot efforts, EPA expects to collaborate with partners that reach states in order to establish and maintain diverse public health and environmental partnerships for meaningful cooperation and collaborative achievement. Effective communications on progress and achievement is expected for this collaborative effort, including brief progress reports every other month. Progress reports should include description of work performed, meetings and deliverables during the time period, problems identified, work planned for the next 6 months and expected deliverables, as well as a summary of hours and dollars during the 2 months and cumulative. Progress reports should be sent via email to the EPA POC/Technical Monitor Lisa Matthews.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum
	Not applicable
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 34/200 words maximum This project aims to enhance states' risk communication efforts by developing risk communication models on what works and what doesn't work when addressing chemicals of emerging concern, including Per- and Polyfluoroalkyl Substances (PFAS).
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 21/100 words maximum
	Funds are to support personnel costs and conference calls with states. Any travel should be requested and approved in advance.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. DHHS/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Environmental HiAP State Incubator Project – technical assistance and capacity building effort for SHAs

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Hope Roobol

CIO POC email address(es):*
hroobol@cdc.gov

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*
770.488.0584

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 24/25 words maximum
State Health Agencies (SHA), state health officials and other SHA leadership, along with state environmental health (EH) directors and/or EH subject matter experts.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$80,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
525/1,000 words maximum

Proposed Activities:
In order to support SHAs in working to raise awareness and demonstrate the value and impact of implementing HiAP strategies and tactics, the following activities are proposed:

• Develop an Environmental Health in All Policies State (eHiaP) Incubator Technical Assistance and Capacity Building project for SHAs – specifically targeting State Health Officals (SHOs) and their associated staff with support from EH subject matter experts – with the focus on increasing awareness, capacity and use of a health in all policies framework (1), state HiAP themes (2), and/or identified HIAP strategies and tactics and (3), To include activities such as:
o Hosting routine technical assistance teleconferences and providing technical and/or administrative support to SHAs/state health department leadership participating in the EHiAP state incubator who are interested in increasing awareness, capacity and use of health in all policies strategies and tactics.
Regional or an in-person annual convening may be beneficial
o Providing a broad introduction of HiAP presentation in an annual new SHO presentation and/or related materials or covenings. The presentation should include examples of specific HiAP strategies/tactics and associated successes in improving environmental health and/or health equity through addressing social determinants of health.
o Developing and executing an eHIAP State mini-grants request for proposal process, selection of state grantees and support of state eHiAP state mini-grants offering state leadership the opportunity to implement the HiAP framework (1), themes (2), and/or strategies and tactics (3) to address an environmental health or health equity hot topic and document facilitators and barriers to success.
Development of tools/resources identified based on mini-grantee recipient feedback and experiences.
o Online hosting and promotion of existing and newly developed resources through established promotion channels, conference presentations and/or webinars
o Facilitating coordination between state and local level health department staff working on HiAP initiatives.

Expected Outputs:

• Development and maintenance of a technical assistance and capacity building state environmental HiAP incubator program including the:
o Development and execution of at least 1 mini-grant request for proposal, selection process and associated support and oversight of selected state grantees
o Development of evaluation plan, reporting formats and other methods for identifying and documenting facilitators and barriers for mini-grantee success related to using HiAP strategies and tactics, in coordination with other association and organization focused on increasing HIAP use, along with documenting and communicating associated environmental health and healthy equity related impacts of mini grantees
o Monthly teleconferences addressing state participants needs related to implement HiAP strategies to address EH and HE hot topics.
o Ongoing technical and administrative support to the state environmental HiAP incubator project as identified by state participants.
o Development of HiAP-related tool/resources as identified by state environmental HiAP incubator participants

References
(1) Association of State and Territorial Health Officials. Health in all Policies: A Framework for State Health Leadership. Arlington, VA: Association of State and Territorial Health Officials. 2014.
(2) Association of State and Territorial Health Officials. The State of Health in all Policies. Arlington, VA: Association of State and Territorial Health Officials. 2018.
(3) Gase, Lauren N., Radha Pennotti, and Kenneth D. Smith. " "Health in All Policies": taking stock of emerging practices to incorporate health in decision making in the United States." Journal of public health management and practice 19.6 (2013): 529-540. https://www.ncbi.nlm.nih.gov/pubmed/24080816

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑	Improved operational capacity to evaluate, manage, and improve public health systems
☑	Improved leadership capacity to identify and prioritize public health needs
☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

	☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance ☐ Improved communication and information technology capacity to inform the public efficiently and effectively ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health ☑ Increased capacity to evaluate laws and policies to affect health ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs Intermediate ☑ Increased capability of public health systems to achieve nationally established standards ☑ Increased leadership decision-making to address public health needs strategically and systematically ☑ Strengthened capability of public health workforce to deliver essential public health services ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies ☐ Strengthened capability to use communication and information technology to affect health decisions and actions ☑ Strengthened capability to respond to public health priorities collaboratively and strategically ☑ Strengthened capability to systematically apply and use laws and policies to improve health ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 106/200 words maximum
	Applicant organizations must demonstrate: • Sufficient capability and capacity to carry out activities proposed. • Capacity and infrastructure to effectively and efficiently collaborate with state health agency leadership, state environmental health professionals and other environmental health organizations. • Staff capacity and experience to develop an associated RFP and support of SHA leadership as grantees. • Capacity to develop state identified tools/resources, facilitate discussions in a collaborative environment or workgroup, and carry out the annual work plan. • Evidence of past success in carrying out activities of similar size and scope. The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan.
13	Applicant Program Experience:* 123/200 words maximum
	Applicants should have demonstrated program expertise and experience in the following capacities: • Robust environmental health and health in all policies subject matter expertise, with specific experience supporting state departments • Experience scoping, developing and implementing a request for proposal process which results in demonstrated environmental public health impact • Experience implementing a state mini-grant program, including staff experienced in serving in a project officer role for state health department projects and providing technical assistance • Experience in developing training and tools/resources for state health leadership and EH professionals. • Existing mechanism and infrastructure to communicate and reach state health agency leadership. • Experience in supporting groups of state health agency leadership, creating a culture of collaboration and supporting successful change management, leadership buy-in and norm shifting activities among state health agencies leadership
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 46/200 words maximum
	• Applicants are expected to collaborate with CDC, other cross-sector associations and organizations which support EH professionals at the state, local and/or territorial level. • CDC may also seek collaboration among funded partners to foster information sharing, strategic planning and coordination, cross-promotion and potential joint convenings.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum
	It may be necessary to undertake subcontracts to best serve the mini-grantees and/or other technical needs of state health departments. Selecting the subcontractors will occur in consultation with CDC.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 18/200 words maximum

	Tools and resources developed from this project may be useful for other governmental and non-governmental organizations.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 102/100 words maximum
	Funding subject to availability of funds. Proposals should be scalable. If less funds are available, CDC and applicant will work together to revise and prioritize workplan activities. Applicants must provide itemized budget with headers: • Salaries and wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel – Specify number and organizational affiliations of meeting participants applicant organization intends to travel to meeting(s) • Other categories • Direct costs • Contractual costs General suggested allocations are as follows: • $50,000 for mini-grants (~ Approximately 5 mini-grants at $10,000) • $30,000 to the development and maintenance of state eHiAP incubator and associated technical and administrative needs, routine meetings/teleconference, and material development.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/31

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Environmental Public Health Tracking Fellowship

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Environmental Health Science and Practice (DEHSP)

4 CIO Point of Contact (POC) name(s):*
Joseph Ralph

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
cmq8@cdc.gov

CIO POC phone number(es):*
(770)488-0539

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 8/25 words maximum
Environmental health programs at State health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$80,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
299/1,000 words maximum

Purpose: In January 2001, the Pew Environmental Health Commission called for the creation of a coordinated public health system to prevent disease in the United States by tracking and combating environmental health threats. In response, the Centers for Disease Control and Prevention (CDC) initiated the Environmental Public Health Tracking Program to integrate hazard monitoring and exposure and health effects surveillance into a cohesive tracking network. Currently, CDC funds 25 states and one city to feed environmental and health data into the National Tracking Network. In order to extend the reach of the Tracking Program and to build capacity among unfunded health departments, CDC plans to offer mentorship opportunities through a national fellowship program. In order to increase capacity among funded health departments, the recipient would facilitate a college-level student internship/practicum experience within a state/local tracking program. This experience would help increase awareness of environmental public health tracking among students, help strengthen the future public health workforce, and benefit state/local tracking programs by providing extra assistance with special or routine activities and projects.

Proposed Activities: Activities could include (1) developing and implementing a national fellowship program, including recruiting and monitoring fellowship participants and (2) developing and implementing an internship/practicum experience related to environmental public health tracking within a state/local health department for a college-level public health student.

Expected Outputs: Expected outputs may include (1) fellowship application materials and appropriate communication materials (2) final reports from fellowship participants (3) an internship plan including details on recruitment and placement (4) a summary document describing the student project(s).

Expected Outcomes: Expected outcomes may include (1) increased awareness of the National Environmental Public Health Tracking Program's data and resources (2) increased capacity and infrastructure among unfuded health departments (3) increased interaction between environmental public health tracking practitioners nationwide (4) enhanced environmental public health tracking workforce.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 23/200 words maximum
	The recipient should have expertise in environmental health surveillance activities and providing national-level leadership to health practitioners working at state/local levels.
13	Applicant Program Experience:* 66/200 words maximum
	The recipient should have knowledge of the National Environmental Public Health Tracking Program, including its data system, the Tracking Network. Also, the recipient should have a clear understanding of environmental health surveillance activities and best practices. Other desired capabilities include facilitating collaborations between CDC and health departments, as well as knowledge in developing, monitoring, and evaluating training experiences for health professionals and/or college students.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 23/200 words maximum
	The recipient would collaborate—as appropriate—and share information with other Tracking Program partner groups (e.g., national professional organizations) and cooperative agreement recipients.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum
	None expected
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 34/200 words maximum
	Health departments at the state/local level will benefit from this work by increasing their capacity for environmental health surveillance and improved public health workforce knowledge and skills through fellowship and internship training activities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 7/100 words maximum
	No additional limitations or parameters.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/26/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/19

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 8/15 words maximum Environmental Public Health Tracking Local Health Department Fellowship		
2	CIO:* NATIONAL CENTER FOR ENVIRONMENTAL HEALTH	3	Division, office, or unit:* Other Enter other division, office, or unit:* Division of Environmental Health Science and Practice (DEHSP)
4	CIO Point of Contact (POC) name(s):* Joseph Ralph		CIO POC email address(es):* cmq8@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* (770)488-0539
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 4/25 words maximum Local health departments		

PROJECT FUNDING
OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $60,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 214/1,000 words maximum
	Purpose: The purpose of this project is to advance the practice of environmental public health within local health departments (LHDs) by communicating important data, information, tools, and resources from the Tracking Network; increasing LHDs' capacities to address existing and emerging environmental health issues; and understanding how the Tracking Network and the funded states and localities can better serve LHDs. Proposed Activities: Activities could include (1) convening a workgroup of LHD practitioners to help develop policy and program activities related to environmental public health tracking (2) increasing awareness of environmental public health tracking among LHDs through various communication channels (e.g., electronic newsletters, webinar presentations, conferences/meetings) and (3) conducting an assessment of LHD's needs and preferences related to environmental public health tracking data and practice. Expected Outputs: Expected outputs may include (1) Agendas, minutes, and recommendations from LHD workgroup meetings (2) log of communication/outreach efforts (3) project proposal, data collection tool, and final report for the needs assessment Expected Outcomes: Expected outcomes may include (1) increased awareness of the National Environmental Public Health Tracking Program's data and resources among LHD staff (2) increased awareness of successful strategies to engage LHDs in environmental public health tracking activities and (3) increased knowledge of LHD's needs and preferences related to environmental public health tracking data and practices.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 26/200 words maximum

The recipient should have expertise in environmental health activities and providing national-level leadership to health practitioners working at county and city (local) health departments.

13 Applicant Program Experience:* 57/200 words maximum

The recipient should have knowledge of the National Envrionmental Public Health Tracking Program, including its data system, the Tracking Network. Other desired capabilities include facilitating collaborations between state/local tracking programs and local health departments; ability to host and manage nationwide workgroup meetings; experience in coordinating, conducting, and summarizing needs assessments with local health department staff.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 23/200 words maximum

	The recipient would collaborate—as appropriate—and share information with other Tracking Program partner groups (e.g., national professional organizations) and cooperative agreement recipients.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum
	None expected
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 41/200 words maximum
	Local health departments (LHD) will benefit from this work by having an increased knowledge of environmental public health tracking programs and resources, and by helping inform current and future environmental public health tracking practice that supports LHD goals and priorities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 7/100 words maximum
	No additional limitations or parameters.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/26/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/17

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Examining and Improving STD Clinical Services Provided by Health Departments

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*
Thomas Gift; Shean Johnson; Dan Lentine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
teg5@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov

CIO POC phone number(es):*
404-639-1831; 404-639-6168; 404-639-0462

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 25/25 words maximum
Publicly funded STD clinics (under local health departments and others that operate with public funding) and other publicly funded clinics that may provide STD services

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
466/1,000 words maximum

Purpose: STD clinics form an essential part of the safety net for STD testing, treatment, and partner services. Many health departments that do not have specialized STD clinics provide STD services in other public health clinics, via contract or by referral to other clinics. CDC has conducted two previous surveys to assess STD prevention activities in state and local health departments (SHDs and LHDs), but has not collected extensive detail on clinical services. CDC is preparing recommendations for quality clinical services that should be available for providers of STD care (basic and specialized). Assessing the extent to which the quality clinical services are currently offered by publicly funded STD and other clinics would help inform guidance to SHDs and LHDs. Identifying current practices around billing, copayments and reimbursement will also provide important information that can be used to characterize existing barriers to service-level improvements.

Proposed Activities: Conduct a Web-based survey of publicly funded clinics that provide STD services—this will include both clinics that provide basic STD care and STD clinics that provide specialty STD care. The sampling frame will be publicly-funded clinics providing STD care. This may include both publicly funded clinics and privately-owned clinics that are funded by LHDs to provide STD services. The survey will be conducted following Paperwork Reduction Act (PRA) approval from the Office of Management and Budget (OMB). Taking the lead on developing the OMB PRA statements will be one of the activities in this project (though OMB PRA processes at CDC may be used for approval). The grantee will select the sample from a population that includes all 50 states and Washington, DC. CDC is currently identifying lists of clinics that define the population of interest and will work with the grantee to select the final list. The grantee will also identify contacts in jurisdictions to be sampled, and manage survey invitations and email/phone reminders. There will be no incentives offered for participation in the survey. The sample size will be 1000 clinics.

Expected Outputs: A data set in Excel that contains survey responses, information on the sampling frame to aid in development of weights and a codebook. It is expected that CDC and the grantee will co-author any manuscripts for peer-reviewed publication reporting the results. Selected data may be featured in a non-peer-reviewed report, as well (that either references published works or that provides data not published in peer-reviewed papers). These manuscripts and reports will identify current practices and highlight any gaps in clinical services, plus identify process areas for improvement and aid SHDs and LHDs in developing ways to improve the provision of recommended services.

Expected Outcomes: Data and reports that will be useful for improving clinics' uptake of recommended clinical services and provide information useful for public health stakeholders at all levels to support safety net STD services.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically

	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 93/200 words maximum
	The recipient should have the capacity to take the lead on OMB PRA approval (jointly with CDC). They should also be able to develop the Web version of the survey, have experience in pilot-testing surveys, and able to collect and transmit responses to CDC. The recipient should be able to select a sample from a population of clinics from all 50 states and Washington DC. The sample does not have to be stratified by state; however, all 50 states and DC should be included in the population from which the sample is drawn.
13	Applicant Program Experience:* 43/200 words maximum
	The recipient should have experience conducting Web-based surveys in public clinics or other similar entities and have demonstrated the ability to elicit participation in order to facilitate a suitable response rate. They should also have experience in compiling and cleaning datasets and preparing codebooks.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 40/200 words maximum
	CDC will collaborate in defining the study population of clinics, developing the survey, securing OMB PRA approval, and designing the sampling frame. CDC will take the lead on data analysis and will collaborate with the recipient in authoring manuscripts and reports.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 37/200 words maximum
	If subcontractors are selected for any work they should have demonstrated experience of successful accomplishment of the tasks for which they are contracted. Recipient should work with CDC to establish the scope of work and select subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 72/200 words maximum Data generated from this project will inform CDC, SHDs and LHDs of the current practices of clinics that provide STD services, as well as additional operational details of clinical operations. Analysis of the data may highlight common barriers and identify characteristics associated with successful implementation of recommended services. Survey respondents will be able to systematically inventory their current practices and compare them to CDC recommendations, which may identify key areas for program enhancement.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 52/100 words maximum
	Funds should be used to accomplish the goals provided in the Project Details section above.The project and activities will be scaled to match the actual funding amount available for this work. The recipient should collaborate with CDC to establish a reasonable work plan and deliverables based on the actual funding available.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/16

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Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Exploring the Association of Epilepsy and Inpatient Hospitalization among Individuals with Intellectual and Developmental Disabilities

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABI

3 Division, office, or unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*
Arlene Vincent-Mark, JoAnn M Thierry

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dsz4@cdc.gov; jxt4@cdc.gov

CIO POC phone number(es):*
404.498.6780; 404.498.6730

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 12/25 words maximum
Surveillance, epidemiology, and population health statistical programs across state health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$150,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
191/1,000 words maximum

Purpose: The purpose of this project is to use Medicaid Claims data to explore the association between epilepsy and inpatient hospitalizations among children and adults with Intellectual and developmental disabilities (IDD). These activities will build epi and surveillance capacity in state health departments to improve inclusion of people with IDD in new or existing analyses. It will also enhance the capacity of program directors to identify and implement evidence-based programs and services for this underserved population.

Proposed Activities:
• Analyze Medicaid Claims data to determine the prevalence of epilepsy by type of IDD;
• Describe factors associated with inpatient hospitalizations due to epilepsy and their associated costs;
• Publish and Disseminate findings;
• Conduct a literature review of potential evidenced-based strategies and interventions applicable for people with IDD and epilepsy; and
• Provide recommendations for potential evidence-based practices and/or interventions to address the issue

Expected Outputs:
• A completed literature review;
• A peer reviewed manuscript; and
• A list of potential evidence-based strategies, practices and/or interventions

Expected Outcomes: This capacity building project will improve our ability to monitor the health and health care utilization of people with IDD and improve the evidence-base for future health promotion programs and interventions for people with IDD.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 45/200 words maximum

The awardee must possess the following organizational capacity:
• Expertise in disability, epilepsy and/or related programs;
• Existing relationships with national, state and local organizations who work with the target population; and
• Ability to collaborate with state and local health departments who have access to state Medicaid Claims Data

13 Applicant Program Experience:* 45/200 words maximum

• History of collaborating and partnering with the CDC funded Disability and Health State Programs, state health departments, or other national disability organizations;
• Experience working with the target population;
• Experience working with disability data and State Medicaid Claims Data; and
• Experience publishing in peer reviewed journals

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 62/200 words maximum

	The organization will collaborate closely with the CDC's Disabiltiy and Health Branch in the process of completing project activities. It is also expected that the organization will collaborate with State Disability and Health programs or their bonafide agents in order to fulfill the deliverables for this project. Where appropriate, collaboration may involve manuscript(s) development and publication and presentations at national conferences.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 45/200 words maximum
	The organization may enter into contracts for services such as data collection. Contracts with the providers of these services should state the period of performance, work expected and selection criteria. Contracts must be submitted, reviewed, approved, and managed in accordance with federal standards.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 53/200 words maximum
	Public health agencies will be able to utilize the products and output from this project in their efforts to eliminate health disparities and inequities faced by persons with intellectual and developmental disabilities. These resources will be made accessible to state and local public health agencies through the CDC Disability and Health Branch.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 57/100 words maximum
	The organization will utilize the funds to work with Disability and Health State programs or their bonafide agents to analyze Medicaid Claims Data and publish the findings in peer reviewed journals. Expenditures should not exceed the total budget including direct and indirect costs for this project, and funds should be used in accordance with federal standards.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: You will be directed to a confirmation screen upon successful save or submission. NCBDDD/FY18 (Year 1)/PP/19

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Food Safety Activities for City and County Health Departments and Officials

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*
Racquel Williams; Don Sharp

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iic3@cdc.gov; das8@cdc.gov

CIO POC phone number(es):*
404-718-5286; 404-639-3845

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
Local Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$120,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
534/1,000 words maximum

This project will improve local health department (LHD) food safety. For the purpose of this project, food safety is defined as foodborne illness and outbreak surveillance and response. Foodborne illness is a substantial public health problem. LHD capacity to conduct effective, rapid foodborne illness and outbreak surveillance and response activities is a critical part of the overall public health approach to address food safety issues. The project will strengthen LHD food safety collaborations, improve foodborne illness and outbreak surveillance and response programs, and provide assistance to LHDs.

Purpose:
• Improve the performance of LHDs in food safety to ultimately reduce incidents of foodborne illness and outbreaks
• Increase the capacity of local health departments to detect, investigate, control and prevent foodborne illness.
• Build the Council to Improve Foodborne Outbreak Response's (CIFOR) ability to create critical guidance documents for local, state, territorial, and federal officials involved in foodborne disease surveillance, detection, and response activities.

Proposed Activities:
CIFOR Support:
1. Provide management, technical, and administrative support for CIFOR (including the CIFOR Council, the CIFOR Governance Committee, CIFOR Development Teams, select CIFOR projects and CIFOR Workgroups).
2. Organize CIFOR conference calls, attend CIFOR in-person meetings, and provide ongoing support for select CIFOR workgroups and projects to increase the relevancy, applicability, and usability of products to improve LHDs' foodborne outbreak response.
3. Increase the availability and accessibility of new or revised CIFOR resources, evidence-based practices, products, and tools for LHDs and CIFOR partners.

Engagement of LHD Food Safety Leaders:
1. Increase the awareness of LHD staff about food safety issues through informational and educational materials and LHD staff attendance at/participation in food safety meetings and training opportunities
2. Convene and support a food safety workgroup comprised of representatives from the epidemiology, laboratory, and environmental health disciplines, and other LHD leaders to: (1) develop policy and program priorities for LHDs; (2) develop or update policy statements for LHDs related to food safety; (3) provide direct input into CIFOR for future projects and serve as reviewers of draft CIFOR documents
3. Support a food safety leaders' list to share, learn, and communicate challenges, successes, tools, and resources with food safety leaders across the country.

Expected Outputs:
CIFOR Support:
1. Agendas, presentation slides, minutes, feedback, and action items developed from CIFOR meetings (e.g. in-person meetings and conference calls)
2. Support members to help develop, produce, promote and evaluate a variety of CIFOR products
3. Availability and accessibility of CIFOR materials on a website that is maintained and updated regularly by the applicant

Engagement of LHD Food Safety Leaders:
1. Support attendance of LHD staff at stakeholder meetings or training events related to food safety
2. Monthly conference calls and at least one annual in-person meeting of a food safety workgroup
3. Dissemination of information, materials and resources for food safety leaders via communication emails, newsletters, and other methods as applicable

Expected Outcomes:
• Increased capacity of local public health agencies and staff to participate in food safety activities (laboratory, epidemiologic, and environmental health) with other LHDs and with state and federal agencies.
• Increased collaboration, partnership and integration efforts between LHDs and partners at the state and federal levels.
• Increased capacity of CIFOR to create model practices to improve foodborne illness and outbreak surveillance and response activities at the local level.
• Serve as a forum and network for local public health professionals to provide critical input into development of guidance on policy, methods, reports, professional development, and other resources related to food safety.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 110/200 words maximum

Applicant should have close contact and communication with local health departments, local public health officials, and key associations representing epidemiologists, environmental health professionals, state health officials, laboratorians, and food program leaders. The applicant should also have existing contacts with the key federal agencies involved in food safety issues (e.g. FDA, USDA, CDC). Applicant should have administrative, professional, and IT capacity to simultaneously coordinate a variety activities related to food safety/foodborne illness and outbreak surveillance and response activities at the local level. Applicant should have members and or staff who are capable of understanding and providing expertise with local issues related to foodborne illness and outbreak surveillance and response activities.

13 Applicant Program Experience:* 128/200 words maximum

Applicant should have extensive experience working with and representing local health departments and officials. Applicant should have members/staff who are knowledgeable about foodborne illness and outbreak surveillance and response issues at the local level. The applicant should have experience managing cooperative agreements and contracts and extensive budget experience. Additionally, the applicant should have experience planning and conducting in-person meetings, conference calls, and managing travel procedures. They should be experienced with foodborne illness and outbreak surveillance and response policy issues related to local health departments and officials. The applicant should have extensive experience working with a variety of agencies at the local, state, territorial, and federal levels. The applicant should have extensive experience working closely with associations representing epidemiologists, environmental health professionals, state health officials, laboratorians, and food program leaders.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 30/200 words maximum

The Food Safety Office expects to collaborate closely with the successful applicant. The applicant should collaborate closely with CIFOR Council organizations, and ideally, be a current CIFOR member organization.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum

Subcontractual work is expected with some CIFOR projects and possibly with other projects. Identification/selection of subcontractors will be conducted using an open, competitive process.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 79/200 words maximum

	This CBA benefits governmental public health departments, as the applicant will work with local health departments and their staff to conduct activities that lead to: • Improved performance of LHDs in food safety to ultimately reduce incidents of foodborne illness and outbreaks • Increased capacity of local health departments to detect, investigate, control and prevent foodborne illness. • Greater ability of CIFOR to create critical guidance documents for local, state, territorial, and federal officials involved in foodborne disease surveillance, detection, and response activities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum
	DFWED has no special budget instructions; we suggest adhering to CDC OFR's budget and line item justification instructions.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/17

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Food Safety Activities for State Health Departments and Officials

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*
Racquel Williams; Don Sharp

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iic3@cdc.gov; das8@cdc.gov

CIO POC phone number(es):*
404-718-5286; 404-639-3845

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
State Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$120,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
627/1,000 words maximum

This project will improve state food safety. For the purpose of this project, food safety is defined as foodborne illness and outbreak surveillance and response, and does not include regulatory or food defense aspects of food safety. Foodborne illness is a substantial public health problem. State capacity to conduct effective, rapid foodborne illness and outbreak surveillance and response activities is a critical part of the overall public health approach to address food safety issues. The state health official is in a unique position to direct policy and practice for state public health activities. The project will strengthen state food safety collaborations, improve state foodborne illness and outbreak surveillance and response programs, and provide assistance to state policy makers.

Purpose:
• Improve the performance of state health agencies in food safety to ultimately reduce incidents of foodborne illness and outbreaks, incorporating a one health approach.
• Serve as a go-to resource for state and federal partners policymakers, and other stakeholders on the positions and perspectives of state health agencies regarding food safety issues.
• Influence national food safety discussions to ensure inclusion of public health principles in national food safety recommendations and policies.
• Strengthen partnerships and coordination between state health agencies and key federal agencies, local health agencies, industry, and consumer groups.

Proposed Activities:
1. Support the Council to Improve Foodborne Outbreak Response (CIFOR) activities (including the CIFOR Council, Development Teams, select projects and workgroups), and other national stakeholder groups, as needed.
2. Support a collaboration among state health officials with expertise in infectious disease, environmental health, and other public health disciplines as needed, including coordination and facilitation of joint conference calls and a joint in-person meeting.
3. Conduct outreach to state health officials on culture independent diagnostic testing (CIDT)/whole genome sequencing (WGS) and other food safety issues that may arise, including but not limited to: 1) coordinating/facilitating subject matter expert presentations on calls or meetings attended by state health officials; and 2) development and dissemination of CIDT/WGS and other food safety materials and tools that would be helpful for state health officials, their staff and other state partners.
4. Facilitate attendance and participation of state health officials and their staff at national stakeholder meetings or events related to food safety.
5. Work with partners at the National Institute for Animal Agriculture to convene a meeting of animal agriculture producers and public health professionals to facilitate information exchange and encourage a one health approach to combatting antibiotic resistant foodborne illnesses and outbreaks.

Expected Outputs:
1. Active participation in the development, promotion, and evaluation of CIFOR products, and distribution of CIFOR materials to state officials and agencies
2. Creation of a group comprised of state public health official experts in infectious disease, environmental health, and other public health disciplines (as needed), that holds conference calls, and meets in person at least annually to discuss and develop policies or materials on food safety issues for state health officials and agencies
3. Multiple outreach opportunities to state health officials and other state officials on CIDT, WGS, and other key food safety issues. Opportunities include presentations on conference calls and at national meetings attended by state health officials, and development/dissemination of educational materials and tools for state health officials
4. Attendance and participation of state health officials and their staff in at least one national stakeholder meeting/event related to food safety
5. Creation of a white paper that summarizes the NIAA meeting presentations and discussions which can be shared with other stakeholders.

Expected Outcomes:
• Improved performance of state health agency food safety programs
• Better coordination across key food safety areas within state health agencies, and between state agencies and local and federal agencies, enabling seamless epidemiologic, laboratory and environmental health activities
• Increased awareness among state health officials and their staff on national trends in food safety and new/emerging food safety issues
• Increased horizontal partnerships and collaboration among key one health stakeholders, including state and federal public health, animal agriculture, veterinarians, and industry partners to detect and prevent resistant foodborne illnesses.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 99/200 words maximum

Applicant should communicate directly with state health officials and coordinate a variety of food safety activities (specifically foodborne illness and outbreak surveillance and response) related to the needs and interests of this group. Applicant should have close contact and communication with representatives of epidemiology, laboratory, and environmental health units at the local, state, and territorial levels, and have contacts with the key federal agencies involved in food safety issues (e.g. CDC, FDA, and USDA). Applicant should have administrative, professional, and IT capacity to simultaneously coordinate a variety of activities related to foodborne illness and outbreak surveillance and response.

13 Applicant Program Experience:* 87/200 words maximum

Applicant should have experience working directly with and representing state health officials and their staff on a wide variety of food safety issues, both programmatic and policy-related. Applicant should be highly knowledgeable about state and federal legislative, administrative, and legal issues that impact state functions in foodborne illness and outbreak surveillance and response. Applicant should have extensive experience working with associations representing epidemiologists, environmental health professionals, local health officials, laboratorians, and food and agriculture program officials. Applicant should have extensive experience working with cooperative agreements and contracts.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

The Food Safety Office expects to collaborate closely with the successful applicant. The applicant should be fully capable of collaborating closely with CIFOR Council member organizations, and ideally, be a current CIFOR member organization.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum

Subcontractual work is expected with some CIFOR projects and possibly with other projects. Identification/selection of subcontractors will be conducted using an open, competitive process.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 108/200 words maximum

	This CBA benefits governmental public health departments, as the applicant will work with state health agencies and their staff to conduct activities that lead to: • Improved performance of state health agency food safety programs • Better coordination across key food safety areas within state health agencies, and between state agencies and local and federal agencies, enabling seamless epidemiologic, laboratory and environmental health activities • Increased awareness among state health officials and their staff on national trends in food safety and new/emerging food safety issues • Increased horizontal partnerships and collaboration among key one health stakeholders, including state and federal public health, animal agriculture, veterinarians, and industry partners to detect and prevent resistant foodborne illnesses.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum
	Food Safety projects: $120,000 NIAA Meeting: $30,000 The applicant should adhere to CDC OFR's budget and line item justification instructions.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/14

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/15 words maximum
Food Service Guidelines (FSG) Local Action Institute to Increase Healthy Food Procurement and Business Profits

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*
Suzianne Garner, Linda Barnes, Amy Warnock, Paulette Mur...

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
sle1@cdc.gov; lit2@cdc.gov; hwf9@cdc.gov; pem1@cdc.gov

CIO POC phone number(es):*
770-488-5044; 404-867-9697; 770-488-6508; 770-488-5849

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 5/25 words maximum
Local Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$145,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
985/1,000 words maximum

Recent census data indicate there are 39,044 U.S. local governments, including 19,492 municipal governments, 16,519 townships, and 3,033 county governments. Local governments are often one of the largest employers and purchasers of food in communies. FSG are voluntary best business practices that can be increase healthy and safe food options for employees and visitors to public facilities. Cities, towns, and counties can use purchasing power to provide healthier food to citizens, therefore making a significant impact on community health.
The goal of Action Institutes is capacity building among cities, towns, and counties to successfully integrate FSG into local food procurement practices and organizational policy. Action Institutes will identify key factors leading to successful implementation of FSG in specific settings, for example hospitals. This will be accomplished by providing intensive technical assistance to action teams to address unique barriers and challenges of each municipality. Identification of key implementation strategies and best business practices will be disseminated broadly to CDC grantees and national partners working to accelerate use of FSG.
City/County public health officials will be the target population to participate in the FSG Local Action Institute. These local health officials will act as leaders for the Institute and identify key stakeholders from their municipality to participate. Selected participants will join an "action team" comprised of representatives from various sectors that having a role in local food procurement and/or food service operations. For example, teams may be comprised of local government officials (e.g. Procurement Officers, Contracting Officials, or City Managers); leaders from anchor institutions with food service (e.g. Hospitals, ECE centers, Colleges/Universities, or YMCA or Boys and Girls Clubs); and/or managers from food service companies or broadline distributors.

Proposed Activities:
Providing intensive technical assistance to municpalities that have yet to establish healthy procurement policies including FSG, execute a plan for implementation, or have met challenges that prevent full operationalization of FSG in community food service represents an unprecedented opportunity to increase access to healthy foods and beverages for millions of citizens. The establishment of diverse action teams will foster cross-sector collaboration and ensure the right people are engaged to receive training on proven community-change processes. The goal of the Institute is leveraging the experiences of sister communities that have overcome implementation challenges related to FSG and help identify lessons learned that can accelerate successful uptake of FSG in U.S. cities, towns, and counties.
This proposal aims to increase uptake of healthy FSG in up to 5 municipalities by convening diverse teams (e.g. comprised of 3-4 team members) of local public health officials and community leaders to participate in the Action Institute and develop a tailored plan of action to accelerate adoption and implementation of FSG. Special consideration for selecting Action Institutes should be given to those located in DNPAO funded communities and/or states. Action Teams will include stakeholders from a variety of sectors, including: local government officials (e.g. Public Procurement Officers, Contracting Officials, and/or City Managers); leadership from community-based anchor institutions that have large food service operations (e.g. hospitals, colleges/universities, YMCA's or Boys and Girls Clubs); and managers from food vendors and broad line distributors providing services in the surrounding community. These local stakeholders play an integral role in establishing healthy food procurement policies and practices that include FSG.
Selected particpants must have prioritized or began work on a concrete FSG intervention. For example, particpants may already be working on FSG under an existing CDC grantee mechanism (e.g. HOP or 1422 etc.) or through a national intiative focused on healthy food procurement policy and practice (e.g. de Beaumont's CityHealth initiative). This approach will leverage existing CDC investments and also facilitate deep dive evaluation of FSG interventions that lead to healthier food environments and population impact. Action Institute teams are required to specify the high-impact, FSG goal they are trying to achieve in their municipality.

Expected Outputs:
The awardee will develop an interactive agenda engaging the community-based action teams and provides tailored TA, tools, and resources from national experts, while facilitating peer-to-peer learning among selected municipalities. Team-building opportunities will promote infrastructure development and advance the team's collective thinking regarding vision, priorities, and next steps for successful FSG implementation.
The following objectives will be achieved as part of each Action Team's activities:
1. Conduct an initial assessment to identify existing resources, infrastructure capacity, and potential champions within a municipality that will play an important role in advancing adoption and implementation of FSG.
2. Create a plan-of-action that describes the key steps the team will take to advance FSG implementation in a specific system (e.g. hospitals, government worksites, colleges/universities, and/or other community-based anchor institutions with food service operations). Each action team must identify proposed outcomes, milestones, and a timeline for completing key steps in the plan.
3. Develop a set of process and outcome measures (e.g. health and/or economic) the municipality can track and report over time.
Expected Outcomes:
The funded awardee will act as Coordinating Center, including the design and execution of the FSG Local Action Institute. Ths should include a mix of in-person and virtual workshops and technical assistance sessions.
Specific outcomes of this work include:
1. A formative action planning workshop engaging action teams on addressing specific challenges and utilizing successful strategies for FSG adoption and implementation
2. A comprehensive action plan from each municipal action team participating in the Insittute. The plan must outline how the municipality will accelerate adoption and implementation of FSG and identify specific types of technical assistance that would help them achieve their goals;
3. A formal follow up session with action teams to determine progress made, barriers encountered, and identification of additional TA needed to achieve their stated goals. This follow up should be synthesized and summarized into a report.
4. A toolkit outlining lessons learned, best practices, and strategies employed among participating municipalities- including a detailed description of primary "levers-of-change", common barriers, and key facilitators for succesful FSG implementation in cities, towns, and counties;
5. A final evaluation report summarizing the impact of the Action Institute. Quantitative and qualitative measures of both health and economic impact should be included.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 89/200 words maximum

Awardee must have organizational capacity in the following areas:
• Regularly engages city and county local public health departments to execute and achieve public health goals, particularly in PSE approaches to increase healthy food environments
• Ability to foster effective cross-sector relationships with local government leaders and community anchor institutions;
• Capacity to provide evaluation training and technical assistance;
• Ability to recruit subject matter experts in implementation of food service guidelines/healthy procurement policies, in particular municipalities that have been successful and are willing to act as mentors and engage in peer to peer learning.

13 Applicant Program Experience:* 83/200 words maximum

The awardee must have expertise in Food Service Guidelines implementation, effective evaluation of public health interventions (demonstrating both economic and health impacts) and experience working with local health department staff to achieve clear public health goals.
Specific experience should include:
• Facilitating effective cross sector collaboration
• Providing technical assistance to non-traditional public health partners at the municipal level
• Knowledge of “Health in All Policies” and approaches for working with diverse sectors to achieve a public health goals
• Application of nutrition policy interventions at the local level

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 156/200 words maximum

	The awardee will be required to provide technical assistance to a team of diverse stakeholders, to be called Action Teams, and accelerate uptake of FSG in cities/towns/and counties. A variety of sectors will be represented on each Action Team, including: city government officials; leadership from community-based anchor institutions with food service; and management from food vendors and broad line distributors. The applicant should have experience with coordinating and convening teams with a wide array of skills and expertise, including: local public health, procurement or acquisition, nutrition education, contracts and policy, food service management, and food distribution and manufacturing. The awarded applicant should provide technical assistance that leverages the different perspectives of each team member and the unique skill sets represented on the team. The applicant should have experience with facilitating impactful cross-sector collaborations to achieve public health impact, particularly focused on policy, systems, and environmental approaches to improve the healthy food environment at the municipal level.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum
	Subcontracts are likely not needed for this work. Potential subcontracts could be given to consultants with expertise in local-level procurement policy and facility operations.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 77/200 words maximum
	Providing intensive technical assistance to municipalities that have yet to establish a healthy procurement policy that includes FSG, execute a plan for implementation, or have met challenges that prevent full operationalization of FSG in community food service represents an unprecedented opportunity to increase access to healthy foods and beverages for millions of citizens and benefits the work of governmental public health agencies at all levels who are striving to increase access to healthy foods and beverages.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 62/100 words maximum
	Sufficient resources to support project management and primary coordination of the FSG Local Action Institute. Budget funds may be spent on securing specific expertise that is needed to provide technical assistance to municipal action teams. Budget Funds may be spent on the following: • Travel • Consultant or Technical advisors participating in the Action Institute • Facility rental needed to carry out the convening of the Action Institute
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/75

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/15 words maximum
Health Department Pulse Check

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Andrea Young; Robyn Sobelson

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
acy2@cdc.gov;

CIO POC phone number(es):*
404-498-6807

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$250,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
157/1,000 words maximum

The **purpose** of this project is to improve public health system situational awareness, strengthen data-driven decision making among public health leaders, and better define health department technical assistance needs. The project would involve designing and deploying a series of rapid data collections; focusing on cross cutting, infrastructure-related issues, needs and activities.

Proposed activities include:

- Collaborating with CDC and others to identify areas of inquiry and defining key questions
- Defining sampling strategies and respondent populations
- Management of respondent population contact information and communications
- Study design and instrument development
- Online survey programming and testing
- Data collection, management, and analysis
- Identifying, collecting, and synthesizing data from secondary / extant sources
- Visualizing data and reporting of key findings

Expected outputs include:

- Processes and tools that enable more frequent and timely access to data and information about public health departments and the domestic public health system are developed and deployed

Expected outcome:

- Data-driven decision making is strengthened
- Situational awareness of the public health system is improved
- Technical assistance needs of public health departments are better define

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically

	☐ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 28/200 words maximum
	Organizational capacities include: • Reaching state health departments • Engaging and convening public health officials, stakeholders and partners • Online survey administration, such as Qualtrics • Data analytics and visualization • Research and development (R&D) • Communication channels and marketing
13	Applicant Program Experience:* 37/200 words maximum
	Expertise in: • Applied research methods • Data collection instrument design and development • Quantitative and qualitative data analysis methods • Online survey tool programming • Federal policies and regulations pertaining to information collections (OMB information collection request package development) • Data management and storage • Communications -- writer, editor, graphic design
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 17/200 words maximum
	Collaboration with applicable stakeholders, subject matter experts, and partners is expected on all phases of the project.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 16/200 words maximum Access to timely data and information about health departments and the public health system overall.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/28

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 14/15 words maximum Healthcare System: increasing state health departments understanding of impact of influenza pandemic on healthcare systems		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Influenza Coordination Unit
4	CIO Point of Contact (POC) name(s):* Anita Patel		CIO POC email address(es):* apatel7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4046392425
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 24/25 words maximum State health departments, their member organizations, and the populations they serve will benefit from planning assistance on pandemic and seasonal influenza activities.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $500,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 67/1,000 words maximum
	This project will explore ways to better understand the impact of an influenza pandemic on the US healthcare system and develop a common operating picture to be used by public health. Better understanding the impact of an outbreak on healthcare systems (including system related capacity and medical countermeasure supply), will allow CDC, States and local health departments to make more informed decisions on response actions.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 78/200 words maximum

The organization must have the ability to effectively convene and communicate with state health departments on a wide range of issues related to pandemic influenza preparedness. This required capacity includes the ability to rapidly convene state health departments through audio or video teleconferences, as appropriate. The organization must also be able to represent state health departments in national-level meetings and effectively communicate state health department perspectives when actual state health department representatives are unable to participate.

13 Applicant Program Experience:* 80/200 words maximum

The organization should have comprehensive experience working with state health departments on issues related to pandemic influenza preparedness and be very familiar with the unique issues that states must consider as they prepare for an influenza pandemic. The organization should also have experience in working with county and city health officials, state and local emergency management, state hospital associations and other public health partners that either are currently or will need to be engaged on pandemic preparedness issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 25/200 words maximum

Some collaboration with county and city health officials, or their representatives, may be required to comprehensively address the issues associated with this project's goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 20/200 words maximum

While no subcontractual work is expected at this time, recommended criteria will be offered if such work is proposed.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 5/200 words maximum improve public health
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 23/100 words maximum
	Funds may be used for personnel, travel, equipment, and supplies that are directly related to the outputs and outcomes of this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 07/17/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/13

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 7/15 words maximum Healthy Brain Initiative 2018-2023 Road Map Implementation		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH	3	Division, office, or unit:* Division Of Population Health
4	CIO Point of Contact (POC) name(s):* Lisa Garbarino		CIO POC email address(es):* lgt1@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-1496
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 7/25 words maximum Senior leadership in State Health Departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $200,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
266/1,000 words maximum

The Alzheimer's Association and the Centers for Disease Control and Prevention's (CDC) Healthy Aging Program have developed the second in a series of road maps to advance cognitive health as a vital, integral component of public health. The Healthy Brain Initiative's State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map), outlines how state and local public health agencies and their partners can promote cognitive functioning, address cognitive impairment for individuals living in the community, and help meet the needs of care partners.

Action items are categorized into four traditional domains of public health: monitor and evaluate, educate and empower the nation, develop policies and mobilize partnerships, and assure a competent workforce. Public health agencies and private, non-profit, and governmental partners at the national, state, and local levels are encouraged to work together on the actions that best fit their missions, needs, interests, and capabilities.

This project will include technical assistance, and the development and dissemination of materials based on the 2018 update of the Road Map, specifically, work related to the expansion of the Road map to include support for states and territories implementing the Road Map and/or materials relevant to diverse populations, such as those most adversely affected by Alzheimer's and other Dementias as well as their caregivers. Awardee may participate in developing a new format and develop a dissemination strategy for the new materials. Additionally, the recipient will create readily accessible resources from the Road Map for state officials and other audiences, including but not limited to technical assistance, fact sheets, policy briefs, social media, and webinars

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☐

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

- [x] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 120/200 words maximum

This project will include technical assistance, and the development and dissemination of materials based on the 2018 update of the Road Map, specifically, work related to the expansion of the Road map to include support for states and territories implementing the Road Map and/or materials relevant to diverse populations, such as those most adversely affected by Alzheimer's and other Dementias as well as their caregivers. Awardee may participate in developing a new format and develop a dissemination strategy for the new materials. Additionally, the recipient will create readily accessible resources from the Road Map for state officials and other audiences, including but not limited to technical assistance, fact sheets, policy briefs, social media, and webinars

13 Applicant Program Experience:* 82/200 words maximum

Applicant should have proven successful ability to work and liaison with senior leadership within state and territorial health departments, and proven ability to mobilize these partnerships to address new or emerging areas of public health in diverse populations. The applicant should also have the technological capacity to develop, format and disseminate reports, training, webinars and outreach through avenues such as the internet and social media, as well as direct contact with state health department chronic disease programs and others, described above

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 132/200 words maximum

	In partnership with CDC's Alzheimer's disease and Healthy Aging Program, the applicant will: 1. Participate in technical assistance, development and dissemination of materials based on the 2018 update of the Road Map, specifically, work related to the expansion of the Road map to include support for states and territories implementing the Road Map and/or materials relevant to diverse populations, such as those most adversely affected by Alzheimer's and other Dementias as well as their caregivers. 2. Create new strategies and mechanisms to help disseminate these new Road Map materials and support the implementation of action items among senior leadership within state and territorial health departments. 3. Create readily accessible resources from the Road Map (in print and web format), such as social media, fact sheets, policy briefs, and webinars, that are accessible to diverse populations
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	TBD
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 29/200 words maximum The training and materials created by this project are instrumental in enabling public health agencies to better serve customers and provide essential public health services to their constituents
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 99/100 words maximum
	Cost will include staffing support including, coordinators, writer/editors, production, printing, mailing, webinars, web page development, and full open access of the publications. The funds provided for this project should be used to directly address the goals outlined in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, accessing peer-reviewed journal articles and materials, securing meeting space and audiovisual equipment, producing meeting materials, paying for travel, providing a meeting facilitator and logistics, providing meeting transcripts, developing the decision aid materials, conducting review and revisions, conducting usability testing, and evaluating the materials.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/50

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Healthy School, Promising Futures Learning Collaborative

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Adolescent and School Health

4 CIO Point of Contact (POC) name(s):*
Rebecca Polinsky

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
iwz1@cdc.gov

CIO POC phone number(es):*
404.718.8149

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 5/25 words maximum
State public health departments

PROJECT FUNDING
OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$200,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
353/1,000 words maximum

Purpose: Further develop the mental health focus of the Healthy Schools, Promising Futures Learning Collaborative, which consists of state teams that work to coordinate planning and a strategy to improve student health in their state through the collaboration of state and local education agencies, state Medicaid agencies, and state public health departments. The primary target population for this project will be staff within state public health departments. A team-based approach will be used to engage health department staff with representatives from other sectors to include education agencies and Medicaid agencies.

Proposed Activities:
• Identify and onboard new state teams in an effort to leverage existing partnerships and resources when possible;
• Identify opportunities to enhance the existing capacities of state teams through the addition of appropriate state, local or non-governmental organizations to the state teams-for example, connecting state teams with their state health department; and
• Support additional technical assistance to state teams-including recruiting additional national partner organizations with an expertise in addressing mental health in the school setting.
• Support state teams to develop and implement state plans and strategies to scale up school-based and school-linked Medicaid services focused on addressing mental health needs of students;
• Support state teams to identify and assess the options for delivering health services in schools (school nurses, partnerships with providers such as hospitals, health centers, school-based health centers, mobile health, telehealth);
• Support state teams to address barriers and leveraging new opportunities, including through the Every Student Succeeds Act (ESSA) and the Centers for Medicare and Medicaid Services' (CMS) change in the free care policy;
• Provide technical assistance state teams on delivery models, Medicaid reimbursement and policy opportunities from federal policymakers and national and state organizations; and
• Support state teams to assess opportunities for innovative partnerships.

Expected Outputs:
State teams will continue to identify and engage the appropriate individual(s) from within health departments and other agencies to enhance the resources, expertise, and cross-sector partnerships available to address mental health and safe and supportive environments within the school setting.

Expected Outcomes:
Increase the scope of the Learning Collaborative to better meet the state's needs and address student mental health in schools.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically

	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 51/200 words maximum
	Applicants must have experience building capacity of state agencies to address adolescent health priorities within school settings with particular emphasis on bridging between state public health, education, and Medicaid agencies. Priority will be given to organizations with a demonstrated ability to partner with the Healthy Schools, Promising Futures Learning Collaborative.
13	Applicant Program Experience:* 53/200 words maximum
	Successful applicants will have experience facilitating collaborations between Federal and State agencies for the purpose of capacity building, and experience in translating how to navigate various Federal programs that increase access to and reimbursement for health and mental health services. Experience supporting education agencies to address public health priorities is a requirement.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 33/200 words maximum
	The Division of Adolescent & School Health will collaborate on meeting plans and lessons learned in order to facilitate broader dissemination of findings and best practices beyond states participating in the collaborative.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 6/200 words maximum
	Subcontractual work is not required.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 31/200 words maximum Indirectly public health agencies will benefit by working with education agencies to expand services for public health priorities like mental health and HIV, STD and pregnancy prevention among adolescents in school settings.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/30

Center for State, Tribal, Local, and Territorial Support (proposed)
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Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Heart Disease and Stroke Prevention Assistance to State Health Departments (SHDs)

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Paris Brookins; Lazette Lawton; Letitia Presley-Cantrell; Rebe...

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
fpd6@cdc.gov; lkl5@cdc.gov; lrp0@cdc.gov; eut9@cdc.gov; wnq9@c...

CIO POC phone number(es):*
770-488-4109; 770-488-8290; 770-488-5177; 770-488-6215; 770-488...

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 16/25 words maximum
State health departments, SHD staff working on cardiovascular health improvement through relevant CDC cooperative agreements

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$480,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
262/1,000 words maximum

Purpose: The purpose of the project is to provide innovative opportunities (educational and capacity building) for SHDs to address challenges related to preventing and controlling cardiovascular disease among high burden populations. Efforts should be primarily focused on challenges associated with implementation of evidence-based strategies to increase control of high blood pressure and high blood cholesterol. The project will also support communication among state epidemiology and surveillance staff working in chronic disease prevention. The work supports the goals of the Division for Heart Disease and Stroke Prevention (DHDSP).

Proposed Activities:

- Develop innovative virtual and on-site training sessions with subject matter experts in cardiovascular disease prevention and control.
- Conduct educational activities that assist SHDs assess and work effectively in the current health system environment.
- Utilize existing tools and resources from DHDSP.
- Plan and participate in epidemiology and surveillance calls in support of DP18-1815 and other relevant NOFOs.
- Organize and disseminate technical assistance materials, responses related to epidemiology and surveillance queries and compile and maintain a comprehensive list of invitees to the calls proposed above.

Expected Outputs:

- Issue briefs on priority topics based on SHD and national expert experience.
- Recordings of virtual trainings.

Expected Outcomes:

- Improved capacity of SHD staff to address cardiovascular disease prevention and control among high burden populations.
- Improved capacity of SHD staff as valued partners with health system organizations.
- Better understanding of how SHD staff can play an important role in health system and population health improvement.
- Increased use of evidence-based strategies to prevent and control cardiovascular disease, especially high blood pressure and high blood cholesterol.
- Increased capability to use data to inform decision-making and support evidence-based practices and policies.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically

	☐ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 86/200 words maximum
	The recipient will need to ensure the following: • Have existing relationships with state health department (SHD) chronic disease program staff, chronic disease directors, and state health directors. • Demonstrate good understanding of evidence-based strategies to improve control of high blood pressure and high blood cholesterol among high burden populations. • Demonstrate existing partnerships with organizations that can support this work as subject matter experts or have the ability to form such relationships. • Have expertise in heart disease and stroke prevention-related surveillance at the state level.
13	Applicant Program Experience:* 91/200 words maximum
	The recipient will need to demonstrate experience working with SHDs to build public health capacity to address heart disease and stroke prevention. Specific areas of experience include how SHDs: identify and focus efforts among high burden populations; work with health systems to promote reporting and use of clinical quality measures as well as team-based care, including integration of pharmacists and community health workers into care teams; and develop bi-directional referral systems for self-management support. The recipient should have extensive experience providing training around surveillance, epidemiology and evaluation of chronic disease programs.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 56/200 words maximum
	The recipient will be expected to collaborate with experts in control of hypertension, hyperlipidemia, health equity, quality improvement, health system transformation, and population health improvement. This will include groups such as national medical and nursing associations, health IT organizations, quality innovation networks/quality improvement organizations, primary care organizations, rural health care associations, and medical societies.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum
	Work may be subcontracted in order to engage expert speakers, trainers, etc.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 21/200 words maximum It will focus on enhancing state health department programmatic and epidemiologic capacity to address heart disease and stroke prevention.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/94

Center for State, Tribal, Local, and Territorial Support (proposed)
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Implementation Support for ATSDR's Choose Safe Places for Early Care and Education (CSPECE) Program

2 CIO:*
OTHER
Enter other CIO:*
ATSDR

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Community Health Investigations (DCHI)

4 CIO Point of Contact (POC) name(s):*
Jennifer Freed; Mark Biagioni

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jen7@cdc.gov; gld5@cdc.gov

CIO POC phone number(es):*
770-488-3650

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 15/25 words maximum
State health departments that want to implement the recommendations in ATSDR's CSPECE guidance manual.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$200,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
685/1,000 words maximum

Purpose

The project would support Division of Community Health Investigations (DCHI) efforts to protect public health and prevent toxic exposures by ensuring that previous uses and nearby facilities are taken into consideration in land use decision making, especially in regards to the safe siting of early care and education facilities.

The goal of this project is to support DCHI cooperative agreement recipients and other health departments to implement the guidance outlined in DCHI's Choose Safe Places for Early Care and Education (CSPECE) guidance manual. The manual aims to assist health departments and childcare accrediting/licensing agencies, to ensure that early care and education programs are located in safe locations. DCHI needs support to 1) implement this guidance in its 25 funded state health departments during year two and three of their current cooperative agreement, 2) expand the reach of the CSP program nationwide to other interested health departments, and 3) bridge the gap between ATSDR, funded state partners, non-funded states, and other state and local stakeholders in the Early Care and Education (ECE) setting.

Proposed Activities

The implementation support activities will include:
• Convene state health departments and other stakeholders for partnership opportunities, networking, knowledge-sharing, and coordination of planned and potential CSPECE activities;
• Assist state health departments with establishing and/or advancing partnerships with childcare licensing agencies and organizations, and other stakeholders in the ECE setting;
• Develop materials that can be used to:
1) educate professionals, such as childcare licensing officials, about the importance of the CSP program in protecting children's environmental health; and,
2) educate professionals, such as environmental health professionals, about how to screen childcare locations to determine if the location is safe from known environmental hazards;
• Educate state and local environmental health professionals on how to work and interact with childcare licensing professionals as well as how to determine what federal, state and local regulations might apply in their geographical area;
• Capture successes of state health departments as they set up their own CSP program, and share with stakeholders and partners;
• Work with state health departments and other partners to develop guidance for rapidly screening potential ECE sites for site-related environmental concerns and guidance for when and how to make recommendations for actions;
• Work with stakeholder and partner organizations to have CSPECE information included in resources that reach child care professionals and other professionals that need to be educated about safe siting of child care facilities;
• Assist state health departments in identifying opportunities to provide input on state environmental policies and laws in regards to licensing child care facilities and the safe siting considerations that should be included;
• Incorporate feedback from cooperative agreement recipients into workplan activities as these states finish their first year of work on developing a CSP program in their state.

Expected Outputs

• Recordings and reports from national meetings with state health departments and partners summarizing the discussions, describing opportunities, challenges, and making recommendations for action.
• Guidance documents for state health departments describing opportunities and strategies for partnerships.
• Webinars and supporting materials for educating professionals about the importance of CSPECE.
• Periodic newsletters that report on progress and news on state's CSPECE programs, including success stories and quantitative impacts, and information from partners relevant to CSP.
• Checklist, tool, or decision tree to help state health departments screen childcare facility locations using CSP guidance and input from partners and funded states.
• Fact sheet to explain importance of CSP to child care professionals.
• Summary on efforts to make ATSDR CSP guidance available and connected to partner websites and their relevant resources/guidance.

Expected Outcomes

• State health departments demonstrate advancement and development of their CSPECE programs.
• State and local health departments adopt CSPECE strategies and practices.
• State and local environmental health professionals establish linkages to childcare licensing agencies in their jurisdictions.
• State and local environmental health professionals use recommended screening practices and data sources to identify potential site risks for ECEs and make recommendations for next steps.
• ECE organizations and professionals understand the importance of safe siting of child care locations.
• Partner organizations are aware and understand the importance of ATSDR's CSP guidance and concepts.
• CSP Partnership Panel sustains and advances states' progress to implement ATSDR's CSP guidance.
• State and local health departments incorporate CSP concepts into relevant policies and activities.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☑	

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑ Improved operational capacity to evaluate, manage, and improve public health systems

☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

☑ Increased capacity to evaluate laws and policies to affect health

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability of public health systems to achieve nationally established standards

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

☑ Strengthened capability to systematically apply and use laws and policies to improve health

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 44/200 words maximum

• The applicant should have adequate infrastructure to coordinate federal, state, and local health agency activities as well as non-governmental organizations.
• The applicant should have the relevant skill sets, and workforce capacity and competence to implement the award, either through direct staff skills, or subcontracted staff.

13 Applicant Program Experience:* 35/200 words maximum

• The applicant must have demonstrated knowledge, expertise, and leadership in the field of environmental health, with knowledge specifically about children's environmental health.
• The applicant must have demonstrated experience with developing and maintaining coalitions, partnerships, and professional workgroups.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 33/200 words maximum

There are high expectations for collaboration with CDC/ATSDR, state health departments, local health departments, and other organizations. CDC/ATSDR may also seek collaboration among funded partners to foster information sharing and strategic planning.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 words maximum

Subcontracting may be used. If directed by CDC/ATSDR, the applicant will be expected to work with subcontractors as necessary to achieve the goals/outcomes of the project. Selecting subcontractors will occur in consultation with CDC/ATSDR.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

	Briefly describe how. : * 39/200 words maximum
	The products and tools developed directly benefit ATSDR's funded state health departments under the APPLETREE cooperative agreement, and benefits other state and local health departments that are interested in starting their own CSP program or implementing CSP concepts.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 39/100 words maximum
	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC/ATSDR and the applicant will work together to revise and further prioritize activities in the work plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. /FY18 (Year 1)/PP/2

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 12/15 words maximum Implementing MOUs between State Health Departments and Pharmacies for Pandemic Influenza Vaccine Planning		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Immunization Services Division
4	CIO Point of Contact (POC) name(s):* Samuel B. Graitcer		CIO POC email address(es):* igc6@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404-639-0258
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 13/25 words maximum state health departments working on preparedness and immunization issues with pharmacies		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $150,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 185/1,000 words maximum
	Purpose: The purpose of this project is to promote, support, track and evaluate adoption of formalized agreements between state health departments and pharmacies for pandemic influenza vaccine response program preparedness. Proposed Activities: Proposed activities include providing technical assistance and facilitating coordination between pharmacies, state pharmacy associations, and state health departments for pandemic vaccine program planning. Recipient will develop tools for centralized and decentralized state health departments to assist in implementation. Awardee will also be expected to track progress of and evaluate impact of state health departments in process of adoption of MOUs and/or similar pharmacy coordination activities. Expected Outputs: Expected outcomes include documentation of technical assistance provided, development and implementation of MOU promotion campaign, evaluation report of state and pharmacy activities as tracked across the US, and development of list of gaps and solution to these gaps. Expected Outcomes: Expected outcomes include increase in number of formal agreements such as MOUs between state and pharmacies with goal of 50% of states having begun this work, and improved overall coordination between state health departments, pharmacy associations, and pharmacies for pandemic vaccine preparedness.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 19/200 words maximum

recipient must have strong relationships with state health departments, include capacity to work on preparedness and immunization issues

13 Applicant Program Experience:* 30/200 words maximum

recipeint must have had experience with state health departments, including state health officials, and pharmacy groups on pandemic influenza vaccine and other all-hazard preparedness issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 30/200 words maximum

Recipient is expected to work collaboratively with national and state pharmacy associations and with state health departments and other stakeholder partners in all-hazard public health preparedness and emergency issues

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum

	Recipient may subcontract/ subaward to state health departments and/ or state pharmacy associations for this work. May also subcontract for promotional and or similar material and technical expertise.
16	Will the proposed CBA benefit governmental public health agencies?* ○ Yes ◉ No
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 38/100 words maximum
	it is expected that a large portion of funds will be used to support state health departments and or state pharmacy associations but also be used to provide techincal assistance and evaluation of project implementation and impact.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/21/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Improving Adolescent HPV Vaccination Coverage in States with Low Rates

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division, office, or unit:*
Immunization Services Division

4 CIO Point of Contact (POC) name(s):*
Achal Bhatt

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
zgv8@cdc.gov

CIO POC phone number(es):*
404.639.8588

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
State health officials

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
184/1,000 words maximum

Purpose: The Immunization Project will increase capacity of state health departments to improve adolescent HPV vaccination coverage in their communities by working with public health officials on programmatic and policy issues.

Proposed Activities:
• The awardee will collaborate with CDC to identify the states with low HPV vaccination coverage rates
• The awardee will engage State Health officers in the selected states to promote national policies, guidance documents, stakeholder engagement, and decisions related to HPV vaccination.
• The awardee will collect, organize and disseminate HPV vaccination related recommendations, evidence-based strategies, tools and resources.
• The awardee will perform evaluations of selected model practices and tools to assess accessibility, utility and impact of materials created and disseminated.

Expected Outputs:
• Increase state health officials awareness of national HPV vaccine recommendations and resources
• Increase state health officials input into programmatic and policy decisions
• Increase state health officials awareness of evidence-based strategies and model practices to improve HPV vaccination coverage
• Increase engagement of state-level stakeholders in HPV vaccination program and policy

Expected Long term Outcomes:
• Reduced immunization barriers and missed opportunities
• Adolescents receive HPV vaccinations
• Reduce HPV associated pre-cancers and cancers

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 84/200 words maximum

Applicant must be a national organization and have an established membership that represents state health officials. The applicant must have dissemination mechanisms that reach state health departments with immunization information related to recommendations, policy, program as well as educational materials. The applicant must have the infrastructure to collect model practices and tools to improve accessibility, utility and impact of immunization materials. Organization must have appropriate staff that has the necessary skills and experience needed to conduct the work described in the project description.

13 Applicant Program Experience:* 62/200 words maximum

The organization must have experience:
• Working with key stakeholders at the state level on immunization issues
• Providing input at the state level on immunization issues; drafting and promoting policies and programs that increase immunization rates within state health departments.
• Communicating immunization information to state health departments
• Supporting an immunization workgroup made up of state health department and coalition representatives.

COLLABORATIVE WORK

14

	Expectations for Collaboration, as applicable: 26/200 words maximum
	The applicant will collaborate with national organizations that represent state and territorial health officials, immunization program managers, national health care provider groups and the CDC.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 19/200 words maximum The selected organization will be working the public health officials that are part of governmental public health agencies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/21

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
Improving Hypertension Control among African Americans

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Letitia Presley-Cantrell; Rebekah Buckley; Kaha Ahmed; Lazet...

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lrp0@cdc.gov; eut9@cdc.gov; wnq9@cdc.gov; lkl52cdc.gov

CIO POC phone number(es):*
770.488.5079; 770.488.5177; 770.488.4572; 404.498.5342

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 7/25 words maximum
City, County & Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$3,000,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
461/1,000 words maximum

Purpose: Differences in cardiovascular disease mortality accounts for one out of four years of decreased life expectancy for African Americans (AA). Approximately 45% of AA have hypertension. As of 2015, there were an estimated 11.1 million non-Hispanic blacks with hypertension in the US and of those, only 46.3% were controlled, leaving 6 million AA at increased risk for heart attacks, strokes, heart failure, chronic kidney disease and dementia. This cardiovascular disease disparity is a priority for the Division for Heart Disease and Stroke Prevention and for Million Hearts® 2022.

This project will accelerate work and progress already underway in 3 or more city, county and/or local health departments. The recipient will implement activities that focus on DHDSP priority strategies such as, team-based care, community-clinical linkages, self-monitoring of blood pressure linked to clinical support, medication adherence, and removal of barriers to care or other areas related to hypertension prevention, detection, and control. Additionally, activities must meaningfully address the social determinants of health. The recipient will also produce effective, high-quality, scientifically accurate educational tools/resources for use in strengthening community-clinical linkages. The project should be scalable to multiple providers/systems/communities. The specific focus of this work will be on improving outcomes regarding hypertension for AA at a population level.

A coordinated approach for each jurisdiction would need to be based on surveillance and clinical quality measures data for the community, and would include coordination of efforts from public health; health care systems serving substantial numbers of AA; clinical quality improvement/health care transformation efforts; community supports and community-based efforts for supporting blood pressure control in the community; and support for communication aimed at activating patients to improve blood pressure. A robust evaluation of these efforts is expected.

Activities could include:
1. Define criteria for choosing jurisdictions for implementation, based strongly on ability to influence/produce results in improved detection and control.
2. Based on criteria, select three or more jurisdictions that have a substantial population of AA with hypertension and are poised to make significant progress in improving hypertension detection and control.
3. Provide oversight, resources, and technical assistance to these communities to develop or enhance existing plans for investment and improvement in hypertension detection and control for AA.
4. Provide a robust evaluation of progress and impact of the project.

Expected Outputs:
1. Three or more juristictions receiving significant resources to implement feasible, evidence-based strategies.
2. A robust evaluation of effort and impact.

Expected Outcomes:
1. Increased availability and use of evidence-based strategies related to blood pressure control, such as increased use of hypertension protocols; increased use of team-based care; improved medication adherence; self-measured blood pressure monitoring (SMBP); increased use of community programs to support SMBP and other community programs designed to support lifestyle changes.
2. Increased coordination and focus on improved outcomes from a variety of sectors in given geographic areas.
3. Improved detection and control of blood pressure among AA in selected jurisdictions.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

	☐ Increased capacity to evaluate laws and policies to affect health
	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☑ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 135/200 words maximum
	The recipient should be able to: 1) provide leadership and coordination on efforts related to improving hypertension control in AA communities; 2) support initiatives in three or more jurisdictions (city, county, and/or local health department); 3) work with a broad array of partners and other government organizations; 4) coordinate with other national efforts; and 5) demonstrate ability to impact health of populations. Applicant should have the organizational capacity to work with those engaging with health care providers in direct contact with patients. The applicant should also have the technological capacity to develop and disseminate reports, training, webinars and outreach through avenues such as the internet and social media, as well as direct contact with providers, described above. Serve as a recognized leader for professional, multi-disciplinary education, collaboration, and communication in the areas of health systems and public health.
13	Applicant Program Experience:* 68/200 words maximum
	The recipient should be able to: 1) Ability to summarize key findings/evidence that informs criteria used to determine jurisdictions; 2) administer and provide fiscal and programmatic oversight to efforts in the field; 3) provide coordination, leadership and technical assistance as needed; 4) perform appropriate evaluation of this effort; and 5)serve as a recognized leader for professional, multi-disciplinary education, collaboration, and communication in the areas of health systems and public health.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 63/200 words maximum
	Collaboration with CDC is expected at each key phase of this project. The recipient will be expected to collaborate with other city, county, local and national efforts already underway that are also focused on improving cardiovascular health outcomes in AA communities. The ideal candidate should have strong history of working with minority populations, particularly in African-Americans, and engaging with scientific, clinical and programmatic collaborators.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum
	Applicant is expected to provide national oversight and support to the project. Subcontracting for specific pieces of the proposal (such as evaluation) is appropriate.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 28/200 words maximum
	This CBA would provide significant benefit to public health agencies. Learning from this project would be directly beneficial to all states and municipalities with AA populations.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 28/100 words maximum
	Funds should be used to provide leadership for this project. The majority of the resources should go to implement programs and strategies in the affected communities.

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/71

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Improving STD Prevention Programs and Services through Local-Level Partnerships

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*
Dan Lentine; Steve Shapiro; Shean Johnson

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dhl2@cdc.gov; sjs4@cdc.gov; imq9@cdc.gov

CIO POC phone number(es):*
404-639-0462; 404-639-8868; 404-639-6168

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 2/25 words maximum
Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$4,400,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
921/1,000 words maximum

Purpose:
The purpose of this project is to partner with an organization that represents county and city health departments to generate, evaluate, harvest, package, and disseminate knowledge and practices aimed at reducing the spread of STD's. By partnering with an organization that can reach local level public health departments, CDC will be able to strengthen bi-directional communication, improve access to data for decision making and learning, and spread effective practices. We anticipate this project will improve efficiency, reduce cost, and improve the availability, quality, and timeliness of public health and clinical services for STDs provided in local communities.

Proposed Activities:
The activities will emphasize the facilitation of information exchange; disseminating information, resources, practices, and strategies; making training and educational opportunities and direct technical assistance available; providing CDC with a link to local-level experts, clinicians, public health leaders, and others who can lend their perspective to national-level priorities, policies, guidance, programs, and activities; developing tools and resources that support and promote local health department practices; identifying, stimulating, evaluating, and disseminating examples of innovative and effective practices and policies. The activities will include:

1. Implementation Science, Evaluation, and Spreading Innovations. These activities will focus on identifying and/or stimulating innovative practices; evaluating and conducting studies on effectiveness and costs; developing tools and resources that support and promote effective local health department practices; developing assessments and brief social and behavioral interventions; and making training and educational opportunities and direct technical assistance available. Some activities may include:

- Establishing and facilitating communities of practice and other technology transfer and support for innovative practices such as express STD clinic visits and leveraging STD clinic resources for substance abuse care.
- Demonstration sites for local health departments where CDC field epidemiologists can work with local health departments on special projects that contribute to the evidence-base for successful health department STD prevention practice, and broad dissemination of results

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 42/200 words maximum

The applicant should represent most of the city and county health officials in the United States. The organization should have the capacity to reach local health departments in the United States, and the ability to coordinate efforts at a national level.

13 Applicant Program Experience:* 41/200 words maximum

The applicant should have experience working on STD prevention issues particularly related to building the capacity of local health departments, and should have experience working collaboratively with CDC's Division of STD Prevention (DSTDP) and the other national professional organizations funded by CDC/DSTDP.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 59/200 words maximum

The recipient is expected to collaborate closely with CDC/DSTDP in the management and execution of the projects. The recipient will collaborate with other funded CDC/DSTDP national partners, local health departments, STD clinics, subcontractors, and others. The applicant is expected to work especially closely with CDC/DSTDP to ensure that national STD program objectives are being addressed through collaborative work.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 61/200 words maximum

	If subcontractors are deemed necessary to complete the project, the subcontractor should have an established track record of partnering with public health and health care entities to lead and promote positive changes to improve the health of Americans. If subcontractors are deemed necessary, the recipient should work with CDC to establish the scope of work and selection of subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 22/200 words maximum Governmental public health agencies will benefit from increased access to knowledge, best practices, tools, and resources aimed at reducing the spread of STDs.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 81/100 words maximum
	Funds should be used to accomplish the goals provided in the Project Details section above. The project activities and scope will be determined by the amount of funds available. Each project period, the project and activities will be aligned to best meet CDC/DSTDP's needs and priorities, and scaled to match the actual funding amount available for this work. The recipient should collaborate with CDC to establish a reasonable work plan and deliverables based on priorities and the actual funding available.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/27

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Improving STD Prevention Programs and Services through Partnerships with State Health Officials

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*
Dan Lentine; Lori Elmore; Shean Johnson

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dhl2@cdc.gov; lge7@cdc.gov; imq9@cdc.gov

CIO POC phone number(es):*
404-639-0462; 404.718.8958; 404-639-6168

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 9/25 words maximum

State health departments and state health department leadership

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
392/1,000 words maximum

Purpose:
The purpose of this project is to facilitate relationships between state public health leadership and state health officials (SHOs) and STD programs, and increase awareness about STD's and our program needs among SHOs. Public health leadership can support STD programs in key areas of transformation: partnerships, payment, workforce, and surveillance. The most efficient and effective way for STD programs to address these fundamentals is by attaching to health-department wide initiatives and existing systems that are outside the purview of STD Directors. State Health Officials have this broad scope of responsibility, but are often unaware of what STD programs need. State health level leadership can consider the unique challenges for STD programs as they engage in dialogue with community health centers, other providers, payers, universities, and policy makers. This project will engage state health leadership as they provide cross-program leadership, develop and advocate for sound policies, and promote collaboration within their agencies, across functional areas, and with outside partners.

Proposed Activities:
The activities may include but are not limited to the following:

- Evaluate and advise members on the impact and formation of policy pertaining to health and to provide guidance and technical assistance to its members on improving the nation's health.
- Maintain situational awareness on STD-related policies and initiatives, share information with members via various communication channels
- Represent the state health agency perspective (e.g., formal comments on federal policies) and provide a link between CDC and state health department leadership.
- Develop materials, fact sheets, success stories and other communications. Utlize new and innovative communication methods to reach health leaders.
- Convenes strategic meetings to define action steps that promote STD prevention.
- Utilize committees and other organizational structures to identify and address priority capacity building needs. Draft position statements on important topics and develop tools for health agency leaders.
- Special projects and studies; collaboration with other experts; and demonstration projects. Packaging and dissemination of best practices and lessons learned.

Expected Outputs:
The outputs will include new tools for State Health Officials using mixed media on timely STD prevention issues; Outcome report following state public health leadership meeting on emerging trends in STD prevention; at least five STD-related topics in the various communication outlets.

Expected Outcomes:
The project will increase state health agency capacity and effectiveness to enhance STD prevention through the development of new tools and sharing information/strategies as needed through national meetings, regular communication with member, conference calls, and new communication technologies.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☐	Improved operational capacity to evaluate, manage, and improve public health systems
☑	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
☑	Improved communication and information technology capacity to inform the public efficiently and effectively
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
☐	Increased capacity to evaluate laws and policies to affect health

	☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☑ Increased capability of public health systems to achieve nationally established standards
	☑ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 40/200 words maximum
	The applicant should represent most of the state health officials in the United States. The organization should have the capacity to reach state health department leadership in the United States, and have the ability to coordinate efforts at a national level.
13	Applicant Program Experience:* 47/200 words maximum
	The applicant should have experience working on STD prevention issues particularly related to building the capacity of state health departments and health department leadership, and should have experience working collaboratively with CDC's Division of STD Prevention (DSTDP) and the other national professional organizations funded by CDC/DSTDP.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 59/200 words maximum
	The recipient is expected to collaborate closely with CDC/DSTDP in the management and execution of the projects. The recipient will collaborate with other funded CDC/DSTDP national partners, local health departments, STD clinics, subcontractors, and others. The applicant is expected to work especially closely with CDC/DSTDP to ensure that national STD program objectives are being addressed through collaborative work.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 54/200 words maximum
	If subcontractors are deemed necessary to complete the project, the subcontractor should have an established track record of partnering with public health and health care entities to lead and promote positive changes to improve the health of Americans. The recipient should work with CDC to establish the scope of work and selection of subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 22/200 words maximum Governmental public health agencies will benefit from increased access to knowledge, best practices, tools, and resources aimed at reducing the spread of STDs.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 81/100 words maximum
	Funds should be used to accomplish the goals provided in the Project Details section above. The project activities and scope will be determined by the amount of funds available. Each project period, the project and activities will be aligned to best meet CDC/DSTDP's needs and priorities, and scaled to match the actual funding amount available for this work. The recipient should collaborate with CDC to establish a reasonable work plan and deliverables based on priorities and the actual funding available.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/30

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Increasing Integration of Healthy People 2020/2030 into State Health Department Plans

2 CIO:*
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3 Division, office, or unit:*
Office Of the Assistant Secretary For Health

4 CIO Point of Contact (POC) name(s):*
Ayanna Johnson

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ayanna.johnson@hhs.gov

CIO POC phone number(es):*
240-453-8216

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 15/25 words maximum
This project will target state health officers, staff, and other state health agency leaders.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$150,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
340/1,000 words maximum

Purpose:
This project aims to provide enhanced support to state health departments to further implement Healthy People (HP2020) and support the development of Healthy People 2030 (HP2030). The Healthy People initiative establishes ten-year national health promotion and disease prevention agenda. The Office of Disease Prevention and Health Promotion (ODPHP) manages Healthy People. It supports national, state and local policies and programs. Through this project, ODPHP will work with a credible public health organization to create stronger connections among state health departments and build the capacity of public health department staff to use the Healthy People initiative to create state health improvement plans and address the determinants of health. This project will also create conversations with state health officers to support other priorities as determined by ODPHP, including healthy aging. This project will support stronger connections among state health departments and build the capacity of health department staff to use the Healthy People initiative.

Proposed activities:
Proposed activities under this project include:
• Developing resources for state health departments to use to integrate HP2020 into their work
• Developing webinars to support state and regional coordination of health improvement activities and sharing best practices
• Supporting Healthy People State Coordinators to interact with their state health departments to develop state improvement plans
• Identifying best practices that states can use to implement HP2020 and prepare for the development of HP2030

Expected outputs:
This project will generate research briefs on how to improve state engagement in Healthy People. The project will also create materials or webinars, and new materials where feasible, to promote HP2020/2030 to state health departments. The project will also provide guidance to ODPHP to make HP2030 more relevant to states and territories. The recipient will also assist in disseminating pertinent information to states and encourage integration of HP goals throughout work.

Expected outcomes:
This project will increase the uptake of HP2020 and the applicability of HP2030 for state health departments. This project will also increase the ability of Healthy People at the federal level to engage with states and provide greater synergy of state level Healthy People coordinators.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 98/200 words maximum

The successful partner will be an organization who has the capacity to conduct direct outreach and make meaningful contact with state health officers and other state health agency staff. The partner will also have the capacity to successfully influence the target population to consider and critically evaluate the Healthy People initiative. The successful partner will have the capacity to disseminate Learnings or Program findings, through learning collaboratives, to support the ODPHP initiatives. The successful partner will have the organizational capacity to be responsive to both ODPHP and the state health departments being targeted in a timely manner.

13 Applicant Program Experience:* 81/200 words maximum

The successful partner will have extensive experience working directly with state health department officials and staff. The partner should have experience providing technical assistance, and implementing long-term programs and initiatives to improve public health capacity. The partner should have experience promoting federal initiatives and evaluating the effectiveness of their promotional efforts. The partner should also have experience with integrating public health initiatives into existing public health tools and resources, e.g. website platforms, and maximizing their accessibility to state health agencies.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 32/200 words maximum

As part of this project, the partner may collaborate with any state or territorial organizations or institutions that also have a focus on public health planning and use of prevention initiatives.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 96/200 words maximum

The intent is to support governmental public agencies to increase their capacity to align state health improvement plans with the national goals established by Healthy People. The selected partner will work directly with governmental public health agencies and their partners and stakeholders. Healthy People is used across local governmental public health agencies, and this project will ensure improved capacity related to identifying and prioritizing public health needs, as outlined by Healthy People, using data included in Healthy People to monitor public health issues, and working with partners and stakeholders to collaboratively respond to public health challenges.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 22/100 words maximum

A final budget for this project should be approved by the Office of Disease Prevention and Health Promotion prior to implementation.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. DHHS/FY18 (Year 1)/PP/3

Center for State, Tribal, Local, and Territorial Support (proposed)
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Increasing public health readiness for response to nuclear and radiological emergencies

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Environmental Hazards And Health Effects

4 CIO Point of Contact (POC) name(s):*
Lauren Finklea; Maryann Schlemmer

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lna8@cdc.gov; aaq8@cdc.gov

CIO POC phone number(es):*
770-488-0703; 770-488-3752

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 10/25 words maximum
Local Health Department, Emergency Management and Radiation Control Programs

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$160,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
397/1,000 words maximum

Purpose: A major challenge in the aftermath of a radiation emergency is to operate community reception centers and provide care to a large population many of whom are potentially contaminated with radioactive materials, and have been exposed to radiation. This population needs radiation screening, and other support services typically provided at local community reception centers. In addition, public shelter operations need to be conducted for large displaced populations under these emergency conditions with scarce radiation monitoring and screening resources. CDC is interested in working with its partners, specifically local health departments, to increase capabilities for conducting community reception center and pubic shelter operations in radiation emergencies, by developing and disseminating needed technical guidance or tools, and by assisting in local/regional drills and exercises. CDC has developed a guidance document and exercise materials but there is need to collect and collate feedback from experts at local response agencies to refine these tools, and once they have been tested and cleared, there is need to disseminate, and educate local public health partners through outreach efforts. The outcome of this project is a practical set of tools to help address radiological challenges at community reception centers and public shelters in the aftermath of a radiation emergency. Such tools will increase local capacity to effectively support the community's response to a radiation incident involving contamination. In addition, there is a need to collect feedback on other community reception related tools and exercise documents that have been developed.

Proposed Activities:
-Disseminate existing guidance on how to address operation of community reception centers and public shelters during a radiological emergency
-Assist in the conduct of drills and exercises to test use of the guidance and tools developed for population monitoring and pubic shelters
-Seek feedback on the guidance and tools from local health departments
-Assist CDC in the conduct of field testing of previously developed tools
-Convene guidance document workgroup via conference calls or other electronic commuications as appropriate to obtain additional input and revise guidance as needed.
Expected Outputs:
-Increased participation of local public health departments in the conduct of population monitoring drills and exercises using the tools developed by CDC
-Suggestions on refinement of tools/products to reflect feedback collected through workgroups
Expected Outcomes:
- Increase in the number of communities that have plans and have exercised population monitoring and public shelter drills
- Increase awareness of CDC tools and guidance documents
- Increased capacity to respond to a radiation emergency

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑	Improved operational capacity to evaluate, manage, and improve public health systems
☐	Improved leadership capacity to identify and prioritize public health needs
☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
☑	Improved communication and information technology capacity to inform the public efficiently and effectively
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
☐	Increased capacity to evaluate laws and policies to affect health
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 66/200 words maximum

The organization needs to have a close working relationship with local health departments and needs to have the project staff, experience, and organizational infrastructure as they relate to radiation emergencies to organize and manage multi-agency working groups from various local agencies. The organization also needs to have the visibility with and a well-established communication mechanism for disseminating radiation emergency information to the local health departments

13 Applicant Program Experience:* 57/200 words maximum

The organization experience should include a track record of managing projects with participation from multi-agency working groups, specifically with partners from local health departments, preferably related to radiological issues. The organization needs a track record for disseminating timely information to local health departments in matters related to public health emergency preparedness, preferably related to radiological issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 3/200 words maximum

No collaboration.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum

Not applicable.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 43/200 words maximum

This project will help better prepare local public health agencies for response to radiological and nuclear emergencies. These public health agencies need opportunity to be briefed on existing guides for establishing community reception centers and operating public shelters in such public health emergencies.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 34/100 words maximum

Use funds to manage working groups, support local public health agencies in the conduct of population monitoring and shelter drills, conduct webinars and telephone conferences, disseminate information, edit and prepare documents, post documents.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/4

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Infectious Disease Prevention and Control (IDPC) Project

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Preparedness and Emerging Infections

4 CIO Point of Contact (POC) name(s):*
Angela Slaughter

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ASlaughter@cdc.gov

CIO POC phone number(es):*
404-639-7722

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 11/25 words maximum
local public health departments and county and city health officials

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$132,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
259/1,000 words maximum

The purpose of this project is to increase the capacity of local health departments (LHDs) to prevent and control infectious disease in their communities. It addresses the following NCEZID strategies:
• Improve capacity of state and local health departments to develop metrics for assessing their impact and to enhance their ability to communicate objectives and accomplishments.
• Strengthen collaborations with CDC public health partners to bolster state and local public health program fundamentals and program delivery.
• Bring together multidisciplinary and private sector experts to identify broad-based solutions to public health problems at the local and state levels (e.g., public-private collaborations on healthcare-associated infections).
Expected outputs may include:
• Convene an infectious diseases control and prevention workgroup via monthly conference calls to discuss local health department practices, policies, priorities, and recommendations related to infectious diseases; to exchange best practices and lessons learned; and to inform CDC-funded project work.
• Convene meetings and facilitate workgroups to develop new policy statements on emerging infectious diseases issues as needed and use the policy statements to advance national discussion on infectious diseases and related epidemiology issues as they pertain to local health departments.
• Update policy statements related to infectious disease prevention and control and epidemiology for LHDs.
• Host workshops to obtain input/feedback from LHDs on CDC strategies for addressing infectious diseases.
Expected outcomes:
• Increased collaboration among LHD officials, CDC and other partners on evidenced-based strategies to increase the capacity of LHDs to prevent and control infectious disease.
• Recognized LHD infectious disease model and promising practices.
• LHDs enhanced preparedness and response to emerging infections in their communities.
• Updated public health web-based tools and resources available and relevant to LHDs.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 75/200 words maximum
	The recipient must be a well-known national not-for-profit organization that has an established network and database directory of county, city and local health officials. The national organization must have the capacity to organize and convene national conferences and workgroups of health officials and subject matter experts on issues related to infectious diseases. The organization must have dynamic communications systems for quickly disseminating information to/from its network of LHDs nationwide, such as a frequently updated website, e-newsletter, listserv, etc.
13	Applicant Program Experience:* 141/200 words maximum
	The recipient must have a good track record of providing resources, toolkits and technical assistance to help local health departments to assess and enhance their capacity to prevent and control infectious diseases in their communities. The recipient must have established effective collaborations with federal, state and local government partners, and be a recognized leader, partner and advocate for local health departments. The recipient must have demonstrated success in convening workgroups that develop strategies, policy statements and publications that effectively address important public health issues (esp. those related to infectious diseases). The recipient must show evidence that its services and resources have resulted in improved capacity of local health departments to meet nationally established standards. It must have recognized success in organizing and supporting infectious diseases workgroups composed of nationwide county and city health officials, and engaging CCHOs and LHDs to develop policy statements affecting infectious diseases policies, priorities and guidance documents.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 15/200 words maximum
	The recipient is expected to collaborate with CDC and other public health national organizations
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	none
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 18/200 words maximum Greater advocacy and resources available to local health departments and policies that improve the public's health and well-being.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 12/100 words maximum
	Funds should be used to support IDPC activities addressing infectious diseases.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 03/22/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/1

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 2/15 words maximum
Infectious Diseases Committee

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Susan McClure; Angela Slaughter

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
zur1@cdc.gov; ali1@cdc.gov

CIO POC phone number(es):*
404-639-3268

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 5/25 words maximum
State public health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$125,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
323/1,000 words maximum

The overall program strategy of an Infectious Disease Committee is to influence national policy by ensuring critical input from the state perspective. It provides the opportunity to improve state and federal infectious disease policy and practice and to increase alignment of state and federal strategies and resources. The ID Committee will focus on the following priority areas: antimicrobial resistance, sexually transmitted diseases (STDs), tuberculosis (TB), healthcare associated infections, vector-borne diseases, and emerging infectious diseases.

The recipient organization will convene an Infectious Disease Committee comprised of interested members from state health departments. Staff from CDC should be invited to sit on the ID Committee as liaisons based on their area of expertise. The recipient organization will convene the following activities as part of the Infectious Disease Committee.
• Develop yearly priorities for the ID Committee.
• Teleconferences at least every other month and provide minutes and action items for each teleconference.
• One in-person ID Committee meeting that meets in Atlanta.

The recipient organization's program staff will visit with CDC once per year to meet with priority infectious disease programs and to discuss progress to date and opportunities for future engagement.

The ID Committee is expected to influence national policy through the following strategic activities:
• Submit formal comments on proposed federal policy and strategy with impact on state health agencies on an as-needed basis, at a minimum of three times during the project year.
• Express support for policies that improve the capacity and performance of the public health system.
• Participate in public meetings, such as IOM forums; work groups, steering committees, and strategic meetings with CDC and HHS leadership; partner briefings on Capitol Hill; and ongoing communication with federal leadership to inform national policy.
• Identify and promote concrete benefits of infectious disease infrastructure. This will include developing state specific stories that articulate the importance of the infectious disease infrastructure, and a plan for disseminating this information to other interested public health partners, decision makers, association members and the public.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 80/200 words maximum
	The recipient must be a well-known national not-for-profit organization that has an established membership, network and database directory of state health officials. The national organization must have the capacity to organize and convene national conferences and workgroups of state health officials and subject matter experts on issues related to infectious diseases. The organization must have dynamic communications systems and multiple channels for quickly disseminating information to/from its network of state health officials nationwide, such as a frequently updated website, e-newsletter, listserv, etc.
13	Applicant Program Experience:* 76/200 words maximum
	The recipient must be a recognized leader, partner and advocate for state health departments. The recipient must have demonstrated knowledge and success in the following areas: • Subject matter expertise in infectious disease infrastructure, public health, public policy, and project management. • Promoting and influencing the adoption of sound public health policies and best practices at the federal and state levels. • Formal and effective working relationships with other national public health organizations/associations, state/territorial agencies/alliances, and healthcare providers.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 15/200 words maximum
	The recipient must have established effective collaborations with federal, state and local government partners.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	none
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 14/200 words maximum Greater advocacy for resources and policies that improve the public's health and well-being.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	none
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/06/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/5

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Informatics Support, Collaboration and Consultation – Local HDs

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Nedra Garrett

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ngarrett@cdc.gov

CIO POC phone number(es):*
404.498.6446

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 8/25 words maximum
Public Health departments at the local level

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$400,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
427/1,000 words maximum

Purpose: To provide informatics support to improve efficiency, effectiveness and interoperability of public health information systems and their integrations with other healthcare systems primarily at local health departments.

Proposed Activities:
• Develop and implement strategies that assist local public health departments, in the exchange of electronic data across organizational and jurisdictional boundaries, particularly with clinical care, in accordance with national guiding policies and standards
• Develop and implement processes to encourage local public health departments to contribute toward informatics, e.g. data, systems, services, platforms, workforce and other discussions; recommendations; and standards development and implementation
• Facilitate the development and harmonization of health information technology standards and technical specifications to support national initiatives such as electronic case reporting (eCR), NNDS, Syndromic Surveillance, data preparedness and other priorities.
• Facilitate harmonization of data to support surveillance and emergency preparedness between clinical care and local public health departments
• Participate in pilots (e.g. eCR, data preparedness) that focus on understanding the informatics needs of local public health departments
• Assess local public health departments to identify gaps around data and information exchange including their capacity to support Electronic Health Record (EHR), MACRA, Digital Bridge and other health information technology initiatives
• Support relationships between local public health departments and other health data organizations in an effort to increase the availability of clinical data that can be used to improve public health
• Identify and disseminate informatics training opportunities for local public health departments
• Develop communications material such as tool kits and host seminars for local public health departments
• Facilitate the collaboration of public health associations and other stakeholders for the development and implementation of public health information technologies priorities and policies to improve the public health system
• Coordinate and facilitate workgroups comprised of informatics leaders at local public health departments to identify and address public health information technology issues
• Translate health information policies and initiatives into practical guidelines for local public health departments

Expected Outputs:
• Continous engagement in national health IT initiatives e.g. Digital Bridge
• Formulated/documented comments and policies with LHD perspectives
• Webinars to increase awareness and communications with LHDs
• Workgroup meetings of LHD representatives to gather input/feedback from LHDs

Expected Outcomes:
• Increase the capacity and interoperability of public health information systems at local public health departments
• Increase the electronic case reporting (eCR) capabilities of local public health departments
• Increase the awareness and adoption of national initiatives across local jurisdictions and partners to include state, territorial, and federal public health agencies, laboratories, healthcare institutions, etc.)
• Improve CDC shared enterprise standardization services for local public health departments
• Increase advocacy and engagement in health IT policies for local public health providing consultation to federal and state public health agencies as needed

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

☑ Increased capacity to evaluate laws and policies to affect health

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability of public health systems to achieve nationally established standards

☑ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

☑ Strengthened capability to systematically apply and use laws and policies to improve health

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 92/200 words maximum

Awardee must have the skill set and staff capable of executing communication, outreach strategies, and resource development to:
• Provide background and understanding of public health informatics initiatives, evaluation, and translation to practice.
Facilitate national dialogue and to assist local public health departments with framing opportunities and challenges for public health information exchange
• Facilitate standardization and interoperability policies for public health data sharing across the public health enterprise and healthcare
• Build the capacity of local public health departments to use information for decision making
• Work with legislative stakeholders and positively impact health IT policies

13 Applicant Program Experience:* 41/200 words maximum

Awardee must demonstrate experience:
• Working with local public health departments to increase public health informatics capabilities, e.g. data, systems, standards, health IT policies, workforce and other capabilities.
• Working with standards development organizations (SDO), healthcare, public health and other healthcare partners.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 37/200 words maximum

The awardee must collaborate with CDC and other national organizations working on public health informatics such as AMIA, HIMSS, Health IT Policy Committee, ASTHO, CSTE, Robert Woods Johnson Foundation etc. as well as contracts as needed.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum

It is possible that some sub-contractual work may be needed if the applicant organization or CDC resources are unable to provide subject matter expertise, technical guidance or other.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 55/200 words maximum

Local public health agencies play an integral role in the implementation of public health information systems, adoption of standards, development of health IT policies and strategies that impact public health. This project will build informatics capacities and capabilities to support data sharing across public health and healthcare enterprise that ultimately improve population health.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 words maximum

	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/7

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Informatics Support, Collaboration and Consultation – State HDs

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Nedra Garrett

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ngarrett@cdc.gov

CIO POC phone number(es):*
404.498.6446

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 8/25 words maximum
Public Health departments at the state level

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$800,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
424/1,000 words maximum

Purpose: To provide informatics support to improve efficiency, effectiveness and interoperability of public health information systems and their integrations with other healthcare systems primarily at state health departments.

Proposed Activities:
• Develop and implement strategies that assist state public health departments, in the exchange of electronic data across organizational and jurisdictional boundaries, particularly with clinical care, in accordance with national guiding policies and standards
• Develop and implement processes to encourage state public health departments to contribute toward informatics, e.g. data, systems, services, platforms, workforce and other discussions; recommendations; and standards development and implementation
• Facilitate the development and harmonization of health information technology standards and technical specifications to support national initiatives such as electronic case reporting (eCR), NNDS, Syndromic Surveillance, data preparedness and other priorities.
• Facilitate harmonization of data to support surveillance and emergency preparedness between clinical care and state public health departments
• Participate in pilots (e.g. eCR, data preparedness) that focus on understanding the informatics needs of state public health departments
• Assess state public health departments to identify gaps around data and information exchange including their capacity to support Electronic Health Record (EHR), MACRA, Digital Bridge and other health information technology initiatives
• Support relationships between state public health departments and other health data organizations in an effort to increase the availability of clinical data that can be used to improve public health
• Identify and disseminate informatics training opportunities for state public health departments
• Develop communications material such as tool kits and host seminars for state public health departments
• Facilitate the collaboration of public health associations and other stakeholders for the development and implementation of public health information technologies priorities and policies to improve the public health system
• Coordinate and facilitate workgroups comprised of informatics leaders at state public health departments to identify and address public health information technology issues
• Translate health information policies and initiatives into practical guidelines for state public health departments

Expected Outputs:
• Continous engagement in national health IT initiatives e.g. Digital Bridge
• Formulated/documented comments and policies with SHD perspectives
• Webinars to increase awareness and communications with SHDs
• Workgroup meetings of SHD representatives to gather input/feedback from SHDs

Expected Outcomes:
• Increase the capacity and interoperability of public health information systems at state public health departments
• Increase the electronic case reporting (eCR) capabilities of public health departments
• Increase the awareness and adoption of national initiatives across state jurisdictions and partners to include state, territorial, and federal public health agencies, laboratories, healthcare institutions, etc.)
• Improve CDC shared enterprise standardization services for state public health departments
• Increase advocacy and engagement in health IT policies for state public health providing consultation to federal and state public health agencies as needed

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☐	Improved operational capacity to evaluate, manage, and improve public health systems
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
☑	Improved communication and information technology capacity to inform the public efficiently and effectively
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 92/200 words maximum

Awardee must have the skill set and staff capable of executing communication, outreach strategies, and resource development to:
• Provide background and understanding of public health informatics initiatives, evaluation, and translation to practice.
Facilitate national dialogue and to assist state public health departments with framing opportunities and challenges for public health information exchange
• Facilitate standardization and interoperability policies for public health data sharing across the public health enterprise and healthcare
• Build the capacity of state public health departments to use information for decision making
• Work with legislative stakeholders and positively impact health IT policies

13 Applicant Program Experience:* 41/200 words maximum

Awardee must demonstrate experience:
• Working with state public health departments to increase public health informatics capabilities, e.g. data, systems, standards, health IT policies, workforce and other capabilities.
• Working with standards development organizations (SDO), healthcare, public health and other healthcare partners.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 37/200 words maximum

The awardee must collaborate with CDC and other national organizations working on public health informatics such as AMIA, HIMSS, Health IT Policy Committee, ASTHO, CSTE, Robert Woods Johnson Foundation etc. as well as contracts as needed.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum

It is possible that some sub-contractual work may be needed if the applicant organization or CDC resources are unable to provide subject matter expertise, technical guidance or other.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 55/200 words maximum

State public health agencies play an integral role in the implementation of public health information systems, adoption of standards, development of health IT policies and strategies that impact public health. This project will build informatics capacities and capabilities to support data sharing across public health and healthcare enterprise that ultimately improve population health.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 words maximum

N/A

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/8

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Informing Evidence-Based Policy by Putting Research to Practice into Action

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Elizabeth Zurick

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
egf3@cdc.gov

CIO POC phone number(es):*
404.384.8579

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 15/25 words maximum
NCIPC's Injury Control Research Centers and injury and violence prevention programs within state health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$240,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
757/1,000 words maximum

Development of effective public health interventions relies on research-to-practice and practice-to-research occurring simultaneously, each informing the other as the activity progresses. Both academic (ICRC) and state health department partners have continually asked for more opportunities for in-person collaboration and connections with each other to build connections and identify common interests for moving forward public health program and policy that is informed by evidence and practice experience.

The proposed project builds upon NCIPC-funded goals and strategies in current Cooperative Agreements with the Injury Control Research Centers, and Core SVIPP to implement and evaluate evidence-based public health strategies. This project helps connect these groups to leverage their strengths in the Research to Practice continuum using a systems thinking and adaptive/collaborative learning lens. During an initial convening, action groups will identify 2-3 concrete programmatic and policy initiatives to move forward during the year with technical assistance from the awardee and CDC. The format of this project is developed from previously successful state team structured meetings that have been conducted in partnership with the National Governor's Association and CDC around the winnable battles and other priority topics. OSTLTS and other groups have also replicated this model to bring state/national partners to the table to identify priorities and take action. ICRC and state partners have continually requested opportunities to convene and work collaboratively on projects. This project helps address their request. However, a meeting of "just" research and practice participants is not enough to advance the information for action. The meeting will bring in key decision-makers, such as legislative staffers and others tied into state policy initiatives, identified by the awardee to provide information about the context of policies that have a likelihood of gaining traction and ways that research and practice partners can translate their important knowledge and experiences to educate and inform policy makers. The key decision-makers will be identified and invited based on the group of participants and prioritized areas of suicide, opioid prevention, Adverse Childhood Experiences (ACEs), and rural and tribal populations. "Action teams" will be developed based on key areas of interest and expertise. The teams will be comprised of state partners, academic/researchers, and policy experts who will use the meeting to learn together and develop their action plans. Being in-person allows for groups to connect and build relationships that have been identified as important and valuable to the process of creating a shared vision and trust among the teams who will continue to work on advancing their plans throughout the year. The awardee will provide technical assistance to the action teams at the meeting and individually throughout the year as action teams move forward their identified priority area. The awardee could connect with the NCSL Opioid Fellows program, if appropriate. The NCSL Opioid Fellows program includes 24 state legislators who are participating with OPP/NCSL to become champions and experts in opioid policies and strengths/gaps of their existing state policies based on the current knowledge and evidence in the field.

Measurable Outcomes of the project will be to:
• Improve knowledge and use of the best available evidence and practice-based experience in state policy and programmatic decision making.
• Identify concrete policy initiatives for action teams to work on throughout the year, with on-going technical assistance from the awardee and CDC, thereby increasing interventions implemented that reflect the best available evidence. Initiatives will focus on the priority areas of NCIPC and could include analyses of policy gaps and recommendations; organizational policy initiatives; policy implementation evaluation and recommendations; and evaluation of existing policy outcomes.
• Improve communication channels that have the capacity to inform public health policy and programmatic interventions. This will be done by connecting academic/research and state health department partners to facilitate the important loop of research to practice and practice to research.
• Increase opportunities for advancing evidence-based policies by engaging key decision-makers in the meeting and action teams.
• Provide individual and action team-specific technical assistance to state public health partners, academic/researchers, and other key decision-makers.
• Strengthen partnerships with CDC's NCIPC, academic and state health department partners, and other organizations to maximize the impact of the project.
• Conduct a developmental evaluation and CDC-branded report on policy initiatives stemming from this project and their outcomes, including recommendations and tools for the field related to academic, practice, and policy partnerships to move evidence-based public health forward.

Action groups will be encouraged to focus their projects on the full spectrum of the three Center priorities and their interconnectedness. Information will be shared with teams about opportunities for research, programmatic, and policy interventions that link ACEs exposure and opioid use disorder, opioid addiction, and suicide.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 62/200 words maximum

The awardee must demonstrate strength, expertise, and experience in identifying and analyzing policies; informing lawmakers; promoting policy innovation and communication across states; and providing technical assistance to states—while aligned with NCIPC's objectives.

The awardee must have access to and work with all 50 states, commonwealths and the territories and provide timely, unbiased and evidence-based information on injury and violence programs and policies.

13 Applicant Program Experience:* 54/200 words maximum

The awardee must demonstrate past experience providing technical assistance, training, and education to academic institutions, state health departments, and policymakers. Evidence of previously reaching audiences to train them on evidence-based program and policy options and the ability to strategically convening and collaborating with academic institutions, state health departments, and policymakers will be required.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 80/200 words maximum

The awardee will be required to strengthen and expand partnerships with CDC, CDC-funded organizations and other partners to leverage investments and resources from other organizations and increase the project's impact and reach of educational efforts to a wide audience. The awardee will collaborate with key partners in several aspects of the project work, including: technical assistance delivery, development and dissemination of public health prevention and control information and resources, and planning and delivery of educational workshops and meetings.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 6/200 words maximum

No subcontract work is expected.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 131/200 words maximum

	This project has potential for building upon its successful implementation. For example, it is well-known that one of the best opportunities for developing successful partnerships is to work with partners on successful projects. This project will give ICRCs, state health department partners, and the awardee an opportunity to grow their relationships with technical assistance and support from CDC along the way, thereby increasing the likelihood of developing relationships that can build from their success beyond this initial project. This project will also grow the awardee's capacity – connecting them with experts and cutting-edge researchers – which will enable them to better support their members in their awareness of the best available evidence to inform policymaking. Additionally, this model could be replicated for other research to practice collaborations with other partner groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 19/100 words maximum
	Funds will pay for meeting participants' travel to/from Atlanta, the awardee's technical assistance time, and evaluators' time.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/6

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Local Health Department Healthcare-Associated Infection Antimicrobial Resistance Project

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Healthcare Quality Promotion

4 CIO Point of Contact (POC) name(s):*
Wendy Vance, Elizabeth Mothershed, Charles Denard

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
wvance@cdc.gov; emothershed@cdc.gov, cdenard@cdc.gov

CIO POC phone number(es):*
404-639-2891

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 6/25 words maximum
Governmental- health departments: local

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$235,193
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
443/1,000 words maximum

The purpose of this project is to increase capacity of Local Health Departments (LHD) to prevent and reduce healthcare-associated infections (HAI) including caused by antibiotic resistant (AR) pathogens and explore opportunities to enhance LHD capacity to prevent HAIs and control transmission of HAIs and novel antimicrobial resistance across healthcare.
Objective: Accelerate capacity building for local health departments for prevention of HAIs and controlling transmission of emerging AR pathogens across healthcare and the community. Supporting, identifying, and sharing best practices and policy solutions for preventing infections, increasing infection control in healthcare and outbreak response; and providing technical assistance to local public health agencies and officials.

Activity 1 - Enhance communications and coordination between local and state partners to further promote understanding of public health and key partner connections and support local jurisdictions to assure HAI and infection control activities and policies are complementary to and align with state activities. Identify and share best practices and policy solutions for increasing infection control in healthcare and for outbreak response. Provide opportunities for collaboration and communication forums for Local Health Department HAI/AR programs to include the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) -funded cities to collaborate with ELC-funded state health departments, or fund demonstration projects through select health departments.

Activity 2:
Work to enhance local health department HAI/AR prevention strategies and healthcare infection control training, including promoting policies or programs to support and sustain infection control certification of local public health department staff (e.g., support infection control certification (Certification Board of Infection Control) for local health department staff (pending eligibility, per CBIC).

Activity 3- Enhance capacity in local health departments, especially in rural areas, to connect with other quality improvement and prevention partners (e.g., QIN/QIO, HRSA Flex programs) with a focus on improving antibiotic use and antibiotic stewardship.

Activity 4 - Work to connect local HAI/AR staff with local survey and certification/licensing authorities and organizations to promote collaboration and where possible, promote alignment of infection control assessment and prevention efforts across the continuum of care.

Activity 5- Promote the role of local public health agencies in detection, containment, and prevention and provide resources to healthcare professionals working to control the spread of these organisms and contain emerging AR threats. Provide technical assistance, make connections to local/state mentorship opportunities to create a community of practices approach, especially for addressing emerging AR threats in high acuity healthcare settings such as skilled nursing homes and long term acute care facilities.

Activity 6- Using organizational policy and communications channels, promote locally and nationally, CDC's HAI/AR evidence based guidance and educational materials for antibiotic resistance and antibiotic use reporting, antibiotic stewardship programs, early sepsis recognition, and other HAI/AR prevention strategies.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 73/200 words maximum

The funded organization will be a vital link and information conduit between local health departments and federal agencies to create a public health system that provides and supports safe healthcare and timely and appropriate response to healthcare associated infectious disease outbreaks, including containment of unusual or emerging antibiotic resistance pathogens. The organization should have experience in assisting local health departments by analyzing healthcare infection control programs, processes, policies, strategies, and best practices.

13 Applicant Program Experience:* 94/200 words maximum

The funded organization will have extensive experience working directly with local health departments to address healthcare associated infection and antibiotic resistance prevention, including improving antibiotic use, program support and analyses, and development of state prevention strategies. Funded organization will also have experience leveraging national and local partnerships and relationships to collaborate and ensure coordination and optimal implementation of such strategies that will assist and build capacity in local health departments in their efforts to improve healthcare infection control and oversight and reduce healthcare associated infections and outbreaks and contain emerging antibiotic resistant pathogens.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 34/200 words maximum

It is expected that the funded organization will continue to strengthen its ongoing collaborative relationships with other key partner organizations that have a focus on improving infection control and outbreak response in healthcare.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum

It is expected that identification and selection of subcontractors be in accordance with CDC policy and that sub-contractors fulfill the purpose and objectives of the specific work plan.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 24/200 words maximum

Accelerate capacity building for local health departments for prevention of HAIs and controlling transmission of emerging AR pathogens across healthcare and the community.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 46/100 words maximum

Funds should be used for direct salaries and wages, including fringe for the funded organization. Cost of supplies and printing that will be required to meet the objectives, activities, and deliverables. Estimated travel that will be required to meet the objectives, activities, and deliverables.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/13/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/19

Center for State, Tribal, Local, and Territorial Support (proposed)
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Local Response to Public Health Emergencies: Focus on the Opioid Epidemic

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Christensen, Aleta; Mahendra, Reshma

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
yno7@cdc.gov; zep0@cdc.gov

CIO POC phone number(es):*
770-488-3956; 770-488-1207

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 14/25 words maximum
Local health departments and key state or local partners in opioid overdose prevention

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$2,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
984/1,000 words maximum

Purpose: To increase the capacity of city, county, and local health departments to respond effectively to the opioid epidemic by working more closely with state and local partners (including law enforcement, treatment providers and state health departments), and rolling out evidence-based strategies at the local level.
Background: The United States is in the midst of an opioid overdose epidemic. A local public health response is critical to turning the tide on the epidemic. The Centers for Disease Control and Prevention (CDC) recently launched an ambitious agenda focusing on public health's core strengths: (1) using data to track the epidemic; (2) providing tools and training to health care providers to improve patient safety; and (3) scaling up effective public health interventions in states. CDC's Overdose Prevention in States (OPIS) program, across 44 states and the District of Columbia, addresses each of these core areas by: strengthening state surveillance of both fatal and non-fatal opioid-related overdoses; enhancing Prescription Drug Monitoring Programs (PDMPs) for public health surveillance and point-of-care decisions by providers; using data for community-level decision-making; supporting the practice of guideline-concordant care; and evaluating state-level policy efforts to curb the epidemic. Similar efforts are needed in community and local settings with a greater emphasis on multi-sectorial partnerships.

Proposed Activities:
1. In collaboration with CDC, identify four new local communities that merit a greater investment of CDC's time and effort by emphasizing burden, geographical diversity, ongoing efforts, and capacity to create and execute community responses.
2. Conduct an assessment of local public health burden, needs, and capacities in four new identified local communities.
3. Engage local sites, to include community task forces, coalitions, and health care systems that can help develop a local action plan that includes public health, law enforcement, and treatment/recovery services.
4. With CDC, work with four previously selected sites to continue to develop and execute action plans for preventing opioid overdoses and overdose deaths.
5. Conduct an environmental scan of evidenced-based and promising practices being implemented at the community level with examples highlighting community makeup to include burden, geographical diversity, ongoing efforts, and capacity.
6. Sub-contract or partner with a highly skilled partner with the skills and experience to implement academic detailing in local communities, to identify four high prescribing cities/counties that would benefit from academic detailing to bring local medical practices into closer alignment with the CDC Guideline for Opioid Prescribing. Engage those local medical practices through developing and implementing academic detailing programs.
Activities should include:
a. Planning, training, and support for implementation of academic detailing program
b. Technical assistance for academic detailers and academic detailing programs
c. Support and technical assistance to previously selected sites
d. Facilitate online platform for resources and support for academic detailers
e. Provide ongoing assessment and quality improvement for academic detailers/programs
f. An evaluation plan to 1) help track fidelity to the academic detailing model and 2) measure progress toward changing targeted clinician behaviors
7. Concurrent with other activities, build out a suite of public health tools and resources to help guide effective local responses to the opioid epidemic.
8. With CDC, participate in the development of an evaluation plan in selected sites to help track and measure progress toward expressed outcomes, to include some health outcomes of interest.
9. Facilitate a peer-to-peer model for selected sites to learn from other communities through both virtual and in-person meetings.
10. Support cities addressing opioid overdose in their locales and receive funding or support from CDC in building capacity and implementing activities to prevent opioid overdose.
11. Provide support for 4-6 local public health departments that have been identified by CDC to advance the implementation and evaluation of a community-based intervention. Interventions must address illicit opioid overdose prevention strategies that engage both local public health and public safety. These sites will be part of CDC's and ONDCP's Heroin Response Strategy's "pilot" program.
Expected Outputs: Tools and resources for public health use, which may include: sample MOUs for greater local collaboration; data sharing agreements; action plans to address outlier Rx prescribers in the local area, to include academic detailing, follow-up, and support for clinical practices that aim to improve patient safety; success stories from other local collaborations around the country; communication protocols for activating responses when a "hot spot" is detected; protocols for emergency departments; recommendations for linkages to care for people who have overdosed; guidance on naloxone use and distribution for local organizations; program implementation guidance for promising or evidence-based strategies; facilitated peer-to-peer mentoring.
Expected Outcomes: Increased capacity of localities to plan and implement response strategies; increased communitcation and mentoring between localities; Increased use of data for local decision-making; clear, streamlined public health response protocols that strengthen communication and action between public health, law enforcement, and treatment; increase in guideline-concordant care in targeted clinical practices; an increase in the number of overdose survivors who are linked to treatment and recovery services; an increase in the use of promising or evidence-based strategies at the local level; a decrease in the number of local overdose deaths.

Expected Outputs: Tools and resources for public health use, which may include: sample MOUs for greater local collaboration; data sharing agreements; action plans to address outlier Rx prescribers in the local area, to include academic detailing, follow-up, and support for clinical practices that aim to improve patient safety; success stories from other local collaborations around the country; communication protocols for activating responses when a "hot spot" is detected; protocols for emergency departments; recommendations for linkages to care for people who have overdosed; guidance on naloxone use and distribution for local organizations; program implementation guidance for promising or evidence-based strategies; facilitated peer-to-peer mentoring.
Expected Outcomes: Increased capacity of localities to plan and implement response strategies; increased communitcation and mentoring between localities; Increased use of data for local decision-making; clear, streamlined public health response protocols that strengthen communication and action between public health, law enforcement, and treatment; increase in guideline-concordant care in targeted clinical practices; an increase in the number of overdose survivors who are linked to treatment and recovery services; an increase in the use of promising or evidence-based strategies at the local level; a decrease in the number of local overdose deaths.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 27/200 words maximum

Must have adequate staffing and organizational capacity to work in several communities at the same time, while building out a suite of tools/resources for broader dissemination.

13 Applicant Program Experience:* 67/200 words maximum

Applicant should have experience with all facets of local public health capacities, practices, and opportunities to address a major public health epidemic. Moreover, the applicant should have some understanding of the opioid epidemic and the key strategies, partners, and protocols that would be needed to better address the problem. Experience with multi-sectorial partnerships is a must, as well as strong linkages to state-level public health partners.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 35/200 words maximum

To successfully implement opioid overdose prevention efforts in local communities, partnerships and collaboration with a variety of stakeholders, including law enforcement, hospital systems, opioid treatment and recovery services, as well as harm reduction groups.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 48/200 words maximum

	Sub-contract or partner with a highly skilled partner with the skills and experience to implement academic detailing in local communities, to identify four high prescribing cities/counties that would benefit from academic detailing to bring local medical practices into closer alignment with the CDC Guideline for Opioid Prescribing.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 26/200 words maximum This CBA will benefit government public health agencies - specifically local level - by increasing capacity to implement a comprehensive, multi-sectoral approach to opioid-overdose prevention.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 11/100 words maximum
	Contracts and travel should be included in budget, as appropriate.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/26/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/23

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 4/15 words maximum Medical Countermeasure Planning and Response-Local		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Influenza Coordination Unit
4	CIO Point of Contact (POC) name(s):* Anita Patel		CIO POC email address(es):* apatel7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4044332667
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 4/25 words maximum Local health departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $250,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 61/1,000 words maximum
	This project will improve pandemic preparedness through engaging local health departments on methods to support countermeasure readiness. The goal is to ensure that local health departments have the necessary tools and information to conduct appropriate planning, response, and recovery activities related to an influenza pandemic. This project will look specifically at developing tools to improve medical countermeasure compliance and information.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [x] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 78/200 words maximum

The organization must have the ability to effectively convene and communicate with local health departments on a wide range of issues related to pandemic influenza preparedness. This required capacity includes the ability to rapidly convene local health departments through audio or video teleconferences, as appropriate. The organization must also be able to represent local health departments in national-level meetings and effectively communicate local health department perspectives when actual local health department representatives are unable to participate.

13 Applicant Program Experience:* 77/200 words maximum

The organization should have comprehensive experience working with local health departments on issues related to pandemic influenza preparedness and be very familiar with the unique issues that local health departments must consider as they prepare for an influenza pandemic. The organization should also have experience in working with state health officials, state and local emergency management, and other public health partners that either are currently or will need to be engaged on pandemic preparedness issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 22/200 words maximum

Collaboration with state health officials, or their representatives, may be required to comprehensively address the issues associated with this project's goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 20/200 words maximum

Sub contractual work may be needed - recommended criteria will be based on skills, abilities needed to meet project goals.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 13/200 words maximum This project will improve public health capacity to respond to pandemic preparedness
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 23/100 words maximum
	Funds may be used for personnel, travel, equipment, and supplies that are directly related to the outputs and outcomes of this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/16

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 4/15 words maximum Medical Countermeasure Planning and Response-State		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Influenza Coordination Unit
4	CIO Point of Contact (POC) name(s):* Anita Patel		CIO POC email address(es):* apatel7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4046392425
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 4/25 words maximum State health departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $250,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 61/1,000 words maximum
	This project will improve pandemic preparedness through engaging local health departments on methods to support countermeasure readiness. The goal is to ensure that local health departments have the necessary tools and information to conduct appropriate planning, response, and recovery activities related to an influenza pandemic. This project will look specifically at developing tools to improve medical countermeasure compliance and information.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [x] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 78/200 words maximum

The organization must have the ability to effectively convene and communicate with state health departments on a wide range of issues related to pandemic influenza preparedness. This required capacity includes the ability to rapidly convene state health departments through audio or video teleconferences, as appropriate. The organization must also be able to represent state health departments in national-level meetings and effectively communicate state health department perspectives when actual state health department representatives are unable to participate.

13 Applicant Program Experience:* 80/200 words maximum

The organization should have comprehensive experience working with state health departments on issues related to pandemic influenza preparedness and be very familiar with the unique issues that states must consider as they prepare for an influenza pandemic. The organization should also have experience in working with county and city health officials, state and local emergency management, state hospital associations and other public health partners that either are currently or will need to be engaged on pandemic preparedness issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 25/200 words maximum

Some collaboration with county and city health officials, or their representatives, may be required to comprehensively address the issues associated with this project's goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 20/200 words maximum

While no subcontractual work is expected at this time, recommended criteria will be offered if such work is proposed.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 13/200 words maximum This project will improve public health capacity to respond to pandemic influenza
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 23/100 words maximum
	Funds may be used for personnel, travel, equipment, and supplies that are directly related to the outputs and outcomes of this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/17

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Million Hearts® in Municipalities Learning Collaborative

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Judy Hannan; Erica Hamilton

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jat5@cdc.gov; nwq2@cdc.gov

CIO POC phone number(es):*
770.488.4572; 404.498.5342

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$58,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
320/1,000 words maximum

Purpose: To gather municipal representatives who are currently or interested in implementing Million Hearts® (MH) strategies at a local level, and create a collaboration to: encourage action; address questions regarding the initiative; explore areas of interest related to MH and cardiovascular disease; and facilitate peer sharing and experiential learning. Local action related to cardiovascular disease prevention and treatment will scale the reach of the MH initiative and advance efforts towards the aim to prevent one million heart attacks and strokes by 2022.

Through this project we want to: 1) encourage and expand local MH efforts that are effective at reducing heart attacks and strokes at the municipal level to both improve outcomes at participating sites and improve knowledge about how to implement these strategies broadly; 2) explore and discover the most effective resources, partnerships and strategies for a community-setting; and 3) scale the interventions that are most effective at the local level in municipalities that are not yet engaged in MH activities.

Proposed activities: Alongside CDC, the award recipient will provide guidance and technical assistance to local organizations and health departments to support their work related to cardiovascular disease prevention and treatment. Activities will include: host and facilitate monthly or quarterly learning collaborative webinars; coordination, outreach and promotional efforts; manage a virtual community site to distribute announcements and resources to facilitate peer sharing and learning among collaborative members; monitor progress of local implementation efforts; connect collaboration members with MH resources and partners; and other technical assistance activities. The award recipient will designate a part-time staff person to this project.

Expected Outputs: 4-10 participatory webinars attended by 20 or more local communities; increase awareness of the MH initiative in municipalities across the US; increase in community support and partnerships relating to the MH initiative.

Expected Outcomes: Better understanding of barriers and facilitators to implementing MH at the local level; increased implementation of MH strategies in several municipalities across the nation.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 43/200 words maximum

Ability to support and provide technical assistance to multiple municipalities at once; has an established online platform where collaborative members can continue to engage with each other and with subject matter experts, ask questions, and share resources outside of the monthly webinars.

13 Applicant Program Experience:* 43/200 words maximum

Experience working with a variety of local organizations and health departments; experience translating national efforts into local work; experience providing technical assistance at the local level; familiarity with Million Hearts history and 2022 framework; has understanding of the needs of local implementers.

COLLABORATIVE WORK

14

	Expectations for Collaboration, as applicable: 24/200 words maximum
	The recipient will work collaboratively with the MH Team and others at CDC, and with several national MH Partners and local implementers.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 11/200 words maximum
	We do not anticipate that subcontractors will be necessary for this project.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 36/200 words maximum The outcomes and lessons learned of this project will be relayed to other government public health agencies so they can better assist local organizations and health departments implement similar strategies at the municipal level.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 18/100 words maximum
	Funds should be used to support the part-time staff member who will be managing the learning collaborative.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/22

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 15/15 words maximum Nurse Triage Line Project: Building Capacity for Implementation during an Influenza Pandemic for State Health Departments		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Influenza Coordination Unit
4	CIO Point of Contact (POC) name(s):* Anita Patel		CIO POC email address(es):* apatel7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4046392425
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 4/25 words maximum State Health Departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $30,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 91/1,000 words maximum
	The Nurse Triage Line project ("Flu on Call") seeks to improve public access to antiviral medications and lessen surge on healthcare facilities during an influenza pandemic through a model of a nationwide network of nurse triage lines that would provide antiviral prescriptions to symptomatic callers meeting a standard set of clinical criteria. This initiative supports the CDC Influenza Coordination Unit's mission of ensuring that the nation is "as prepared as possible for the next pandemic." The project will continue to build on substantial efforts conducted over the last few years.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 78/200 words maximum

The organization must have the ability to effectively convene and communicate with state health departments on a wide range of issues related to pandemic influenza preparedness. This required capacity includes the ability to rapidly convene state health departments through audio or video teleconferences, as appropriate. The organization must also be able to represent state health departments in national-level meetings and effectively communicate state health department perspectives when actual state health department representatives are unable to participate.

13 Applicant Program Experience:* 80/200 words maximum

The organization should have comprehensive experience working with state health departments on issues related to pandemic influenza preparedness and be very familiar with the unique issues that states must consider as they prepare for an influenza pandemic. The organization should also have experience in working with county and city health officials, state and local emergency management, state hospital associations and other public health partners that either are currently or will need to be engaged on pandemic preparedness issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 25/200 words maximum

Some collaboration with county and city health officials, or their representatives, may be required to comprehensively address the issues associated with this project's goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 20/200 words maximum

While no subcontractual work is expected at this time, recommended criteria will be offered if such work is proposed.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 7/200 words maximum This project will assist public health
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 23/100 words maximum
	Funds may be used for personnel, travel, equipment, and supplies that are directly related to the outputs and outcomes of this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/16/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/19

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 15/15 words maximum Nurse Triage Line Project: Developing Capacity for Implementation during an Influenza Pandemic for Local Health Departments		
2	CIO:* NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES	3	Division, office, or unit:* Influenza Coordination Unit
4	CIO Point of Contact (POC) name(s):* Anita Patel		CIO POC email address(es):* apatel7@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 4046392425
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 22/25 words maximum Local health departments and the populations they serve will benefit from enhanced situational awareness and planning assistance on pandemic influenza activities.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $30,000 (Whole numbers only)	○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
91/1,000 words maximum

The Nurse Triage Line project ("Flu on Call") seeks to improve public access to antiviral medications and lessen surge on healthcare facilities during an influenza pandemic through a model of a nationwide network of nurse triage lines that would provide antiviral prescriptions to symptomatic callers meeting a standard set of clinical criteria. This initiative supports the CDC Influenza Coordination Unit's mission of ensuring that the nation is "as prepared as possible for the next pandemic." The project will continue to build on substantial efforts conducted over the last few years.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 78/200 words maximum

The organization must have the ability to effectively convene and communicate with local health departments on a wide range of issues related to pandemic influenza preparedness. This required capacity includes the ability to rapidly convene local health departments through audio or video teleconferences, as appropriate. The organization must also be able to represent local health departments in national-level meetings and effectively communicate local health department perspectives when actual local health department representatives are unable to participate.

13 Applicant Program Experience:* 77/200 words maximum

The organization should have comprehensive experience working with local health departments on issues related to pandemic influenza preparedness and be very familiar with the unique issues that local health departments must consider as they prepare for an influenza pandemic. The organization should also have experience in working with state health officials, state and local emergency management, and other public health partners that either are currently or will need to be engaged on pandemic preparedness issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 22/200 words maximum

Collaboration with state health officials, or their representatives, may be required to comprehensively address the issues associated with this project's goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

While no sub contractual work is expected at this time, recommended criteria will be offered if such work is proposed.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 7/200 words maximum This project will improve public health
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 23/100 words maximum
	Funds may be used for personnel, travel, equipment, and supplies that are directly related to the outputs and outcomes of this project.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/20

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Office of Minority Health State HIV Initiative

2 CIO:*
OTHER
Enter other CIO:*
OS/Office of Minority Health

3 Division, office, or unit:*
Office Of the Assistant Secretary For Health

4 CIO Point of Contact (POC) name(s):*
Sonsiere Cobb-Souza

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
sonsiere.cobb-souza@hhs.gov

CIO POC phone number(es):*
240-453-8444

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 23/25 words maximum
State health departments; state offices of minority health (or their equivalents) located within state departments of health and/or departments of public health.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$900,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
391/1,000 words maximum

Purpose: This project intends to increase the capacity of state offices of minority health (or their equivalents) to provide training services to their networks relative to national HIV priorities around viral suppression, PrEP and HCV co-infection.

Proposed Activities: The selected CDC CBA grantee(s) will identify training needs of state/territorial offices of minority health (or their equivalents) and their networks relative to national HIV priorities around viral suppression, PrEP and HCV co-infection. States will be selected for participation in this initiative based on high rates of new HIV infection, rates of dual infection (HIV and HCV), and numbers of individuals experiencing opioid use disorder/opioid overdose. The selected CDC grantee will coordinate with CDC, OMH and other partners as needed to provide training to staff at participating state offices of minority health on the current science around viral suppression including: provider awareness and training; client education and social marketing to increase community awareness; stigma reduction messaging; and social media nd digital training strategies. Upon completion it is expected that those trained will subsequently provide similar training to their stakeholders and external partners. States will be expected to prioritize geographic locations with a substantial burden of HIV/AIDS as well as communities with emerging or re-emerging epidemics, such as opioid abuse/overdoses and HCV co-infection.

Expected Outputs: The training will inform the states and their networks of the most effective methods for reaching the priority populations for the OMH State HIV Initiative which are individuals that are HIV+ and those at risk for HIV infection that are also: African Americans, American Indian/Alaska Natives, Asian Americans, Hispanics/Latinos, Native Hawaiians and Other Pacific Islanders. The training will also prioritize efforts to improve viral hepatitis testing and diagnosis, and access to care and treatment for the following priority populations: people who inject drugs, baby boomers, American Indians/Alaska Natives, Asian Americans and Pacific Islanders, African Americans, people in correctional facilities, veterans, homeless individuals, men who have sex with men, and individuals living with HIV and viral hepatitis co-infection.

Expected Outcomes: The increased capacity of the state offices of minority health and their networks will ultimately result in: 1) increased awareness, knowledge and use of PrEP and nPEP among individuals at high risk for HIV infection; 2) increased number of individuals screened for Hepatitis C; and, 3) increased number of individuals infected with Hepatitis C that are linked to treatment.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 123/200 words maximum
	The applicant organization must have demonstrated capacity to provide capacity building assistance to address the needs of the target populations within governmental public health departments. Specifically, the applicant organization must have the capacity to provide training to staff at participating state offices of minority health on the current science around HIV viral suppression including: provider training; client education and social marketing to increase community awareness; stigma reducing messaging; and social media and digital training strategies. The applicant must also demonstrate adequate expertise to provide the training in a manner that prepares the target population to provide similar training to their networks and external partners. The recipient organization must have the capacity to conduct training at multiple sites in various regions of the country.
13	Applicant Program Experience:* 62/200 words maximum
	The applicant organization must have demonstrated experience and history in working with the target populations; specifically, state offices of minority health (or their equivalents). The recipient organization must also document experience in providing training to staff of governmental health departments. Finally, the organization must demonstrate significant experience with, and understanding of national HIV priorities around viral suppression, PrEP and HCV co-infection.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 39/200 words maximum
	The recipient organization will be expected to collaborate with other organizations, only as needed to bridge gaps in access to the target population and/or knowledge and expertise relative to HIV priorities around viral suppression, PrEP and HCV co-infection.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 22/200 words maximum
	Subcontracting is not expected, but is not prohibited. The collaborative work described in item 14 above may be done via subcontract (s).
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 36/200 words maximum
	This project intends to increase the capacity of state offices of minority health (or their equivalents) to provide training services to their networks relative to national HIV priorities around viral suppression, PrEP and HCV co-infection.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 26/100 words maximum
	Funds may be used to support reasonable costs for personnel, travel, equipment and supplies as need to conduct training for the target populations described above.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. /FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 6/15 words maximum
Opioid Overdose Prevention Interventions for Tribally-Run Clinics

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Losby, Jan; Mahendra, Reshma

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
kfy9@cdc.gov;zep0@cdc.gov

CIO POC phone number(es):*
770-488-8085;770-488-1207

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 13/25 words maximum
Tribal governments (particularly tribal-run health clinics); those organizations that support tribal governments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
532/1,000 words maximum

Background:
The opioid overdose crisis spans the entire nation, with tribal communities bearing an overwhelming share of the burden. The rate of drug overdose deaths among American Indians and Alaska Natives is twice that of the general population and recent data shows this trend continuing. In 2016, the death rate from opioid overdoses in AI/AN communities rose by almost 15 percent, with the majority of deaths being driven by illicit opioids, such as heroin and illicitly manufactured fentanyl. These statistics, however, may represent an undercount due to various challenges in reporting data on opioid use and overdose within AI/AN populations.
Currently, CDC funds 45 states and the District of Columbia through its Overdose Prevention in States program, which seeks to equip state health departments with resources and support needed to advance prevention interventions and to increase the timeliness and comprehensiveness opioid overdose reporting. In addition to its work with states, CDC is facilitating implementation of the CDC Guideline into practice, including working with IHS and tribal health systems to increase use of the Guideline recommendations. Empowering and equipping states with the resources and information they need to combat prescription opioid abuse and overdose is a key component in CDC's work on this epidemic. Although states are reached through our funded programs, CDC has not adequately reached tribal communities, particularly providers and health systems that serve American Indian/Alaska Native Populations (specifically tribally-run clinics). This project would give CDC the opportunity to expand its reach to this population, implement evidence-based interventions within health care settings, and address this urgent need.
Project Description
(1) Move science into action by supporting the implementation of evidence-based health interventions within tribally-run clinics. This may include the following (not an exhaustive list):
a. Improving health systems infrastructure and capacity to implement safer prescribing practices, such as implementing CDC's Guideline for Prescribing Opioids for Chronic Pain
b. Addressing challenges that providers within tribal health systems and the Indian Health Service encounter in accessing state PDMPs
c. Increasing use and access to Prescription Drug Monitoring Programs (PDMPs) by clinicians
d. Increase coordination of care and linking people to opioid use disorder treatment services
e. Create translation materials for both the tribally-run clinics and the broader AI/AN patient community.
(2) Move science into action by evaluating the effectiveness of the interventions implemented above (1) within tribally-run clinics by:
a. Designing an evaluation to track prescribing rates before and after the interventions
b. Recruit and engage clinical implementation sites
c. Implementing and conducting the evaluation
d. Data collection and data analysis
e. Write up the results
Products
(1) Adapt and tailor current CDC factsheets or other translational materials to tribally-run clinics. Please Note: Applicant may propose a new resource document that CDC has not produced.
(2) Adapt and tailor current CDC factsheets or other translational materials for the broader AI/AN community, as patients of tribally-run clinics.
Note: Applicant may propose a new resource document that CDC has not produced.
(3) Create an evaluation plan to assess the impact of the evidence-based health interventions within tribally-run clinics.
(4) Prepare a short evaluation report summarizing the evaluation results.
(5) Based on the evaluation results, prepare a short, briefing document on promising system-level practices happening within tribally-run clinics that are supporting safer opioid prescribing. The purpose of this document is to showcase interventions, practices, approaches that can be adopted by other tribally-run clinics.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 33/200 words maximum

Applicant should have the organizational and institutional capacity to implement clinical practices in tribally-run clinics. Applicant must also demonstrate capacity to collaborate, represent, and connect to public health and tribally-run clinics.

13 Applicant Program Experience:* 58/200 words maximum

Applicant should have experience working in tribally-run health care settings, in public health and experience outlining effective public health action through a multi-agency approach. Must have experience adapting health and public health tools and resources for tribal populations. Have keen understanding of CDC's approach to opioid overdose prevention and CDC's Guideline for Prescribing Opioids for Chronic Pain.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 33/200 words maximum

Meaningful collaborations with groups most directly involved with opioid overdose prevention, with groups that have the experience and expertise working in health care settings or in the community with tribal populations.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 46/200 words maximum

The applicant may contract (or acquire consultant services) as needed, to adapt or deliver training and technical assistance tools tailored to tribal populations. If any subcontracting required, subcontractors must have the following areas of expertise: Experience working in health care, public health, and tribal populations.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 31/200 words maximum

Tools, resources, and products developed and/or adapted for tribal populations will benefit governmental public health agencies by increasing the resources available to address the opioid crisis, particularly in tribal communities.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 13/100 words maximum

Funds for proposed travel must be aligned with the project activities.

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/16/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/4

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Planning for National and State viral hepatitis elimination programs

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Viral Hepatitis

4 CIO Point of Contact (POC) name(s):*
Mona Doshani

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
imf6@cdc.gov

CIO POC phone number(es):*
404.718.8854

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 5/25 words maximum
State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$2,500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
530/1,000 words maximum

Project Purpose: To bring together partners from all sectors to collaboratively develop a framework to develop hepatitis B and hepatitis C elimination plan at the state/local/tribal jurisdictions.
Project Summary: Approximately 4.4 million Americans are living with viral hepatitis, most of whom are undiagnosed. Numbers of new hepatitis B virus (HBV) and hepatitis C virus (HCV) infections continue to rise. Effective interventions are available to prevent transmission (e.g., hepatitis B vaccine) and reduce morbidity and mortality (e.g., curative HCV therapy). Recognizing the effectiveness of these interventions, the National Academies of Science, Engineering, and Medicine released A National Strategy for the Elimination of Hepatitis B and C, which set goals for the elimination of these infections as public health threats in the United States.
The guiding principle of this project proposal is to plan for expanding interventions to eliminate HBV and HCV transmission and disease, providing equal prevention opportunities for rural and tribal communities, communities with limited access to health care, and populations at highest risk for infection. The project will fund programs at the state, local, and/or tribal level to plan to implement interventions that will not only help eliminate viral hepatitis in the communities served, but provide the evidence needed to inform program development in other communities and nationwide as resources become available.
Expected activities to be funded in all sites include:
• Identify stakeholders and partners - Successful programs designate "local champions" to demonstrate local commitment. This individual has the passion, skills, and relationships needed to make the program successful and will be responsible for developing a dynamic elimination plan, convening partners and stakeholders to assist in program implementation, guiding program development, policy, and implementation, and documenting program success
• Form a statewide and local technical advisory groups (TAG) to advise stakeholders in planning a prudent elimination plan- Bring together viral hepatitis CDC funded programs (e.g., hepatitis prevention and surveillance coordinators, immunization managers, advisory groups)
• Elimination program planning - Set benchmark estimations of incidence and disease/mortality, model targets in delivery of services to achieve interim and final elimination goals, and set interim and final goals for elimination
• Data for monitoring and evaluation-Monitor progress toward elimination goals and evaluate program performance.
Goals and Objectives
Goal: Prepare a viral hepatitis elimination plan at the state, local, and/or tribal level.
• Objective 1: Develop an evidence based viral hepatitis B&C elimination plan
o Include risk groups (e.g., injection-drug users, foreign born for HBV, incarcerated persons) and racial/ethnic groups with higher prevalence of HBV and HCV (e.g., Asians and black Americans)
• Objective 2: Included indicators of delivery of prevention interventions in the plan:
o Public education campaign distribution and use by target populations
o HepB vaccination coverage
o Access and use of comprehensive syringe services program
o Access and use of medication assisted therapy (MAT)
o HBV and HCV testing: local trends, estimates of infected persons aware of status
o HCV cure cascade: anti-HCV (antibody), HCV RNA testing, start of treatment, and negative HCV PCR at end of treatment or 12 weeks post treatment
o HBV care continuum: HBV testing, diagnosed, engaged in care (monitoring for treatment indications), treatment, retained in care
• Objective 3: Develop baseline metrics for incidence and mortality and interim and final targets for elimination
o HBV, HCV and HBV incidence and prevalence; HBV and HCV morbidity and mortality

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑	Improved operational capacity to evaluate, manage, and improve public health systems
☑	Improved leadership capacity to identify and prioritize public health needs
☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
☑	Improved communication and information technology capacity to inform the public efficiently and effectively
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 21/200 words maximum

Describe the organizational capacity (skills, technology, organizational reach, infrastructure) required to effectively conduct the work described under the project description.

13 Applicant Program Experience:* 55/200 words maximum

Recipients should bring stakeholders together, establish working relationships with law enforcement, persons who use drugs, public health and providers of clinical, substance use and mental health care. Recipient program should gain experience with implementation of SSPs and conducting surveillance and prevention services including referral to care, treatment and other prevention services including SSPs.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 0/200 words maximum

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 31/200 words maximum

We expect that state, local or tribal jurisdictions will be sub-contractors. Funding per sub contact will be $50,000-$100,000. Criteria for funding subcontractors will be made in coordination with CDC.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 68/200 words maximum

The US government is committed to eliminate viral hepatitis B and C as a public health threat by 2030. To this effect planning for elimination at both national and state level is crucial. The state/local/tribal planning activities funded through this contract will be helpful in informing the challenges and opportunities for leveraging in the funded jurisdictions and the lesson learned can be used in other jurisdictions.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 24/100 words maximum

Provide instructions on any limitations or parameters for expenditure or use of funds. Include general instructions on project equipment, travel, and personnel needs.

CIO CERTIFICATION

18

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Final

Submission Date: You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/35

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Preparedness Exercise for Responding to an Outbreak of Antibiotic-Resistant Gonorrhea

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*
Karen Schlanger; Shean Johnson; Dan Lentine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
khs4@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov

CIO POC phone number(es):*
(404) 718-5660; 404-639-6168; 404-639-0462

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 5/25 words maximum
State health department programs

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$250,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
519/1,000 words maximum

Purpose: To enhance local, state and national preparedness for an outbreak of Antibiotic-Resistant Gonorrhea in the United States

Proposed Activities:
1. Develop (in consultation with identified staff from CDC and partnering health departments) two day-long emergency response tabletop exercises for responding to a multi-state outbreak of antibiotic-resistant gonorrhea (one with a State HD, and another with a city or county HD). Use experience of table top exercises to inform the development of an electronic antibiotic resistant gonorrhea table top tool kit (see activity 4 below). Table top exercise should address at minimum the following topics:
a. Case follow-up, including development or use of test of cure protocols, identification of alternative treatment options, field investigation and partner services
b. Identification, preparation, and publicizing of local clinics where people can receive gonorrhea testing and culturing (as culture is necessary for antibiotic resistance testing); identification of steps necessary to build capacity for gonorrhea culture specimen collection; considerations of handling surge in persons accessing clinical services and undergoing testing
c. Building or expanding laboratory antibiotic susceptibility testing capacity or collaborating with the regional Antibiotic Resistance Laboratory Network (ARLN) lab and CDC on antibiotic susceptibility testing and molecular characterization
d. Identifying local jurisdiction communication needs; develop talking points, and protocols for engagement with local and national media, the public, provider networks; establishing communication channels/protocols, such as within and between states (as exercise scenario is a multi-state outbreak), and with CDC
e. Immediate or near-term considerations of modifications to local screening or treatment recommendations.
f. How STD and Infectious Disease programs can effectively integrate their GC response with their jurisdictions public health incident command system.
g. A participant evaluation.
2. Facilitate and cover all meeting related costs for both table top exercises, including: room and audio visual rental, and travel costs for non-local participants, including grantee staff, up to 20 CDC staff (10 per exercise), up to 6 ARLN staff (3 per exercise), facilitator and note taker costs, etc.
5. Write a summary document(s) based on experiences from each pilot table top exercise of identified response steps, exercise successes, challenges, and identified preparedness needs at both the local and national level.
4. Develop an easy to use and professionally formatted electronic Antibiotic Resistant Gonorrhea Table Top Exercise Tool Kit that can be used by city, county and state health departments across the country. In consultation with CDC, and based on experiences of both piloted table top exercises, this tool kit should include the following components: detailed description of local exercise preparation needs, guidance for facilitators, exercise materials that lay out agenda, objectives, ground rules, detailed scenario(s), scripts and data injects, participant roles, exercise steps and activities, templates for local summary report, evaluation, etc.

Expected Outputs: Development, implementation, and facilitation of two antibiotic-resistant gonorrhea tabletop exercise pilots with state health department(s); development of an antibiotic-resistant gonorrhea table-top tool kit for states to implement their own tabletop exercise; written documentation of identified response steps and further preparedness needs at the local, state, and national level.

Expected Outcomes: CDC, the ARLN network, and participating health departments will be more prepared to effectively respond to an outbreak of antibiotic resistant gonorrhea when it occurs.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

	☐ Increased capacity to evaluate laws and policies to affect health
	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☑ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☐ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 52/200 words maximum
	Applicant must have: 1) expertise in public health training and capacity building, 2) documented ability to collaborate with, and a reputation for excellent communication with partners (e.g. CDC, local city and state health departments), 3) prior experience participating in and ideally designing, facilitating, and evaluating a public health emergency tabletop exercise.
13	Applicant Program Experience:* 103/200 words maximum
	The applicant should have experience and documented ability: 1) providing specific public health program planning guidance, 2) designing and implementing training in public health clinical, surveillance, and laboratory services, ideally around HIV and STD, 3) knowledge of challenges faced by state health departments around public health issues likely to impact emergency rapid response activities, 4) knowledge of issues related to and ideally experience with implementing a public health tabletop exercise, 5) planning, implementing, monitoring, and evaluating public health programs (ideally STD related), 6) managing travel arrangements for a large group of meeting participants, 7) developing and professionally designed guidance documents and materials.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 43/200 words maximum
	It is expected that the applicant will collaborate with CDC throughout the project, and other subject matter experts as appropriate. The applicant is strongly encouraged to work with CDC on a peer-reviewed paper with findings from the primary project evaluation and outcomes.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 41/200 words maximum
	The recipient may consult with CDC to determine if a subcontract is necessary to complete the work. Criteria for identifying/selecting such subcontractors may include cost, timeliness of work, and quality of the products. CDC must approve of any selected subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 23/200 words maximum CDC and participating health departments will be more prepared to effectively respond to an outbreak of antibiotic resistant gonorrhea when it occurs.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 92/100 words maximum
	The majority of funds will be used on a) personnel or subcontractors to complete project deliverables, and b) to administer and cover all meeting related costs, including room and equipment rental, and travel expenses (transportation, hotel, per diem, etc.) for recipient/subcontractor personnel, CDC and ARLN staff to attend the pilot table top exercises with two identified city or state health department jurisdictions. Use of funds for other project-related purposes (e.g. equipment purchases) must be justified. The project will be scaled to match the actual funding amount available in consultation with CDC.
	CIO CERTIFICATION
18	

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Promoting Healthy People Awareness and Use at Local Health Departments

2 CIO:*
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3 Division, office, or unit:*
Office Of the Assistant Secretary For Health

4 CIO Point of Contact (POC) name(s):*
Theresa Devine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
theresa.devine@hhs.gov

CIO POC phone number(es):*
240-453-6112

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 10/25 words maximum
Local health department staff and their constituents and partners

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$150,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
728/1,000 words maximum

Purpose: The goal of this project is to increase awareness and use of Healthy People, including progress of Healthy People 2020 (HP2020) objectives and the development of Healthy People 2030 (HP2030), among local health departments. Furthermore, the goal of this project is for the Office of Disease Prevention and Health Promotion (ODPHP) to better understand how local health departments are using Healthy People, what would make the initiative more valuable to them, and how specific areas of technical assistance would be beneficial for local health departments. Healthy People is a national health promotion and disease prevention initiative that sets 10-year targets and measures progress over the decade. To see improvements in the health of Americans across the nation, we must partner with local health departments, the community they serve, and their partners. Through this project, ODPHP will work with a credible public health organization to bring HP2020 and HP2030 further into the local planning process where the Healthy People objectives and targets for improved health status must ultimately be addressed. This project will support stronger connections among local health departments and build the capacity of local health department staff to use the Healthy People initiative when developing community health assessments (CHA) and community health improvement plans (CHIP) and addressing the determinants of health.

Activities: Based on our Healthy People user study along with analysis we have conducted with past partners, we know that local health departments use Healthy People as a benchmark to measure local progress against national objectives and targets as well as in developing their CHAs and CHIPs.

Proposed activities under this project will provide local health departments with needed technical assistance to develop CHAs and CHIPs related to HP2020 and HP2030 topics, objectives, and targets. Activities will also focus on promoting the HP2020 social determinants of health (SDOH) framework to local health departments to address upstream factors of health in local public health activities. Activities under this project should focus on better integrating Healthy People objectives into accreditation and reaccreditation processes, including aligning PHAB population health outcome measures with Healthy People objectives. Additionally, ODPHP anticipates launching HP2030 in 2020. This project would get feedback from public health professionals on the structure and focus of Healthy People 2030 and disseminate and promote HP2030 to local public health departments. Activities may include developing resources, conducting webinars, creating research briefs, and identifying best practices that local health departments can use to implement HP2020 and prepare for the development of HP2030

Outputs: Through this project, ODPHP will work with the selected partner to integrate HP2020, HP2030, and leading health indicator (LHI) materials into new and existing communication and outreach efforts (e.g., listservs, news publications) with local health department staff across the country and develop new Healthy People materials for local health department staff. Outputs will focus on assessing how local health departments are using HP2020, promoting use of Healthy People objectives and targets in local community health planning processes, ensuring that local health department perspectives help to inform HP2030, and widely disseminating HP2030 to local health departments.

The work products developed through this agreement will address: the alignment of national health goals with local data collection capacity; navigation tools to fully explore and utilize healthypeople.gov resources and the Healthy People SDOH framework; identification and dissemination of model practices in planning and implementation that use HP2020 and HP2030; and feedback from the local health community on the development and proposed approach for Healthy People 2030.

Outcomes: This project will increase the uptake of HP2020, HP2030, and the LHIs by local health departments by evaluating current knowledge of the initiative, identifying challenges to its use and developing communication strategies to promote Healthy People, especially as part of the public health accreditation process. This project will also ensure that ODPHP engages local public health stakeholders in developing and measuring progress on the next set of Healthy People objectives. The findings from this project will inform the further development of HP2030 SDOH tools and resources to aid in awareness of SDOH as well as to provide evidence-based resources to address such determinants of health at the local level health department level. This project will also strengthen public health professionals' capacity to identify and prioritize public health needs, use national and state data to monitor public health issues, and communicate with partners and stakeholders across sectors using the Healthy People framework.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs

- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 126/200 words maximum

The successful partner will have strong partnerships and connections with all local health departments around the nation. The partner must also have capacity to conduct direct outreach and make meaningful contact with local health officials and other local health department staff and have a solid understanding of Healthy People and the social determinants of health framework. The partner will also have the capacity to successfully influence the target population to consider and critically evaluate the Healthy People initiative. The partner will also have the capacity to successfully develop and disseminate communication products and educational materials about Healthy People using existing outreach channels (e.g., listservs, news publications, social media). The successful partner will have the organizational capacity to be responsive to ODPHP in a timely manner.

13 Applicant Program Experience:* 107/200 words maximum

The successful partner will have extensive experience working with and promoting Healthy People products and materials as well as experience with developing and disseminating educational materials for the local health department audience. The partner must demonstrate experience working with local health department staff in providing technical assistance and capacity building related to public health planning and improvement activities. The partner should have experience promoting federal initiatives and evaluating the effectiveness of their promotional efforts. The partner should also have experience with integrating public health initiatives into existing public health tools and resources (e.g., website platforms) and maximizing their accessibility to local health professionals across the country.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 53/200 words maximum

As part of this project, the partner may collaborate with any public health organizations or institutions that also have a focus on public health planning and use of health promotion and disease prevention initiatives. The organization will collaborate with both local health departments and their partners, including faith-based organizations and non-profit hospitals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 8/200 words maximum

There is no expectation for subcontractual work.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 72/200 words maximum

The selected partner will work directly with local governmental public health agencies and their partners and stakeholders. Healthy People is used across local governmental public health agencies, and this project will ensure improved capacity related to identifying and prioritizing public health needs, as outlined by Healthy People, using data included in Healthy People to monitor public health issues, and working with partners and stakeholders to collaboratively respond to public health challenges.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 22/100 words maximum
	A final budget for this project should be approved by the Office of Disease Prevention and Health Promotion prior to implementation.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. DHHS/FY18 (Year 1)/PP/3

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Public Health Collaborative to Improve Cardiovascular Health Outcomes

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Michael Sells; Letitia Presley-Cantrell; Rebekah Buckley; Kaha...

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
znp1@cdc.gov; lrp0@cdc.gov; eut9@cdc.gov; wnq9@cdc.gov

CIO POC phone number(es):*
770.488.5465; 770-488-5177; 770-488-6215; 770-488-7474

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 19/25 words maximum
State Health Departments; State Health Officers staff working on cardiovascular health improvement through relevant CDC cooperative agreements

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$500,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
441/1,000 words maximum

Purpose: The purpose of this project is to improve the quality of care and cardiovascular health care outcomes around blood pressure control across state systems through the use of State Health Officers. The hypertension learning collaborative will bring together a comprehensive group of multi-sector stakeholders that include: state health departments, state health officials, Medicaid office, state employee health benefit administrator, administrators for largest health plans, major hospital and provider systems, health equity, QI team, state-level policy makers, regional leaders and community implementers to improve the quality of care and cardiovascular health care outcomes, especially blood pressure control. Expected outcomes for this activity include a webinar, state case study and final report.

States, tribes/tribal clinics and territories using a collaborative process will identify a target population and utilize a quality improvement process to: Develop performance measures to improve public health integration with primary care, as well as use of Health IT and team-based care to improve rates of blood pressure control among hypertensives; and identify barriers and strategies that the varying stakeholders can directly or indirectly implement to achieve hypertension control.

The applicant will produce effective, high-quality, scientifically accurate educational tools/resources for use in strengthening community-clinical linkages. The project should be scalable to multiple communities and support the goals of the Division for Heart Disease and Stroke Prevention (DHDSP).

Proposed Activities:

- Conduct virtual learning sessions and in-person meetings.
- Develop communication materials related to heart disease and stroke prevention, in particular hypertension control.
- Utilize existing tools and resources from DHDSP.
- Plan and participate in QI processes to improve quality of care and cardiovascular health outcomes.
- Organize and disseminate technical assistance materials, including strategies and materials for states and stakeholders to utilize.
- Convene comprehensive multi-sector stakeholders to enhance collaboration between public health and health systems.

Expected Outputs:

- Convene 2-3 virtual learning sessions and 2 in-person meetings.
- Develop podcasts/webinars related to heart disease and stroke prevention, in particular hypertension control.
- Develop one 5-7 page issue brief/journal article highlighting outcomes, success, challenges, and lessons learned.
- Develop presentations and progress reports at various intervals (initial kick-off call; in-person meetings; virtual meetings; evaluation data submissions; and final report)
- Sustainability plan.
- Recordings of all trainings/webinars.

Expected Outcomes:

- Increase implementation of strategies to prevent, detect, and control hypertension at a population level.
- Improved capacity of State Health Officer staff to address cardiovascular disease prevention and control among high burden populations.
- Improved capacity of State Health Officer staff as valued partners with health system organizations.
- Better understanding of how State Health Officer staff can play an important role in health system and population health improvement.
- Increased use of evidence-based strategies to prevent and control cardiovascular disease, especially high blood pressure and high blood cholesterol.
- Increased capability to use data to inform decision-making and support evidence-based practices and policies.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health

☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑ Improved operational capacity to evaluate, manage, and improve public health systems

☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

☑ Improved communication and information technology capacity to inform the public efficiently and effectively

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

☐ Increased capacity to evaluate laws and policies to affect health

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability of public health systems to achieve nationally established standards

☐ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

☐ Strengthened capability to systematically apply and use laws and policies to improve health

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 102/200 words maximum

Applicant should have proven experience and documented success engaging State Health Officers as they prioritize and address public health priorities in their respective jurisdictions. Applicant should have experience formulating and influencing sound public health practice and ensuring excellence in state-based public health practice activities. Applicant must have documented experience engaging relevant stakeholders, including state and local health agencies, healthcare providers, payers, community-based organizations, and territories.

Additionally, the applicant should have experience engaging stakeholders to gather and analyze relevant data; deploy quality improvement projects, including using PDSA cycles; and package lessons learned into dissemination packages/tool kits for broad dissemination to relevant stakeholders.

13 Applicant Program Experience:* 95/200 words maximum

Experience in quality improvement processes, collaborations, development of turn-key type tools for relevant stakeholders specifically engaged in this work. Experience working with programs focused on leadership such as health officials, payers, community health centers and national organizations that conduct preventive health work. Specifically, the applicant should have experience and expertise in public health systems change, quality improvement, facilitation and strategic planning, as well as specific content in hypertension prevention, detection, and control. Additionally, the applicant should have experience in the development and delivery of a community-based and evidence-based lifestyle program focusing on hypertension.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 57/200 words maximum

The project will require collaboration with experts in control of hypertension, health systems transformation, and population health improvement. This collaboration should focus on enhancing partnerships between clinical, public health, and community partners to create systems of care spanning clinical, community, and public health settings that identify individuals with hypertension and support them in achieving blood pressure control.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 72/200 words maximum

The project may require engagement of entities, via sub-contracts, with a significant, proven experience working with Health Centers. Additional expectations and criteria for selection may include significant engagement and collaboration with Health Center Control Networks and Federally Qualified Health Centers; the development of relevant tools and resources and providing technical assistance to FQHC HIT networks; translating findings and programmatic efforts into technical packages; and broadly disseminating these resources to relevant stakeholders.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 19/200 words maximum It will focus on enhancing state health officers programmatic capacity to address heart disease and stroke prevention.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/98

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/15 words maximum
Public Health Informatics Conference

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERV

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Nedra Garrett

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ngarrett@cdc.gov

CIO POC phone number(es):*
404.498.6446

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 9/25 words maximum
Local public health departments to lead conference coordination

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
292/1,000 words maximum

Purpose: To lead the planning, execution and management of the biennial Public Health Informatics which provides a forum for public health, healthcare, and information technology professionals to exchange experiences, ideas, and strategies about public health informatics.

Proposed Activities:
• Lead the planning, execution, and management of the Public Health Informatics Conference
• Develop and implement a project management plan including the selection of a hotel/conference site, conference management consultant and abstract management software in coordination with CDC staff
• Support the development of the conference program by working with the CDC and partners to convene a conference planning committee and work with the committee to develop themes, tracks, sessions and activities for the conference as well as the conference program media, e.g. digital agendas, smart phone app, booklets
• Work collaboratively with CDC and public health informatics partners in securing keynote speakers, invited speakers, and moderators
• Identify and secure training resources, sponsorships and coordinate auxiliary partner meetings in collaboration with planning committee and other partners
• Develop a communication and marketing plan to promote the conference through partner communication networks, social media and market training workshops to the public health and health IT communities
• Purchase conference abstract management service and work with planning committee (comprised of public health and other partners) in the review, sorting and mapping of conference abstracts
• Select, manage and monitor consultants regarding all conference logistics
• Create conference program book/guide

Expected Outputs:
• Program Planning Committee that representing public health, healthcare, academia, private sector representatives and other key stakeholders
• Conference planning committee calls
• Communications and marketing plan
• Agenda, plenary speakers, themes, tracks, sessions and moderators
• Conference management support
• Conference hotel
• Interoperability Showcase
• Speaker support
• Registration
• Post meeting evaluation

Expected Outcomes:
• A multi-stakeholder conference planning committee
• Successfully executed Public Health Informatics Conference with relevant and current sessions addressing the informatics needs of public health community
• Communications and marketing to a wide audience to promote the Conference
• Conference evaluation

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☐	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs
	☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☑	Improved communication and information technology capacity to inform the public efficiently and effectively

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 133/200 words maximum

• Background and understanding of public health informatics in order to offer quality education and networking among all levels of governmental public health providers, researchers, vendors and national public health and health care organizations to address public health informatics, information technology workforce capacity and infrastructure needs.
• Ability to provide national health IT expertise (independently or via partnership(s)) to provide training, technical assistance, tools and resources in the planning and evaluation of the conferences.
• Notable partnerships with public health informatics and public health communities (internal and external) in order to solicit proposals for keynote speakers, trainings and workshops that address topics covered under the conference themes and tracks.
• Ability to provide marketing, social media tools and resources to support the development and promotion of marketing materials in support of the conferences as well as post-conference evaluations.

13 Applicant Program Experience:* 74/200 words maximum

•Experience working on all aspects of large conference events especially planning, execution, and management of the CDC conferences. It's preferred that the applicant organization have the following:
• Previous experience of supporting past public health informatics conferences.
• Strong relationships with external partners in order to work collaboratively with the CDC, JPHIT and other national health IT partners to provide training and technical assistance, tools, and resources for future Public Health Informatics conferences.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 28/200 words maximum

The awardee must collaborate with CDC and other national organizations working on public health informatics such as AMIA, HIMSS, NAHDO, ASTHO, CSTE, APHL and others as needed.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum

Some sub-contractual work may be needed to provide conference support, execution, planning, management and coordination of different aspects of the Public Health Informatics Conference.

16 Will the proposed CBA benefit governmental public health agencies?* (•) Yes ( ) No

Briefly describe how. : * 43/200 words maximum

This project provides a venue for public health partners to convene and share best practices to support systems development and implementation, workforce development, development of health IT policies and adoption of standards to ultimately build capacities and capabilities of public health departments.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 16/100 words maximum

	Funds from the CDC cooperative agreement will be used to carry out conference support services.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. CSELS/FY18 (Year 1)/PP/4

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Public Health Law-Examining the Implementation of State Policy Interventions to Improve Pre-hospital Stroke Care

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*
Erika Fulmer

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
duj2@cdc.gov

CIO POC phone number(es):*
770-488-5334

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 27/25 words maximum
State Health Departments and partners: EMS organizations and networks, public health lawyers, public health professionals, and HD staff who develop, implement and evaluate policy interventions

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
809/1,000 words maximum

Purpose: The purpose of this comparative case study is to provide technical assistance to decision makers about effective strategies and potential challenges to implementing state policy interventions that require or otherwise encourage evidence-supported pre-hospital/Emergency Medical Service System (EMSS) activities related to stroke pre-notification, triage, transport, and transfer of patients to the most appropriate stroke facility. Many states with law addressing pre-hospital stroke care are not funded by the Coverdell program; likewise, many Coverdell states do not have pre-hospital stroke law. There is the opportunity in this study to expand the field's understanding of policy interventions in states using stroke-specific laws and regulations versus broad legal authorities.

Proposed Activities: In collaboration with CDC representatives and subject matter experts, the awardee will describe how state stroke policy interventions have been implemented in select (Coverdell and non-Coverdell) states that also have a statewide, tiered system for certifying/recognizing stroke facilities. Additionally, they will analyze near-term outcomes of stroke policy implementation (e.g., stroke recognition and time/access to appropriate stroke treatment).

Implementation of the case study will include developing one or more logic models depicting the theory of change driving state stroke policy interventions across the entire continuum of stroke care (i.e., primordial prevention, pre-hospital, in-hospital, and post-hospital stages). The models will include multiple policy interventions informed by guidelines for stroke care and recommendations developed by the American Heart Association (AHA), the American Stroke Association (ASA) and other relevant authorities on stroke care, as well as by previously completed DHDSP policy surveillance. The model(s) will include near-term outcomes of state policy interventions to improve pre-hospital/EMSS stroke care, based on outcomes identified in state stroke policy intervention evidence assessments previously completed by DHDSP. The CDC team will convene a group of subject matter experts (SMEs) to provide input on the logic model(s) and help inform the selection of case study states. SMEs will include the DHDSP Coverdell team and experts from AHA/ASA, the Brain Attack Coalition, and other national and/or state organizations.

As part of a subsequent data collection activity, the awardee will develop a case study methodology to collect, analyze, and report information on implementation and near-term effects of specific state pre-hospital/EMSS stroke policy interventions in no less than three but no more than six case study states. CDC will provide feedback on this method and obtain OMB clearance for the data collection plan. Information, to be captured via telephone key informant interviews, will include: (i) state pre-hospital/EMSS policy interventions and system characteristics; (ii) specific strategies for state stroke policy implementation, including strategies for increasing enforcement/compliance/participation; (iii) common barriers and facilitators experienced at multiple levels by those involved with implementing state stroke policy interventions; (iv) types of costs and resources required for policy implementation; and (v) any outcomes/unintended consequences of policy implementation observed to date. The interviews may also collect information on stroke rehabilitation facilities and standards in the state; available reimbursement mechanisms for stroke care; other closely related stroke system quality improvement initiatives; and stroke education efforts targeting the public, providers, caregivers, and patients.

Selection criteria for data collection will include: (a) Implementation of state stroke policy interventions including stroke-specific legislation and/or regulation and/or statewide stroke system quality improvement programs that address pre-hospital/EMSS interventions for stroke; (b) implementation of a statewide certification/recognition system for stroke treatment facilities. CDC policy surveillance and other data will be used to identify a subset of possible study states. Other selection criteria may include: rural-urban continuum; centralization of EMSS and hospital care; region of the U.S.; availability of stroke registry and/or other outcome data; and other criteria to be determined by awardee. The awardee will also develop interview guide(s) based on the logic model(s) and, working in coordination with CDC, will identify and select up to 48 individuals from state health departments and their delegates to participate in semi-structured 90 minute key informant telephone interviews. The awardee will schedule, conduct, transcribe, and analyze the findings of the interviews. Additionally, they will develop a plan for collecting and summarizing extant documents (e.g., EMS plans and protocol) to describe how state pre-hospital stroke policy interventions are implemented by stroke systems of care The awardee will develop a narrative and lessons learned for each case study state, highlighting and comparing the timeline, key actors, and facilitators and challenges involved in implementation as well as the near-term outcomes achieved within case study states. This information will be included in a summary report that also discusses aggregate contextual issues affecting implementation.

Expected Outputs: Project outputs will include logic model(s) with potential evaluation measures and data sources for studying policy intervention impact, case study methodology plan, state selection criteria, key informant list, interview guide(s), a plan for collecting and summarizing extant documents, and a summary report.

Expected Outcomes: Increased understanding and capacity by state public health agencies and Coverdell program coordinators to identify and implement pre-hospital/EMSS policy intervention strategies to improve stroke care.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☐	

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 16/200 words maximum

Applicant should have the capacity to lend expertise and assistance to projects guided by DHDSP.

13 Applicant Program Experience:* 43/200 words maximum

Applicant should have experience in the following areas:

- Collecting, analyzing and summarizing qualitative and quantitative data
- Conducting policy intervention research on relevant health promotion topics
- Planning and developing public health policy intervention training through means such as classroom, webinar, self-study, and online courses

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 18/200 words maximum

Applicant will work collaboratively with CDC subject matter experts, EMSS organizations and networks, health officials and researchers.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 129/200 words maximum

Subcontracted work, to extend throughout the funding period, will involve identifying potential states for inclusion in the study based on pre-hospital stroke systems of care-related factors, reviewing state background information, developing logic models and interview guides, conducting key informant interviews with relevant decision makers, analyzing collected information, and disseminating study findings through topic appropriate conferences and venues.

Recommended criteria for selecting subcontractors include program experience and capacity as defined below.

Subcontractors shall have extensive experience in the following areas:

- Describing state policy interventions and related organizational structures relevant to pre-hospital stroke systems of care
- Studying state stroke policy intervention implementation including regulation and certification
- Working with relevant authorities on stroke care

Subcontractors should be recognized stroke systems of care subject matter experts, ideally serving in public health leadership roles related to this work.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 22/200 words maximum

State public health agencies will have increased understanding and capacity for implementing EMSS policy intervention strategies to improve pre-hospital stroke care.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 12/100 words maximum

Awardee shall use funds to achieve intended outcomes of project activities.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/10/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/10

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Reducing Disparities in Breastfeeding through Continuity of Care

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*
Linda Barnes; Diane Roberts Ayers; Carol MacGowan; Paulett...

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
lit2@cdc.gov; ish0@cdc.gov;dvx2@cdc.gov; pem1@cdc.gov

CIO POC phone number(es):*
404-867-9697; 770-488-5433; 770-488-5626; 770-488-5849

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$600,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
310/1,000 words maximum

Purpose:
The purpose of this project is to continue building community organizations to implement peer and professional support projects; provision of technical assistance using both collaborative and individual approach models; and a nationally available webinar series used to share success stories, provide lessons on leveraging resources, and address disparities in access to support. This work should include collaborating with appropriate public health partners in order to increase communication, coordinate efforts, and develop a plan to address breastfeeding support through public health organizations. This project will build on lessons learned and continue to focus on reducing disparities in breastfeeding by implementing activities to provide breastfeeding support by lactation support providers and community organizations.

Proposed Activities:
The recipient will focus on three or more of the following:
• Provide technical assistance to state and local health departments and community based organizations receiving DNPAO program funds to increase continuity of care/community support for breastfeeding and address racial disparities.
•Develop a replicable model to assist community health centers to become breastfeeding friendly, by embedding support for breastfeeding.
• Work with the multisectoral national breastfeeding committee comprised of representatives from relevant health professional associations, government departments, and non-governmental organizations that coordinate national breastfeeding activities to develop a model for continuity of care/community support for breastfeeding especially for the first 3 weeks postpartum including promising practices; and to ensure that this work is coordinated and not duplicative.
• Work with cultural breastfeeding coalitions focused on health equity.
• Maintain infrastructure of a partnership of national organizations vested in public health breastfeeding.
• The intention is to pilot a model that will be developed in Year 1 that will be funded starting in Year 2.

Expected Outputs:
A replicable model for community health centers to become breastfeeding friendly
Provision of technical assistance to state and local health departments and community based organizations
A model/blueprint for breastfeeding continuity of care and community support

Expected Outcomes:
Increased community support for breastfeeding.
Decreased breastfeeding disparities

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☐	Improved operational capacity to evaluate, manage, and improve public health systems
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
☐	Improved communication and information technology capacity to inform the public efficiently and effectively
☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
☐	Increased capacity to evaluate laws and policies to affect health
☑	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 158/200 words maximum

The applicant should have the organizational capacity to work with the approximately 3,000 local health departments throughout the nation.
Demonstrate the ability to successfully execute the strategies and meet project outcomes by addressing the following:
Adequate program management/staffing to undertake such a local level focused national program
Adequate infrastructure to engage with local health departments, community health centers and national organizations in order to build capacity to develop and implement continuity of care models/blueprints
Workforce capacity and competency in community health, specifically in maternal and child health, health equity, partnerships and lactation
Knowledge, understanding and commitment to maternal and child health issues at the community level
Relative skill sets or demonstrated ability to access expertise in breastfeeding
Expertise, data systems, and electronic and communication systems to implement the award
Capability to manage the required procurement efforts, including the ability to write and award subcontracts
Capability to engage and provide leadership to a broad base of national partners to advance public health breastfeeding

13 Applicant Program Experience:* 111/200 words maximum

• Experience and expertise in providing public health capacity building assistance (CBA) at the city and county level.
• Significant experience in partnering with local city and county public health departments to reach community based organizations that serve families and can be engaged to provide breastfeeding support
• Experience in using population-based data to define and identify target communities
• Experience in working in maternal and child health at the community level
• Experience in reaching and providing CBA to community based organizations
• Experience in facilitation of community to community mentoring, and peer exchange of best practices and tools.
• Experience in implementing programs that address health equity
• Experience in engaging a broad base of national partners to advance public health breastfeeding

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 121/200 words maximum

• It is expected that the grantee will partner with city and county public health departments, community based organizations and FQHC in target communities that provide breastfeeding support to women to develop continuity of care promising practices
• It is expected that the grantee will partner with the multisectoral national breastfeeding committee
• It is expected that the grantee will partner with a national organization focused on breastfeeding disparities
• It is expected that the grantee will collaborate with state and/or local cultural breastfeeding coalitions in target communities
• It is expected that the grantee will work with a cadre of national partners addressing public health breastfeeding
• It is expected that the grantee will form a networking collaborative of state and local health departments addressing continuity of care

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 40/200 words maximum

• There may be subcontracts with community based organizations. Target communities should have a population that is at least 50% African American.
• There may be subcontracting with multisectoral national breastfeeding committee
• There may be subcontracting with a national breastfeeding organization focused on health equity

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 29/200 words maximum

This project will benefit local health departments' capacity to implement peer and professional breastfeeding support projects and provide technical assistance using both collaborative and individual approach models.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 91/100 words maximum
	The grantee may use funds for staff and/or contractors with subject matter expertise. Funds may be used to collaborate with and obtain technical assistance from the multisectoral national breastfeeding committee and/or other specific technical assistance providers on developing partnerships, capacity building for local coalitions, appropriate community-level strategies, and national dissemination of practices implemented and lessons learned. Funds can be used for sub-contracts to community based organizations (public, private, non-profit, and/or faith-based). Funds should be used to evaluate activities, assess reach of community based breastfeeding support, report lessons learned, and create success stories.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/71

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
State Environmental Health Directors Peer Network – Supporting Capacity Building and Collaboration

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Hope Roobol

CIO POC email address(es):*
hroobol@cdc.gov

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*
770.488.0584

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 10/25 words maximum
State health departments with an emphasis on environmental health

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$370,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
532/1,000 words maximum

Purpose/Goals/Expected Outcomes:
• To increase the capacity of the State Environmental Health Directors (SEHD) to address existing and emerging environmental health. To provide information, advice, and oversight to current efforts to strengthen state, territorial and tribal environmental health programs.
• To promote collaboration among state, territorial and tribal health agencies and enable a comprehensive and integrated approach to environmental health.
• To increase cross sector coordination with other associations and organizations serving environmental professionals, such as the Environmental Council of States (ECOS), the Association of State Drinking Water Association (ASDWA), National Rural Water Association (NRWA) and others.
Proposed Activities/Outputs:
1. Send bi-weekly environmental health bulletin to SEHD.
2. Provide an SEHD mentorship program to have SEHDs learn about programmatic best practices in different environmental health areas.
3. Host SEHD monthly calls, SEHD Steering Committee monthly calls, and various SEHD work group calls throughout the year.
4. Host coordination calls for state tribal liaisons and insular area EH leaders
5. Respond to current and emerging environmental health issues by providing technical assistance to state, tribal and territorial/insular area EH leaders
6. Participation in affiliate, network and other stakeholder groups' discussions on environmental health policy
7. Develop and disseminate issue briefs, fact sheets to S/T health agencies on current and emerging environmental health and policy trends by email and web.
8. Coordination and facilitation of NCEH/ATSDR and other organization supporting EH professionals across sectors to be better connected in order to better serve SEHDS.
9. Host annual SEHD meeting including:
• Manage all activities related to the meeting program content (e.g., objectives, topics, attendees, session design, workshops, special exhibits, speaker's fees, agenda composition, and printing).
• Manage all promotional activities (e.g., title, logo, announcements, mailers, press, etc.) Note: Use of CDC/ATSDR and HHS logos require additional review and approval.
• Manage all registration processes with participants, invitees, and registrants (e.g., travel, reservations, correspondence, meeting materials and handouts, badges, registration procedures, etc.)
• Plan, negotiate, and manage meeting site arrangements, in collaboration within CDC including all audio-visual needs.
• Develop an assessment plan that will determine benefits of meeting attendance by participants.
• Describe how the meeting will be evaluated, including test instruments or other tools that will be used to determine whether or how participants benefited from attending the meeting, as well as what will be evaluated.

Expected Outputs:
• At least 10 SEHD-wide conference calls per year
• Quarterly conference calls for each HHS region
• At least 24 newsletters per year
• Support of at least one SEHD-Driven sub-committee
• Develop at least 4 resources/tools such as issue briefs, fact sheets, webinars, just-in time trainings or other resources, developed in response to an identified need/gap of the SEHDs
• Established relationships between NCEH/ATSDR and other associations serving EH professionals
• Provide monthly summary and/or conference call to provide NCEH/ATSDR Staff updates on SEHD activities and hot topics
• Host an annual in-person meeting of the SEHDs, and an in-person steering committee meeting.
• Included EH –related information and connect in SHO orientation materials
• Host at least 2 calls to cover the state tribal liaisons activities
• Host at least one conference call per quarterly for insular area/territorial EH professionals
• Develop one evaluation report to cover SEHD satisfaction and the general impact of the SEHD network
• Engage at least 40 SEHDs to participate in and maintain an SEHD peer group

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

☑	Improved operational capacity to evaluate, manage, and improve public health systems

- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 143/200 words maximum

Applicant organizations must demonstrate sufficient capability and capacity to carry out activities proposed. The applicant organization must have the capacity to effectively and efficiently collaborate with state and territorial environmental health directors and other state level public health staff. This project requires a significant level of staff time and diligence to ensure constant communication with the SEHD group. The applicant organization should possess the capacity to facilitate discussions in a collaborative environment or workgroup, motive and engagement state EH director participating on a peer group and carry out the annual work plan. The organization must implement work activities and meet specified objectives with defined deliverables in a time-oriented manner as identified in the work plan.

Additionally, applicants should provide evidence of past success in organizing, managing, and implementing meetings of state and territorial environmental health professionals, particularly meetings of similar size and scope.

13 Applicant Program Experience:* 113/200 words maximum

The applicant must have experience organizing collaborative work with state/territorial environmental health directors and other state level public health staff. The applicant should have staff that are knowledgeable of environmental health principles. Experience coordinating workgroups and projects is essential. Additionally, applicants must demonstrate expertise in helping state and territorial public health agencies build capacity to respond to environmental public health challenges, and must serve environmental health directors in state and/or territorial public health agencies. Applicant organizations must also have effective working relationships with relevant NGO and federal partners. Additionally, applicant must demonstrate past experience support state EH directors and have established mechanism to communicate and coordinate with state EH directors.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 55/200 words maximum

Applicants are expected to collaborate with CDC, other cross-sector associations which support EH professionals at the state level such as ECOS, NRWA and ASDWA, Native American Water Association, state tribal liaisons, and other organizations to carry out proposed activities. CDC may also seek collaboration among funded partners to foster information sharing and strategic planning.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum

Subcontracting may be used. If directed by CDC, the applicant will be expected to work with subcontractors as necessary to achieve the goals/outcomes of the project. Selecting the subcontractors will occur in consultation with CDC.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 49/200 words maximum

	The grantee will be expected to develop resources and tools such as issue briefs, fact sheets, webinars, just-in time trainings or other resources to meet critical needs for state environmental health directors. These tools and resouces can be used by state environmental health directors throughout the country.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 84/100 words maximum
	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. Applicants must provide an itemized budget with the following headers: • Salaries and wages • Fringe benefits • Consultant costs • Equipment • Supplies • Travel – Specify the number and organizational affiliations of all meeting participants the applicant organization intends to travel to the meeting • Other categories • Direct costs • Contractual costs
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 07/16/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/30

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/15 words maximum
State Public Health Policy Capacity Building

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY

3 Division, office, or unit:*
Policy Research, Analysis, And Development Office

4 CIO Point of Contact (POC) name(s):*
Scott Miller; Jim Kucik;

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ajq1@cdc.gov; ezk9@cdc.gov

CIO POC phone number(es):*
404.639.5948; 404.639.7827

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 18/25 words maximum
State and territorial governmental public health professionals interested in building capacity to address public health issues.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$509,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
959/1,000 words maximum

Overall Purpose:
This proposal will help build state capacity to understand and use evidenced-based public health interventions to improve population health through leveraging health policy and strategies that integrate public health, health care, and social services. This will be accomplished through two distinct tasks:
1) State Health Policy Academy
2) Accountable Health Communities

Task 1 title: State Health Policy Academy
Description:
The Policy Research, Analysis, and Development Office (PRADO) in the Office of the Associate Director for Policy at CDC improves population health by supporting capacity building to inform policymakers and public health practitioners. PRADO proposes to collaborate with a partner organization to build on the existing CDC Policy Academy to offer this unique professional development curriculum to state health departments and other government staff at the state level.

The State Health Policy Academy would be modeled after the CDC Policy Academy, a rigorously-developed training program in its fourth year. The blended learning curriculum, consisting of classroom instruction, a mentored health policy research project, web-based training, and outside reading will enable participants to develop policy options to improve and evaluate the potential impact of policy on the public's health at the state level. The focus on policy analysis strengthens participants' skills to identify and analyze policy issues related to public health priorities.

General activities for this project:
• Identify overarching objectives for the Academy professional development program and create a robust and challenging learning structure for participants in order to enhance their ability to apply policy in public health
Some specific activities may include:
• Develop and deliver a course curriculum

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☑ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 39/200 words maximum

The selected organization must have standing as a national organization with an extensive network throughout the US capable of working with state governmental public health and non-governmental organizations in addition to local, territorial and tribal health departments.

13 Applicant Program Experience:* 32/200 words maximum

The selected organization must have broad experience working in rural communities and conducting research to understand successful strategies, frameworks, resources, needs, challenges, gaps, and opportunities with respect to rural health.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 32/200 words maximum

It is CDC's expectation that applicants will have the reach, relationships, capacities, and competencies listed above. If the applicant does not have these, CDC expects the applicant to subcontract appropriately.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 34/200 words maximum This proposed project will enhance state's ability to address two priority areas: building capacity for evidence-based state health policy and identifying best practices to align public health, health care, and social services.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. OADP/FY18 (Year 1)/PP/2

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/15 words maximum
State-Level Linkages Between Chronic Disease and Tobacco Control: Supporting Communication Coordination and Collaboration

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Office On Smoking And Health

4 CIO Point of Contact (POC) name(s):*
Jennifer Tucker; Pam Cox

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
jrt5@cdc.gov; pkc2@cdc.gov

CIO POC phone number(es):*
770-488-6454; 770-488-7885

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 8/25 words maximum
State chronic disease programs and their leadership

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
498/1,000 words maximum

Purpose:
Tobacco use remains the leading preventable cause of death and disease in the United States. Each year, approximately 480,000 people die from smoking or exposure to secondhand smoke (SHS) and another 16 million suffer from serious smoking-related illnesses. For every person who dies from smoking or exposure to SHS, 30 more people suffer with at least one serious smoking-related illness. Moreover, annual costs associated with tobacco-related illness amount to nearly $300 billion in medical expenses and lost productivity. Cigarette smoking causes numerous types of cancer, respiratory and cardiovascular diseases, diabetes, eye disease, complications to pregnancy and reproduction, and comprises the immune system. The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products; rapid elimination of their use will dramatically reduce this burden. If current trends continue, the national Healthy People 2020 objective to reduce cigarette smoking prevalence to 12% will not be met.
The goals of OSH and the National Tobacco Prevention and Control Program (NTCP) are to use evidence-based policies, interventions and systems changes to: prevent initiation, eliminate secondhand smoke exposure, promote cessation, and identify and eliminate tobacco-related disparities. Essential elements of this approach include: state-based, community-based, and health system-based interventions; cessation services; counter-marketing; program development and implementation; research; surveillance; and evaluation. Tese activities target groups that are at highest risk for tobacco-related health problems. OSH accomplishes these goals by expanding the science base of tobacco control; building capacity to conduct tobacco control programs; communicating information to constituents and the public; and facilitating concerted action with and among partners.
The awardee will support strategic communication, coordination, and collaboration between state tobacco control and chronic disease efforts to improve the identification, development, and implementation of evidence-based tobacco prevention and control interventions and policies. In addition, the awardee should place emphasis on states where tobacco control and chronic disease programs are in different organization sections of the health department or different state agencies, as well as opportunities related improving health outcomes in rural communities within states.

Proposed Activities:
Awardee with identify appropriate activities that support and enhance state chronic disease leadership's awareness of strategies to enhance communication, coordination, and collaboration between state tobacco control and chronic disease efforts.

Expected Outputs:
Increased awareness and understanding among state chronic disease programs of how to better communicate, coordinate, and collaborate between chronic disease prevention activities and tobacco control and prevention activities at the state level.
Provide best practices to states on successful programmatic activities and structures that can integrate tobacco prevention activities across multiple chronic disease programs.

Expected Outcomes:
Increased awareness and understanding among state chronic disease programs and partners of how to better communicate, coordinate, and collaborate between chronic disease and tobacco control programs at the state level. Increase ability to communicate with stakeholders and partners about the role of tobacco prevention in reducing chronic conditions at the population level.
Implementation of strategies that support communication, coordination, and collaboration between chronic disease and tobacco control programs within state chronic disease programs and state partner organizations.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 24/200 words maximum

Awardee must have capacity to communicate and provice training and technical assistance to state chronic disease leadership on a regular and routine basis.

13 Applicant Program Experience:* 36/200 words maximum

Awardee must demonstrate experience working with state chronic disease programs and leadership. The awardee must also demonstrate the ability to communicate, develop resources, and provide trainings and technical assistance to and for this audience.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 38/200 words maximum

Required to collaborate with funded and non-funded NTCP partners with respect to their role in implementing and evaluating evidence-based interventions and strategies.

Collaboration with partners includes engaging them, as appropriate, in capacity-building in training, technical assistance, and consultation.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 36/200 words maximum

State government agencies (most likely state health departments) will receive assistance to build their awareness and understanding of strategies to better communicate, coordinate, and collaborate between tobacco control and chronic disease efforts in a state.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/42

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 9/15 words maximum Stregthening Local Health Department Capacity to Address Cardiovascular Disease Prevention		
2	CIO:* NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH	3	Division, office, or unit:* Division For Heart Disease And Stroke Prevention
4	CIO Point of Contact (POC) name(s):* Letitia Presley-Cantrell; Camillia Easley; Kaha Ahmed; Rebeka... Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC email address(es):* lrp0@cdc.gov; hwq5@cdc.gov; wnq9@cdc.gov; eut9@cdc.gov CIO POC phone number(es):* 770-488-5177; 770-488-4140; 770-488-7474; 770-488-6215
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*	Category A	
6	Description of the Target Population:* 11/25 words maximum Local health department leaders and staff, and local gov't officials.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $250,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 43/1,000 words maximum
	The purpose of this project is to support local health departments in engaging in efforts to address the burden of cardiovascular disease via local awareness projects and activities, including World Heart Day, collaborations with local government leaders, and other community-based awareness efforts.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 44/200 words maximum

The applicant should have a national presence for representing city, county, and/or local health departments and ensure they have the capacity, resources, and support needed to identify, convene, and engage large cities/communities that are actively undertaking broad awareness activities to address cardiovascular disease.

13 Applicant Program Experience:* 73/200 words maximum

The applicant should provide documented evidence of its organizational capacity and infrastructure to perform the proposed activities including:

-Engaging in efforts to address the burden of cardiovascular disease via local awareness projects and activities, including World Heart Day
-Collaborations with local government leaders, local health department leadership and staff to implement community-based awareness efforts, specifically focused on cardiovascular disease
-Educating and engaging community leaders in evidence-based interventions designed to prevent, detect, and control hypertension.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 49/200 words maximum

The applicant should provide documented experience of its work to enhance local health departments' capacity to expand and disseminate effective chronic disease prevention activities, specifically those related to addressing cardiovascular disease. Additionally, the applicant must provide documented evidence of prior collaborations with national organizations specifically addressing cardiovascular disease.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 37/200 words maximum It will focus on enhancing local health departments' programmatic capacity to address the burden of chronic disease, specifically through cardiovascular disease focused engagements with local gov't leaders and national organizations to enhance awareness of CVD burden.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/100

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 6/15 words maximum Strengthening Disability Inclusion in Local Health Departments		
2	CIO:* NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABI	3	Division, office, or unit:* Division Of Human Development And Disability
4	CIO Point of Contact (POC) name(s):* Lisa Sinclair MPH		CIO POC email address(es):* lvs4@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 404.498.3019
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 13/25 words maximum Local health departments and their inclusion of disabilities in health promotion efforts.		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $150,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 145/1,000 words maximum
	Purpose: Support the inclusion of disability in local health departments. Proposed Activities: (1) Provide technical assistance to local health departments to support practices that include people with disabilities in health promotion efforts; (2) Develop, identify and disseminate, through various venues, information to local health departments about disability data, programs and policies; and (3) Provide a student fellowship program and other learning opportunities focused on supporting the inclusion of people with disabilities in public health efforts. Expected Outputs: (1) Disability inclusion information and technical assistance provided as requested from local health departments; (2) Disability communication materials disseminated; and (3) Disability and public health competencies achieved among fellows. Expected Outcomes: (1) Enhanced inclusion of people with disabilities within Local Health Departments; (2) Enhanced use of disability and health information across local health departments; and (3) Implementation of disability and health knowledge and skills among fellows, beyond their fellowship.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 33/200 words maximum

Recipient Organizational Capacity (200 word limit):* The recipient organization must have the capacity to: conduct outreach to Local Health Departments, implement a fellowship program, and support IT, health communication and online training.

13 Applicant Program Experience:* 29/200 words maximum

The recipient program must have experience with providng technical assistance to local health departments; developing and maintaining disability-related resources and tools for local health departments; and hosting fellows.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 9/200 words maximum

Awardee will consult with CDC staff as needed.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 42/200 words maximum

	It is expected that the awardee will subcontract for expertise and services that are not provided within the organization. It is recommended that the awardee solicits a minimum of three bids, and then selects the bid that best fits the project.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 30/200 words maximum Local Health Departments receiving technical assistance under this award will improve their capacity to provide services and programs to a broader population that is inclusive of people with disabilities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 21/100 words maximum Maintain a disability technical assistance and fellowship program; as well as develop and maintain informational materials for local health departments.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/18/2018 You will be directed to a confirmation screen upon successful save or submission. NCBDDD/FY18 (Year 1)/PP/12

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
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Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Strengthening Legionnaires' disease diagnosis, surveillance, response, and prevention

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Division of Bacterial Diseases

4 CIO Point of Contact (POC) name(s):*
Laura Cooley

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
whz3@cdc.gov

CIO POC phone number(es):*
404-639-2096

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 28/25 words maximum
State health officials representing public health programs (epidemiology, environmental health, etc.) responsible for overseeing or collaborating with staff who coordinate Legionnaires' disease diagnosis, surveillance, response, and prevention activities

PROJECT FUNDING
OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$400,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
464/1,000 words maximum

Purpose:
Legionnaires' disease is a severe respiratory illness caused by breathing in aerosolized water containing *Legionella* bacteria. *Legionella*-related outbreaks accounted for almost 60% of reported potable water outbreaks and for all of the deaths related to potable water outbreaks in the United States during 2013-2014. The number of reported Legionnaires' disease cases has increased 4.5 times since 2000, and cases occur throughout the United States. The reason for this increase is unknown but is likely multifactorial. Based on the association of *Legionella* with water in built environments, the most effective strategy for preventing Legionnaires' disease is controlling *Legionella* in water systems in buildings. This strategy is executed via implementation of effective water management programs (WMPs), particularly in buildings with large, complex plumbing systems at increased risk for *Legionella* growth and transmission. However, health departments may not have the environmental expertise or resources to provide WMP guidance. Furthermore, the end users for WMP guidance, such as building managers, owners, and administrators, are not traditional public health partners. It is essential that public health staff develop creative and collaborative avenues for engaging these end users.
In addition to strengthening Legionnaires' disease prevention efforts, strengthening diagnosis, surveillance, and response activities at state and local health departments should help to reduce the U.S. burden of Legionnaires' disease over time.

The CDC *Legionella* team's mission is to reduce the burden of Legionniares' disease through improved diagnosis, surveillance, response, and prevention. Each of these activities depends on increased awareness of existing guidance and uptake of WMPs, which requires on-going, robust, and multi-sector stakeholder engagement. The purpose of this project is to reduce the burden of Legionnaires' disease over time by leveraging partners and stakeholders.

Proposed Activities: Work with CDC subject matter experts to:
1. Identify, understand, and address barriers, challenges, and gaps in WMP implementation
   a. Share available tools and resources
   b. Brainstorm need for new targeted educational resources and guidance documents
   c. Create and distribute new tools and resources, as indicated
2. Improve access to Legionnaires' disease surveillance, response, and prevention resources
   a. Share available tools and resources
   b. Brainstorm need for new targeted educational resources and guidance documents
   c. Create and distribute new tools and resources, as indicated
3. Strengthen guidance on Legionnaires' disease diagnostic testing practices
   a. Share available tools and resources
   b. Brainstorm need for new targeted educational resources and guidance documents
   c. Create and distribute new tools and resources, as indicated

Expected Outputs:
New educational resources and guidance documents, as indicated (e.g., webinars, fact sheets, toolkits, templates, slide sets, conference presentations, speakers' bureau, trainings, reports, collaborative networks)

Expected Outcomes:
- Distribution of new educational resources and guidance documents
- Increased uptake of WMPs
- Improved completeness and quality of Legionnaires' disease case and outbreak surveillance
- Improved capacity to detect and respond to Legionnaires' disease outbreaks
- Increased adherence to recommended Legionnaires' disease diagnostic testing practices
- Reduced number of Legionnaires' disease cases; reduced number and size of Legionnaires' disease outbreaks

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☐	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs
	☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance

- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 26/200 words maximum

Capacity to identify and engage appropriate stakeholders within state and/or local jurisdictions to develop and implement strategies to strengthen diagnosis, surveillance, response, and prevention activities

13 Applicant Program Experience:* 98/200 words maximum

The recipient will be a vital link and information conduit between state/local agencies and federal agencies to develop educational resources and guidance documents to reduce the burden of Legionnaires' disease. The recipient should be in a position to:
• Support state and/or local public and environmental health activities
• Facilitate discussion and input from a broad range of stakeholders
• Engage appropriate public health policy and regulatory authorities as necessary
• Seek subject matter expertise and input from partners in private industry (e.g., building owners and managers, water and environmental health professionals, private laboratories, chemical and equipment suppliers)
• Work collaboratively with CDC subject matter experts

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 78/200 words maximum

The recipient is expected to collaborate with state and/or local staff who coordinate Legionnaires' disease diagnosis, surveillance, response, and prevention activities; state and/or local public and environmental health organizations, and relevant public health policy and regulatory authorities. The recipient is expected to participate in regular meetings or calls with CDC staff to collaborate on the project and provide updates on progress and status. All aspects of the project will be conducted in collaboration with CDC subject matter experts.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 24/200 words maximum

Awardee may engage subcontractors to supplement its expertise when necessary to assist with issues related to areas such as water management program implementation.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 25/200 words maximum

• Improved reach of existing and newly developed materials
• Production and distribution of new educational resources and guidance documents
• Increased local capacity to prevent and respond to outbreaks

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 65/100 words maximum

	Funds should be used for the following categories as appropriate: Personnel (salaries and benefits), equipment, supplies, travel, contractual, and other. Applicant should provide detailed budget on how it plans to use funds including number of proposed staff, percent of salary and benefits covered, specific equipment or supplies needed, and expected number and nature of trips. Additional reporting requirements will be determined after award is made.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/27/2018 You will be directed to a confirmation screen upon successful save or submission. NCIRD/FY18 (Year 1)/PP/8

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Strengthening State Public Health Systems to Prevent HAIs and Control Emerging Antibiotic Resistant Infections

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISE

3 Division, office, or unit:*
Division Of Healthcare Quality Promotion

4 CIO Point of Contact (POC) name(s):*
Elizabeth Mothershed, Jeremy Goodman, Charles Denard

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ekm9@cdc.gov; jgoodman@cdc.gov; cdenard@cdc.gov

CIO POC phone number(es):*
404-639-4780; 404-639-3325; 404-718-4555

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 13/25 words maximum
state health agencies; state health officials; state medical officers; state health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$250,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
488/1,000 words maximum

There is a critical need for comprehensive programs to address healthcare-associated infections (HAI) and antimicrobial resistance (AMR). State health agencies serve as a bridge between healthcare organizations and the community protecting patients across the healthcare system. It is important that health agencies have appropriate capacity to comprehensively address and monitor HAI and AMR.
The partner organization will work in collaboration with CDC to improve the performance of state health agencies in preventing healthcare associated infections (HAI), including those caused by antibiotic resistant (AR) organisms. The organization will work to enhance understanding, education of state health officials, senior health agency staff, national partners, policymakers, and other stakeholders on the positions and perspectives of state health agencies regarding HAI/AR prevention priorities. The organization will work to promote the critical relationship between state health department and laboratories, promote standards and best practices for HAI/AR outbreak response and HAI/AR prevention by determining needs across stakeholders and partners, enhancing communications strategies among these stakeholders, and identifying and sharing best practices and policy solutions.
The partner organization will work to enhance the state health agency role in addressing HAI and AMR issues. Benefits include more efficient responses to this growing public health threat and a greater role for health agencies in improving patient safety and outcomes.

Objective 1: Promote HAI/AR prevention priorities the state and national levels to educate state agency leaders and raise awareness through effective communications strategies, and through elucidating policy and program levers that support state use of HAI/AR data for action and enhance prevention initiatives.

Activity 1 – The partner organization will promote and disseminate HAI/AR and infection control guidance and education materials, and amplify messaging on the importance of preventing HAIs and combatting AR with state health officials and other state and public health leaders, including CDC's public education efforts around containing and preventing HAI/AR infections, improving antibiotic use, and early recognition of sepsis.

Activity 2 - The partner organization will co-lead the Council for Outbreak Response: HAI and Antibiotic Resistance (CORHA)to improve healthcare outbreak response. The council would provide leadership, unite energies and align messages, determine priorities for states, and promote guidelines and technical assistance. This work will support and enhance state health agency roles in addressing healthcare infectious control issues.

Objective 2 – Build capacity for state health agencies to address current HAI/AR priorities by sharing effective policies and strategies for detecting and containing emerging AR threats, preventing HAI/AR infections and controlling outbreaks, and improving antibiotic use.

Activity 1: Provide in-person, in-depth training to a select number of state HAI/AR program directors that CDC has identified as priority state programs. This training will focus on educating program directors on how to effectively communicate the importance of HAI/AR and their program's successes to state health officials, legislative liaisons, and other department of health leadership. This training will be designed in conjunction with CDC and can be with states individually or convened as part of a meeting with a group of states.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☑	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☑	Improved operational capacity to evaluate, manage, and improve public health systems
	☑	Improved leadership capacity to identify and prioritize public health needs
	☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	☐	Improved communication and information technology capacity to inform the public efficiently and effectively
	☑	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

- [x] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 87/200 words maximum

The funded organization will be a vital link and information conduit between state health agencies and federal agencies to create a public health system that provides and supports safe healthcare and timely and appropriate response to healthcare associated infectious disease outbreaks, including containment of unusual or emerging antibiotic resistance pathogens. The organization should have experience in educating and supporting state health agencies and health officials by analyzing healthcare infection control programs, processes, and regulatory and payment policies recommending sound and progressive state-based public health policies, strategies, and best practices.

13 Applicant Program Experience:* 98/200 words maximum

The funded organization will have extensive experience working directly with state health officials and state health departments to address healthcare associated infection and antibiotic resistance prevention, including improving antibiotic use, program support and analyses, and development of state prevention strategies. Funded organization will also have experience leveraging national and state partnerships and relationships to collaborate and ensure coordination and optimal implementation of such strategies that will assist and build capacity in state health departments in their efforts to improve healthcare infection control and oversight and reduce healthcare associated infections and outbreaks and contain emerging antibiotic resistant pathogens.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 45/200 words maximum

It is expected that the funded organization will continue to strengthen its ongoing collaborative relationships with CDC, state health agencies, healthcare and quality improvement organizations, regulatory partners, and other key partner organizations that have a focus on improving infection control and outbreak response in healthcare.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 31/200 words maximum

Selection of subcontractors will be decided on in collaboration with CDC and in keeping with CDC policies, as needed ,to meet or exceed the objectives and outcomes of this project.

16 Will the proposed CBA benefit governmental public health agencies?* (●) Yes ( ) No

Briefly describe how. : * 53/200 words maximum

The partner organization will work to clarify and support the state health agency role in addressing HAI and AMR issues. Benefits include more rapid and efficient response to HAI prevention across all healthcare, detection and control of AR public health threats, and a greater role for health agencies in improving patient safety and outcomes.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 31/100 words maximum

The budget justification should include breakdown of salaries and wages for the applicant; cost of supplies that will be required to meet the objectives and deliverables; and estimates for travel.

CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/21/2018 You will be directed to a confirmation screen upon successful save or submission. NCEZID/FY18 (Year 1)/PP/21

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/15 words maximum
Strengthening the Connection Between Clinical Care and Public Health

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Office Of Policy, Planning And Evaluation

4 CIO Point of Contact (POC) name(s):*
Elizabeth Zurick

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
egf3@cdc.gov

CIO POC phone number(es):*
404.384.8579

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 4/25 words maximum
Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
436/1,000 words maximum

Improved collaboration between clinical care and public health has been a goal of both entities for at least the past two decades. This has been fueled by an awareness of the importance of the role of the social determinants of health and the understanding that the responsibilities for the health of a community are neither within a hospital nor a public health department alone. This past year, OPP contracted with NORC at the University of Chicago to research the impact of hospital community health needs assessments that included injury and violence prevention on communities. The research found that clinical care and public health are sharing data, but are often disconnected at the community level. In addition, hospitals continue to have concerns about their impact on community-based prevention. It is clear that there is a lot to be learned and gained by connecting the two entities specifically to address prevention.

This project proposes to link 4 hospital or hospital systems that have prioritized injury and violence prevention in their community with their appropriately corresponding health department (city, county, or state). Efforts will be made to select systems with geographic and population diversity (e.g., urban/rural) as well as diversity of injury and violence topics and varying points of system readiness. The project would bring together hospital and public health staff to forge partnerships around a concrete action plan focused on injury and violence prevention in the community with technical assistance provided by the CDC, the contractor and the Association for Community Health Improvement (ACHI), which is the American Hospital Association's membership group for community health, community benefit and population health professionals. The project would support two in-person learning lab meetings of the hospital-public health partners, where participants could work on strategic action plans and share experiences across their teams, at least three webinars or technical assistance calls with the teams and designated project officers from CDC, the contractor, and ACHI, and on-going technical support from the contractor and ACHI. At the end of the project, lessons learned from the experience will be documented as comparative case studies to be published as reports, podcasts, or video presentations on CDC and ACHI websites.

At the conclusion of the project, the contractor and NCIPC will be able to:
• Identify key elements of hospital-public health collaboration for injury and violence prevention
• Describe the experiences of at least four public health departments and hospital pairs in their efforts to work together toward injury and violence prevention in their communities
• Disseminate case studies in a report, podcast, or video on the experience of the pilot sites to NCIPC (with targeted outreach to state grantees) and other partners

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically

	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☐ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☑ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 104/200 words maximum
	The awardee must demonstrate established relationships with hospitals and health systems and relevant partners, such as the American Hospital Association's ACHI. The awardee must have experience working with local and state health departments and demonstrate knowledge of the required communication structures and challenges in working with local and state health departments. The awardee must have the capacity to facilitate, collect, record, and translate data into actionable tools and resources for the clinical care and public health communities. The awardee be also willing to travel to the partnership sites to facilitate conversations, collect data/ information, and share evidence based policies and programs with partners.
13	Applicant Program Experience:* 54/200 words maximum
	The awardee must offer evidence of successfully facilitating relationships in the intersection of clinical care and public health. The awardee should be able to share experiences with past projects that reflect collection of data and translation of information into useful tools and resources for a wide range of clinical care and public health partners.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 47/200 words maximum
	After the project is complete, the contractor and NCIPC will share lessons learned, successes, and challenges with key public health partners and member organizations, as well as clinical care and partners to encourage collaboration around injury and violence prevention in the clinical and public health arenas.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 6/200 words maximum
	No subcontracting will be required.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 43/200 words maximum This project will improve local and state health department capacity to work with their local clinical care partners. This will strengthen programmatic and policy objectives of the departments and offer opportunities to increase health department influence, funding, and reach to the community.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 27/100 words maximum
	Funds will be used to recruit collaborators, collect data, facilitate conversations, travel to sites, convene a joint meeting, and develop tools and resources from the findings.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/8

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Strengthening the Health Communication Capacity of US Local Public Health Officials

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR COMMUNICATION

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Amy Heldman

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
evd4@cdc.gov

CIO POC phone number(es):*
404-639-7963

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 9/25 words maximum
Local public health officials who serve as communicators

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$100,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
469/1,000 words maximum

Goals: The purpose of this project is to strengthen the U.S. public health system by supporting a collaborative network of public health officials who serve as health communicators in state health departments. This project will foster a connected network that facilitates multi-directional or peer-to-peer collaboration that builds communication capacity between public health departments. This project should build on recently identified assessments of needs, recently identified gaps in network or communication capacities, or existing networks. The project should use a variety of tools and channels for routine and emergency information sharing (such as monthly webinars or conference calls), and should facilitate responding to emergencies to get important health information out quickly to network members. This project should document demonstrable evidence of effectiveness/use by the end of the project period.
Expected Outputs:
• Expand/support existing systems/platforms to foster communication and collaboration among public health officials with health communication responsibilities
• Engage a national cross section of health communicators or those performing health communication activities in public health departments
• Implement opportunities for sharing best practices
• Allow rapid deployment of public health information through state public information officers and other public health officials and communicators during public health emergencies
• Enable collaboration and sharing of communication resources and best practices in network
• Develop and implement an evaluation plan
Monthly written status reports outlining progress to date on project activities and goals
Outcomes:
• Increased capacity for public health communication among local officials with health communication responsibilities
• Increase in opportunities for sharing best practices among public health officials with health communication responsibilities
• A scalable plan of operation that can be used to accommodate surges including responses to major disease outbreaks and other public health crises
• Demonstrated ability to quickly deploy public health information to state public information officers and other public health officials and communicators in public health departments
• Public health communication needs addressed through technical assistance efforts
• Continuous improvement based on findings of evaluation
Sample Activities (others may be proposed):
• Develop, implement, or enhance an existing system, platform, or other means to facilitate communication and increase capacity for public health communication among local public health officials with communication responsibilities and to exchange ideas and share best practices
• Project should be informed by current networks or communication systems already in place for greatest efficiency
• Provide technical assistance to public health officials with communication responsibilities by leveraging the network to identify communication gaps, serving as a means to connect participants to communication resources
• Facilitate the creation or sharing of tailored materials that fill gaps or meet communication, including but not limited to the social media, digital media, and news media needs of public health departments
• Build on or enhance existing networks or resources such as special interest groups, blogs, or forums.
• Conduct an evaluation throughout the project and implement approved strategies that improve the overall effectiveness of the work

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
11	CBA Program Outcomes (Check one or more):*	
	Short-Term	
	☐	Improved operational capacity to evaluate, manage, and improve public health systems
	☐	Improved leadership capacity to identify and prioritize public health needs
	☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance

	☐ Improved communication and information technology capacity to inform the public efficiently and effectively
	☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
	☐ Increased capacity to evaluate laws and policies to affect health
	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 91/200 words maximum
	Organization should have capacity to leverage existing networks of health communicators to achieve project goals and to collaborate with other public health partners, as needed, to achieve project goals. The organization should also have the capacity and ability to rapidly accommodate surges related to major disease outbreaks and other public health crises. The organization should have knowledge, skills, and ability to provide technical assistance related to public health communication topics. The organization should demonstrate experience and ability in conducting needs assessments and evaluation of public health communication program and/or activities.
13	Applicant Program Experience:* 70/200 words maximum
	Organization should demonstrate experience working with a network of public health communicators that facilitates collaboration and builds capacity among public health entities and experience in collaborating with other public health partners to achieve project goals. Applicants should show experience in rapidly mobilizing and disseminating information during a public health emergency. Further, the applicant should demonstrate a strong organizational understanding and experience in communication needs assessment, evaluation, and technical assistance.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 49/200 words maximum
	Applicant will collaborate with CDC and other national public health organizations to access communication priorities, challenges, trends, and opportunities—paying particular attention to the perspectives of public health communication professionals who work in health departments. Specifically, collaborate with state health department partners and stakeholders to achieve shared project goals.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 90/200 words maximum
	Any potential subcontractors should demonstrate same organizational capacity as mentioned above. Further, the organization should have capacity to leverage existing networks of health communicators to achieve project goals. The organization should also have the capacity and ability to rapidly accommodate surges related to major disease outbreaks and other public health crises. The organization should have knowledge, skills, and ability to provide technical assistance related to public health communication topics. The organization should demonstrate experience and ability in conducting needs assessments and evaluation of public health communication program and/or activities.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 20/200 words maximum This project will increase the capacity of local health departments for effective, timely, and coordinated public health communication.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum

	None.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: You will be directed to a confirmation screen upon successful save or submission. OADC/FY18 (Year 1)/PP/1

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Strengthening the Health Communication Capacity of US State Public Health Officials

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR COMMUNICATION

3 Division, office, or unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*
Amy Heldman

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
evd4@cdc.gov

CIO POC phone number(es):*
404-639-7963

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 10/25 words maximum
State public health officials who serve as health communicators

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$100,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
472/1,000 words maximum

PROJECT DESCRIPTION (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):* Goals: The purpose of this project is to strengthen the U.S. public health system by supporting a collaborative network of public health officials who serve as health communicators in state health departments. This project will foster a connected network that facilitates multi-directional or peer-to-peer collaboration that builds communication capacity between public health departments. This project should build on recently identified assessments of needs, recently identified gaps in network or communication capacities, or existing networks. The project should use a variety of tools and channels for routine and emergency information sharing (such as monthly webinars or conference calls), and should facilitate responding to emergencies to get important health information out quickly to network members. This project should document demonstrable evidence of effectiveness/use by the end of the project period.

Expected Outputs:

• Expand/support existing systems/platforms to foster communication and collaboration among public health officials with health communication responsibilities
• Engage a national cross section of health communicators or those performing health communication activities in public health departments
• Implement opportunities for sharing best practices
• Allow rapid deployment of public health information through state public information officers and other public health officials and communicators during public health emergencies
• Enable collaboration and sharing of communication resources and best practices in network
• Develop and implement an evaluation plan

Monthly written status reports outlining progress to date on project activities and goals

Outcomes:

• Increased capacity for public health communication among state officials with health communication responsibilities
• Increase in opportunities for sharing best practices among public health officials with health communication responsibilities
• A scalable plan of operation that can be used to accommodate surges including responses to major disease outbreaks and other public health crises
• Demonstrated ability to quickly deploy public health information to state public information officers and other public health officials and communicators in public health departments
• Public health communication needs addressed through technical assistance efforts
• Continuous improvement based on findings of evaluation

Sample Activities (others may be proposed):

• Develop, implement, or enhance an existing system, platform, or other means to facilitate communication and increase capacity for public health communication among state public health officials with communication responsibilities and to exchange ideas and share best practices
• Project should be informed by current networks or communication systems already in place for greatest efficiency
• Provide technical assistance to public health officials with communication responsibilities by leveraging the network to identify communication gaps, serving as a means to connect participants to communication resources
• Facilitate the creation or sharing of tailored materials that fill gaps or meet communication, including but not limited to the social media, digital media, and news media needs of public health departments
• Build on or enhance existing networks or resources such as special interest groups, blogs, or forums.
• Conduct an evaluation throughout the project and implement approved strategies that improve the overall effectiveness of the work

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [x] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [ ] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [ ] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 91/200 words maximum

Organization should have capacity to leverage existing networks of health communicators to achieve project goals and to collaborate with other public health partners, as needed, to achieve project goals. The organization should also have the capacity and ability to rapidly accommodate surges related to major disease outbreaks and other public health crises. The organization should have knowledge, skills, and ability to provide technical assistance related to public health communication topics. The organization should demonstrate experience and ability in conducting needs assessments and evaluation of public health communication program and/or activities.

13 Applicant Program Experience:* 74/200 words maximum

Organization should demonstrate experience working with a network of public health communicators that facilitates collaboration and builds capacity among public health entities and experience in collaborating with other public health partners to achieve project goals. Applicants should show experience in rapidly mobilizing and disseminating information during a public health emergency. Further, the applicant should demonstrate a strong organizational understanding and experience in communication needs assessment, evaluation, and technical assistance.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 50/200 words maximum

Collaborate with CDC and other public health organizations to access communication priorities, challenges, trends, and opportunities—paying particular attention to the perspectives of public health communication professionals who work in health departments. Specifically, collaborate with local health department partners and stakeholders to achieve shared project goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 95/200 words maximum

Any potential subcontractors should demonstrate same organizational capacity as mentioned above. Further, the organization should have capacity to leverage existing networks of health communicators to achieve project goals. The organization should also have the capacity and ability to rapidly accommodate surges related to major disease outbreaks and other public health crises. The organization should have knowledge, skills, and ability to provide technical assistance related to public health communication topics. The organization should demonstrate experience and ability in conducting needs assessments and evaluation of public health communication program and/or activities.

16 Will the proposed CBA benefit governmental public health agencies?* (●) Yes ( ) No

Briefly describe how. : * 24/200 words maximum

This project will increase the capacity of state health departments for effective, timely, and coordinated public health communication.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 07/17/2018 You will be directed to a confirmation screen upon successful save or submission. OADC/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Strengthening USAPI Health Agency Financial and Grants Management Systems and Performance

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Insular Affairs

4 CIO Point of Contact (POC) name(s):*
Devi Hawkins

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
DUH4@cdc.gov

CIO POC phone number(es):*
770-837-6768

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 12/25 words maximum
Territorial Health Departments; Program and Finance Managers and Grants Administrators

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$270,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
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PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
764/1,000 words maximum

Purpose: Timely, accurate, and cost-effective US federal grants management and financial performance continue to be significantly challenged across most of the US-affiliated Pacific Island (USAPI) health departments' federally-funded programs. Chronic poor spending as evidenced by low drawdown rates coupled by inconsistencies in/lack of timely Federal Financial Report (FFR) reporting, as well as inconsistencies between programmatic and financial reporting, continue to plague many of the USAPI health departments. Reasons vary depending on the program and jurisdiction, but common issues include: 1) insufficient financial and grants management competencies amongst program and finance managers/administrators; 2) insufficient understanding of the OMB Super Circular and its application against grant-funded programs as indicated in Notices of Awards (NoAs); 3) insufficient upper management and administration oversight to ensure timely, accurate and quality reporting at the program level; 4) overly bureaucratic finance and administration systems that hinder timely procurement and contracting requests; and 5) centralized government finance and administration systems outside of the purview of the ministries/departments of health.
In 2013, ASTHO and PIHOA embarked on a series of activities to address USAPI health ministry/department grants management challenges, which included an initial baseline assessment of a sample of grants from different jurisdictions and federal programs, a regional training, and on-site grants management technical assistance in Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI). In 2017, a new direction was taken using ASTHO's process mapping exercise, and applying this methodolody to map in detail and identify bottlenecks and issues in grants management processes within the health department and across to the central finance department. This was first piloted in the RMI in May 2017 as part of a joint 1-week, on-site mission lead by ASTHO and supported by CDC and PIHOA. With on-going remote support from ASTHO, the results of this work included a clear articulation of identified grants management and administrative bottlenecks and issues within the RMI MOH and potential solutions to resolve these, as well as revised administrative/financial management SOPs and processes. Another follow-up joint mission and on-site visit is proposed for May 2018. In addition, commencing sometime in the Fall of 2018, PIHOA will be recruiting 2 Regional Public Health Advisors (RPHAs) that will be co-located at the PIHOA Guam office, and who will be providing grants management support to all the USAPI OPHPR, NCCHSTP, and NCCDPHP grantees.
Proposed Activities: This project aims to ramp up the achievements of this work one step further, and to embedd consultant Subject Matter Experts (SMEs) in finance and health services administration within the RMI MOH for a period of 1-2 years to assist the RMI Ministry of Health (MOH) to systematically and methodically institutionalize the recommendations and revised SOPs of the joint process mapping missions, including providing on-site, daily: 1) technical support to RMI MOH to negotiate with the RMI Ministry of Finance (MOF) for the development and implementation of a streamlined accounting and requisition tracking system; 2) technical support to troubleshoot and reconcile backlog of prior expense reports, FFRs, and drawdowns that have yet to be corrected and/or submitted to the US federal government; 3) support RMI MOH Senior Leadership Team (SLT) to utilize their newly established finance Key Performance Indicators (KPIs) to enhance and strengthen financial performance management oversight capabilities at the SLT level; and 4) coordinate and mobilize additional technical support that can be provided by the 2 RPHAs located at the PIHOA Guam office, HHS R9 Office of the Assistant Secretary for Health (OASH), and Department of Interior (DOI).
Expected Outputs:
Short Term:
• Recruited 1-2 finance and health services administration SMEs to be embedded at the RMI MOH and RMI MOF
• Conducted additional/more comprehensive and systematic process mapping as required, including mapping of current financial management systems housed at RMI MOH and RMI MOF and their respective capabilities
• Conducted baseline assessment of current status of institutionalization/implementation of revised SOPs and processes developed prior
• Identified scope of technical support that can be provided by the 2 RPHAs and ASTHO
• Trained RMI MOH and MOF grants management and finance staff on OMB Super Circular compliance, GAAP accounting and finance principles and applications, and FFR expense and PMS drawdown tracking and reconciliations
Intermediate:
• Strengthened operational capacity and staff competencies at the RMI MOH and MOF to administer and report on federal program expenses in a timely and quality manner in compliance with federal program requirements
• Improved federal grant program expense tracking and spenddowns, including more regular drawdowns and reconciliations of expenses between RMI MOH and MOF.
Expected Outcomes: Sustained processes and capacities to cost-effectively and efficiently manage, administer and spend US federal program funds in accordance with US federal regulations and program requirements

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 60/200 words maximum

The organization's mission is to strengthen USAPI health agencies using a health systems strengthening approach driven by priorities identified collectively by an empowered USAPI health leadership. Regional initiatives should include: health workforce development, surveillance and epidemiology strengthening, laboratory strengthening, health information management systems and performance improvement, regional strategic engagement and coordination, regional health policy setting, and more recently, health security.

13 Applicant Program Experience:* 84/200 words maximum

The applicant should have proven success in collaborating on programs across multiple CDC centers simultaneously, with USAPI health departments, and Pacific regional technical partners. This project is designed with these lessons learnt in mind, and to take advantage of RPHA resources not previously available, as well as to link up with/support on-going ASTHO efforts, and wider HHS efforts to strengthen USAPI federal fund utilization systems and capabilities through the work of the HHS Insular Area Inter-Agency Policy Working Group at the HHS R9 office.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 77/200 words maximum

This project involves wide-reaching collaboration both at the local level and regional level . Aim is to further link this work to the work of the HHS Inter-Agency Insular Area Working Group (Subroto Banerji) and DOI to improve federal funding utilization across the USAPI health departments. Expectations are to have a more systematic approach to institutionalizing the recommendations of the work complete to date in a comprehensive and sustainable manner through targeted on-site, longer-term technical support.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 23/200 words maximum

This project will aim to improve RMI MOH's institutional capability and systems for more effective and efficient grants/financial management of federally-funded programs.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 36/100 words maximum

	Funds will be used to support appropriate staff time contribution to the project, SME consultant contracts and associated travel and other consultancy expenses, staff monitoring travel, other projects expenses including supplies and communications, and 10% indirect cost.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

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Center for State, Tribal, Local, and Territorial Support (proposed)
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/15 words maximum
Support for the National Alliance for Radiation Readiness (NARR) project

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Environmental Hazards And Health Effects

4 CIO Point of Contact (POC) name(s):*
Jennifer Buzzell; Maryann Schlemmer

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ozl6@cdc.gov; aaq8@cdc.gov

CIO POC phone number(es):*
404-434-5333; 770-488-3752

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 25/25 words maximum
State health departments, emergency management and health care organizations, state and local radiation control programs, and federal partners

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$200,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

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PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
708/1,000 words maximum

Purpose: State agencies are responsible for public health and safety during radiological incidents. Radiological incidents and exercises have revealed significant communication and awareness gaps among city, county and state public health agencies regarding their responsibilities in these situations and the support which can be provided to them by their state radiation programs and by federal agencies. There is uncertainty or lack of clarity about their responsibilities and insufficient resources available to meet those responsibilities. Ways must be found to help state and local public health agencies increase their awareness of responsibilities, scientific and technical knowledge, organizational capacities, and available resources in order for them to effectively respond during radiological incidents. The CDC believes this can be done, in part, by supporting activities which strengthen communication and encourage and expand partnerships among state/local public health agencies, state/local radiation control programs, and other emergency response organizations. Beginning in 2008, CDC sponsored workshops which brought together for the first time public health agencies, radiation control programs and professional organizations. These workshops led to the formation of the National Alliance for Radiation Readiness (NARR) which was formally launched in March 2011 and became intimately involved with state, local and federal response activities during the Fukushima nuclear power plant incident in Japan. Currently, the NARR is composed of 19 national organizations and 10 federal agencies.

CDC wishes to continue working through its partners, specifically state health departments and state radiation control programs, to support the NARR project. The mission of the NARR project is to enhance public health and healthcare systems through a coalition of organizations committed to strengthening the nation's ability to prepare for, respond to, and recover from radiological emergencies at the local, state, and national levels.

Proposed Activities: Provide administrative support to the NARR, provide support to the NARR website, convene annual meeting of the NARR and executive committee planning retreat, convene quarterly conference calls and monthly executive committee calls, develop projects that encourage national dialogues on public health radiological issues and facilitate the NARR's role as subject matter experts, and provide input to national policies, guidelines and strategies.

Activities may include the following: 1) Develop guidance for educational facilities (including day care centers) in preparing for radiation emergencies. NARR will work with partners and other organizations that are stakeholders to identify items specific to this group that need to be included as part of the radiation response annex to the school's all-hazards emergency response plans. A potential deliverable could be a template or checklist that schools can use to prepare their plan. 2) Convene a workshop with appropriate stakeholders to discuss and then provide guidance on appropriate personal protective equipment for various types of radiation emergencies. As a result of the workshop a report and then possible guidance could be formulated and documented on the NARR website. 3) Develop guidance for patient movement, and decontamination following a radiological exposure with EMS and public health communities. 4) Update the cytokine distribution logistics planning guidance for public health based on future emerging clinical guidance from HHS/ASPR.

Expected Outputs: Maintain and expand (as necessary) the NARR website, minutes from NARR meeting/conference calls, quarterly webinars presented to stakeholders, presentations of NARR work at national meetings, completion of projects to be developed by NARR members, member agencies and federal liaisons with some possible work mentioned above. Deliverables as appropriate to work agreed upon but likely to include: written guidance, published guidance (paper and/or electronic format), published journal article, workshop summaries, etc.

Expected Outcomes: Enhance public health and healthcare systems through a coalition of organizations committed to strengthening the nation's ability to prepare for, respond to, and recover from radiological emergencies at the local, state, and national levels. By participating in national dialogues on radiological emergency issues, providing professional feedback on policies and guidelines as well as development of such and convening partners to raise awareness and resolve radiological emergency issues. Increase radiological emergency preparedness, response, and recovery capacity and capabilities by promoting the development of mechanisms for sharing resources and tools, identification and dissemination of best practices, definition of and education on the roles and responsibilities of different levels of government and different governmental agencies in radiological emergencies, establishment of performance measures and guidelines, and building and sustaining of long-term competencies.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

- [x] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
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- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 67/200 words maximum

The organization needs to have a close working relationship with state and local health departments and needs to have the project staff, experience, and organizational infrastructure to organize and manage multi-agency groups from various state, local and federal agencies. The organization also needs to have the visibility with and a well-established communication mechanism for disseminating radiation emergency information to the state and local health departments.

13 Applicant Program Experience:* 60/200 words maximum

The organization experience should include a track record of managing projects with participation from multi-agency groups, specifically with partners from state and local health departments, preferably related to radiological issues. The organization needs a track record for disseminating timely information to state and local health departments in matters related to public health emergency preparedness, preferably related to radiological issues.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 30/200 words maximum

The organization should be able to work with state, local and federal partners and other organizations which have responsibilities for planning, preparation and response activities associated with nuclear/radiological incidents.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 19/200 words maximum

Work on the NARR website may require assistance from a subcontractor having experience with website development and maintenance.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 145/200 words maximum

	The mission of the National Alliance for Radiation Readiness (NARR) is to enhance public health and healthcare systems through a coalition of organizations committed to strengthening the nation's ability to prepare for, respond to, and recover from radiological emergencies at the local, state, and national levels. To serve as the collective "voice of health" in radiological preparedness through the: • Participation in national dialogues on radiological emergency issues • Provision of thoughtful feedback on documents, policies, and guidelines • Convening of partners to raise awareness of and resolve radiological emergency issues To build radiological emergency preparedness, response, and recovery capacity and capabilities by promoting the: • Development of mechanisms for sharing resources and tools, including technical methods and information • Identification and dissemination of best practices • Definition of and education on the roles and responsibilities of different levels of government and different governmental agencies in radiological emergencies • Establishment of performance measures and guidelines • Building and sustaining of long-term competencies
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 30/100 words maximum
	Use funds to provide leadership and administrative support to the NARR, manage working groups, conduct webinars, telephone conferences and in-person meetings, disseminate information, edit and prepare documents, post documents.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/10/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/3

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Support State Health Officer Capacity to Accelerate CDC's 6|18 Initiative and Approach

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY

3 Division, office, or unit:*
Other
Enter other division, office, or unit:*
Office of Health System Collaboration

4 CIO Point of Contact (POC) name(s):*
Kristin Brusuelas; Jocelyn Wheaton

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
kmb0@cdc.gov; kzw9@cdc.gov

CIO POC phone number(es):*
404-498-6545; 404 639-1048

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 16/25 words maximum
State Health Officers and other state public health staff

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period) (Whole numbers only)
$150,000
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
289/1,000 words maximum

Project Description – Provide a narrative of the purpose, proposed activities, expected outputs, and expected outcomes (1,000 word limit):*

Purpose: To strengthen state public health officers and their staff's collaboration with and state health care systems including Medicaid programs and non-Medicaid health system organizations.

Proposed Activities:

- *Develop and deliver leadership training modules on the 6|18 initiative and approach that can be integrated into existing state health official leadership training. Capacity areas should include, but not be limited to working with Medicaid and non-Medicaid health care organizations and understanding trends in the transforming healthcare system.*
- *Provide additional technical assistance, guidance, and learning engagements to state health officials and other state public health staff in supporting state implementation of evidence-based interventions to improve health and control health care costs.*
- *Support the promotion and implementation of an online 6|18 Getting Started guide for state health officials with user support and data analytics (to include use and impact).*

Expected Outputs:

- *Training modules and learning engagement tools for state health officers on working with Medicaid and non-Medicaid health care organizations and understanding trends in the transforming healthcare system.*
- *Technical assistance tools to support state public health engagement with health care and health system partners, including state Medicaid programs.*
- *Ongoing promotion of online 6|18 Getting Started guide for state health officials, including user support and data analytics (to include use and impact).*

Expected Outcomes:

- *State Health Officers have established relationships with State Medicaid Directors, and other non-Medicaid health care and health system leaders and they are working together to improve health outcomes and control health care costs in their states.*
- *State public health staff are engaged with health care and health system partners, including state Medicaid programs, and they are working together to improve health outcomes and control health care costs in their states.*

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 135/200 words maximum

Recipient Organizational Capacity (200 word limit):*

Applicant must demonstrate expertise and experience in working with state health departments, and in particular with State Health Officers, in building strategic partnerships and liaisons.

In particular, applicant must demonstrate expertise and experience supporting strategic partnerships and liaisons with health system partners including State Medicaid Programs and non-Medicaid health system partners to enhance population health efforts.

Capacity should also include developing training objectives, training modules, and learning tools for state health officers and state public health staff.

Applicant should demonstrate ability to coalesce state government and health care leaders in identifying key strategic approaches for improving population health efforts.

Staff capacity should include project management; program support for partnership activities and developing training modules and tools on engaging state Medicaid programs other health care partners, and understanding trends in health system transformation.

13 Applicant Program Experience:* 100/200 words maximum

Recipient Program Experience (200 word limit):*

Applicant must have demonstrated expertise in engaging state health officers and state public health staff to identify health priorities and implement evidence-based activities to support improvements in population health.

Applicant must have demonstrated expertise in developing ongoing, impactful partnerships with health care and health system partners, including Medicaid programs and non-Medicaid programs.

Applicant must have demonstrated expertise in developing training modules and tools for state health officers and state public health staff.

Applicant must have demonstrated experience working collaboratively with CDC on partnership activities, and building the content and agenda for learning engagements and tools.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 115/200 words maximum

Applicant will be expected to consult with CDC/OADPS throughout the development of training modules and learning tools, and on specific technical assistance and guidance requests.

Applicant is expected to engage CDC/OADPS in regularly scheduled calls to discuss project progress and to discuss timely topics and trends in the transforming health system that would inform learning engagements and technical assistance responses.

Applicant is expected to engage with Medicaid and non-Medicaid health care partners in the development of training modules and tools, and responding to technical assistance requests. Applicant is also expected to work with organizations that have specialized expertise in supporting health care payment policy changes that could lead to improvements in health and cost outcomes.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 72/200 words maximum

Although the applicant will be expected to have experience, there could be a need to subcontract a portion of this work to additional experts who have unique expertise in:

- *Developing learning modules and tools specifically on engaging with health care and health system partners, and translating relevant information related to trends in the transforming healthcare system.*
- *Healthcare payment policy changes that improve health and cost outcomes*

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 80/200 words maximum

	As the healthcare system transforms, it is imperative that CDC and associated state public health leadership be able to promote evidence-based interventions and approaches to improve health outcomes and control costs, and to develop strong partnerships with Medicaid and non-Medicaid health care partners to prioritize, implement and evaluate these interventions and approaches. This project would help state public health programs implement evidence-based interventions for the purpose of improving health and cost outcomes.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 27/100 words maximum
	Anticipated costs include program support staff; learning module and tool development specialists; and other costs associated with project activities and outputs.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/15/2018 You will be directed to a confirmation screen upon successful save or submission. OADP/FY18 (Year 1)/PP/1

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 5/15 words maximum Supporting promising practices in rural communities		
2	CIO:* CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT	3	Division, office, or unit:* National Partnership Branch
4	CIO Point of Contact (POC) name(s):* Lorine Spencer		CIO POC email address(es):* akx4@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770-488-1524
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 12/25 words maximum Local health departments with a focus on those in rural areas		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $250,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 124/1,000 words maximum
	This project will focus on 4-5 small and rural health departments to identify promising and leading practices that address social determinants of health and improve the health of the community. Working with a diverse set of partners is encouraged. Information & evaluation about what makes the practice successful, why it works and the key elements that need to be in place to make this successful in the community will be collected and reported. This information will published and shared at national conferences and work groups to build on these practices. Success stories (3 per year) and case studies (1 year)will also be prepared & shared via websites, webinars & other national venues. Other ways to support the dissemination, duplication and sustainability of these practices are encouraged.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions

- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [ ] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [ ] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [ ] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [ ] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [ ] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 46/200 words maximum

Ability to reach into small and rural health departments. Ability to identify & contract individuals with the skills and expertise to meet the project requirements i.e. identify promising and leading practices, establish local cross-sector partnerships, manage & monitor projects. Scalability of the project is encouraged.

13 Applicant Program Experience:* 41/200 words maximum

Experience working with small & local health departments. Experience in building cross sector partnerships. Experience with evaluation or working with evaluators. Experience in writing papers, presenting and disseminating information in a variety of sources i.e. websites, publications, presentations, etc.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 34/200 words maximum

Skill in collaborating with cross-sector partners i.e. healthcare, transportation, planning, environmental, schools, criminal justice system, etc. Collaborate with CDC to establish a more specific work plan & activities to meet the project goals.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 26/200 words maximum

May need to subcontract with small and rural health departments. if do not have skills and capacity for evaluation & publishing may need to sub-contract.

16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 40/200 words maximum Identifying promising and leading practices that address SDOH & disseminating same will be a great support for other small and rural health departments dealing with similar issues. Scalability of the project will improve health in small & rural communities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	n/a
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/11/2018 You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/15

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 15/15 words maximum
Supporting State Department of Health Tobacco Control Programs through the State Tobacco Control Program Managers Network

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH

3 Division, office, or unit:*
Office On Smoking And Health

4 CIO Point of Contact (POC) name(s):*
Sarah O'Leary, Laura Whalen, Pamela Cox

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
euh9@CDC.gov; leg6@cdc.gov; pkc2@cdc.gov

CIO POC phone number(es):*
770-488-816, 770-488-5184, 770-488-7885

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 17/25 words maximum
State Department of Health Tobacco Control Managers in all 50 states, DC, the islands and territories.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$375,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
833/1,000 words maximum

Purpose
The goals of the Office on Smoking and Health (OSH) and the National Tobacco Control Program (NTCP) are to use evidence-based interventions to prevent initiation to tobacco use, eliminate secondhand smoke exposure, increase cessation of tobacco use, and identify and eliminate tobacco-related disparities. A key route to accomplishing these goals is through funding to state health departments to ensure a nationwide system of state tobacco control programs.
The purpose of this project is to provide technical assistance support to the National Tobacco Control Program (NTCP) to improve workforce development, increase sharing of skills and expertise, and administration of the National Tobacco Control Network (TCN). The TCN provides an opportunity for state program managers and key staff to share expertise and receive information, technical assistance, and training.
ACTIVITIES
The awardee will ensure the following:
Manage and maintain the staffing list of the TCN Executive and Standing Committees, create annual membership rosters for distribution and work with OSH to identify senior, experienced program managers when there is a vacancy on the TCN Executive or Standing Committees.
Provide meeting facilitation, committee coordination, letter writing, email alerts, and the development of meeting minutes.
Prepare agendas and minutes for monthly TCN Executive Committee conference calls with the input from the TCN Chair and CDC OSH Project Officer and other senior CDC staff
Support CDC with meeting planning, coordinating calendars, creating meeting materials, meeting facilitation, note taking, on-site meeting support, and meeting evaluation.
House, maintain, and operate the TCN website including updating information for this site.
Provide technical assistance for monthly calls, webinars, including planning agendas, sending out notices, moderating calls, preparing and sending out notes from calls, with guidance from CDC OSH Project Officer.
Develop and distribute a monthly e-newsletter to TCN members based on literature reviews, partners' information, CDC OSH suggestions, and needs of Tobacco Control Programs.
Create and manage an online "Help Your Peers" information sharing service, based on guidelines provided by CDC OSH. Activities will include creating and maintaining an area on the TCN website for queries from program managers to program managers, organizing queries, and archiving answers for TCN member use.
Create and manage a "Peer Mentoring" program. On behalf of CDC's technical assistance role, the program will cultivate an informal interpersonal relationship between seasoned program managers who will serve as mentors to new program managers. The program will include working with OSH Project Officers to identify seasoned State Program Managers, training for mentors, and matching mentors with interested new Program Managers.
Provide input on the following conference calls, workgroups, and planning committees: OSH Training and Technical Assistance calls, OSH National Partners calls, and OSH Media Network calls.
In support of CDC's technical assistance and consultation role and to provide consistency in knowledge for TCN members and OSH staff, awardee will attend and provide input on the following meetings: CDC/OSH NTCP Meeting, CDC/OSH National Partners Meeting, National and Regional Meetings.
Conduct all meeting planning, coordinating calendars, creating meeting materials, meeting facilitation, note taking, on-site meeting support, and meeting evaluation for the TCN Business Meetings, to be held at least once a year.
Provide technical assistance and support to OSH to answer questions from states or national partners regarding their activities to achieve the National Tobacco Control goals.
With guidance from the CDC OSH Project Officer, provide technical assistance (knowledge, information on the Surgeon General's Report, Evidence Base Policy Outcomes, OSH media campaigns, and comprehensive tobacco control programming) to Program Managers through monthly conference calls, webinars, and articles.
Through the members of the TCN, provide feedback to CDC OSH on training and support for the provision of technical assistance required by State Program Managers.
Work with CDC Project Officer to educate OSH Program Services Branch staff on knowledge related to technical assistance, and TCN activities and resources to increase communication between TCN and tobacco control managers.

Expected Outputs:
A functioning Executive Committee of officers, regional representatives, and partners from other national organizations that meets virtually monthly and annually in person.
Technical Assistance in implementing the National Tobacco Control goals and objectives of OSH and the NTCP, through conference calls, webinars, and online resources, and comprehensive evidence-based expertise to manage tobacco control programs.
Maintenance of online resources that include publications, webinars, and lessons learned among TCN members.
Mentorship program for new tobacco control program managers.
At least quarterly communications to members via mailings
Representation of State Program Managers to CDC OSH meetings and calls to share information and best practices.
Monthly status reports for each of the technical requirements. This report will be due by the 30th of each month.
Expected Outcomes:
A network supporting state tobacco control program managers through regular communication, up-to-date resources, technical assistance on evidence-based strategies and policy activities, mentorship program, and availability of networking with national tobacco control partners.
Increased knowledge and skills in tobacco control evidence-based practices and program management for tobacco control program managers in local, state, tribal, and territorial tobacco control programs.
Regular communication between State Tobacco Control Managers and CDC OSH and national partners, that includes knowledge sharing on the latest scientific information, evidence-based practices, and opportunities to collaborate to advance the goals of CDC OSH.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑	

- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [ ] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [ ] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [ ] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [ ] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [ ] Improved communication and information technology capacity to inform the public efficiently and effectively
- [ ] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 181/200 words maximum

The recipient organization should have the capacity to engage with federal, national and state organizations and partners to provide leadership at a national level across states, territories, islands and national networks to provide technical assistance on evidence-based practices for tobacco control, disseminate resources, provide a forum for sharing lessons learned, promote collaboration across chronic diseases, and convene stakeholders to address emerging issues.
The recipient organization must have an existing structure and capacity to connect State Tobacco Control Program Managers and tobacco issues to higher level state health department issues and priorities, through state health officials, deputy directors, and legislative liaisons.
The recipient staff must have knowledge of the evidence-base to support comprehensive tobacco programs, including knowledge of emerging products and issues, and the relationship of tobacco use to chronic disease. The organization should have the capacity to disseminate resources widely on a regular basis, though various venues including conducting webinars, facilitating conference calls, and developing and using media resources, including maintain the TCN website. The organization should have program management and administrative capacity to support multiple project tasks and activities.

13 Applicant Program Experience:* 150/200 words maximum

	The recipient should have experience in tobacco control at the national and state level, and be knowledgeable in tobacco policy issues that impact the sustainability and activities of comprehensive tobacco control programs for states, islands and territories. This includes knowledge in program infrastructure, tobacco policy, cessation, and health equity. The recipient should have experience working with and across state health departments on tobacco and other health issues and be familiar with health department organizations and structures. The recipient should have developed relationships and experience, relative to tobacco control, working collaboratively with federal, national and state partners, as well as nongovernmental organizations, and be able to engage partners to provide technical assistance and advance CDC OSH goals. The recipient should have expertise in managing multiple projects and liaising between CDC, the TCN and multiple partners and stakeholders. The recipient should have structures in place for managing networks, committees, and workgroups.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 69/200 words maximum
	CDC OSH expects the recipient to collaborate with OSH's partners, including federal, national and state organizations whose work relates directly or indirectly to tobacco control. The recipient is also expected to collaborate with CDC OSH staff and funded awardees that may include states, recipients of other cooperative agreements, and networks as needed to accomplish the goals of OSH. CDC will provide guidance and consultation on partnerships and collaboration.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 11/200 words maximum
	Awardee may subcontract to achieve the objectives of the project.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 36/200 words maximum
	State health department tobacco control managers will receive support and technical assistance to improve their capacity as program managers, and increase their knowledge and capacity to achieve the goals of the OSH and the NTCP.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCCDPHP/FY18 (Year 1)/PP/47

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1	Project Title (Please do not use all caps):* 10/15 words maximum Supporting State Health Agencies to Address Emerging Environmental Health Issues		
2	CIO:* NATIONAL CENTER FOR ENVIRONMENTAL HEALTH	3	Division, office, or unit:* Office Of The Director
4	CIO Point of Contact (POC) name(s):* Hope Roobol		CIO POC email address(es):* hroobol@cdc.gov
	Separate multiple names, emails, and phone numbers with a semi-colon.		CIO POC phone number(es):* 770.488.0584
5	Target Population Category to Receive Capacity-Building Assistance (CBA):*		Category A
6	Description of the Target Population:* 4/25 words maximum State health departments		

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7	Proposed Project Funding Amount:* (11-month budget period) $300,000 (Whole numbers only)	○ Funded ○ Unfunded
8	Expected Length of Project:*	
	○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).	
	○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).	
	◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.	

PROJECT DETAILS

9	Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**. 180/1,000 words maximum
	The purpose of this project is to support environmental health staff within state health departments to advance the practice of environmental health by increasing capacity to address existing and emerging environmental health issues such as Per- and Polyfluoroalkyl Substances (PFAS). Environmental Health staff within state health departments play a critical role in addressing emerging issues in environmental health and supporting communities within their state to address these issues. Applicant proposals should reflect specific strategies their organization is uniquely poised to conduct in addressing emerging EH issues specifically, but not limited to: •Development and implementation an RFP process for state projects to address emerging EH issues or expand scope of existing state projects. •Support of state demonstration projects to pilot/test strategies and development of related tools to address emerging EH issues. •Convening key stakeholders and promoting collaboration, such as through organizational committees addressing environmental health priorities • Arranging webinars, trainings, and other educational material development for environmental health staff at state health departments related to emerging EH issues Proposals should include an evaluation plan with as much emphasis on health impact as possible.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10	CBA Program Strategies (Check one or more):*
	☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention

- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 87/200 words maximum

The applicant organization must have the capacity to effectively and efficiently collaborate with environmental health staff at state health departments. This project requires a significant level of staff time and diligence to ensure timely progress. The applicant organization should have the capacity, expertise, and mechanisms to develop and disseminate tools and products for environmental health staff at state health agencies. Organization must implement work activities in a timely fashion.

Applicant must demonstrate experience and capacity to development and support state grants to address EH emerging issues.

13 Applicant Program Experience:* 86/200 words maximum

The applicant organization should have experience developing and disseminating tools and products for state environmental health staff on identified and emerging environmental health issues. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of states environmental health practitioners, as identified through organizational surveys or other sources.
In addition, the organization should have demonstrated experience/expertise in the following topics, along with other EH hot topics:
• Per- and Polyfluoroalkyl Substances (PFAS)
• Strategies to support safe drinking water and food safety
• Emergency response
• Risk Communication

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 31/200 words maximum

	There are high expectations for collaboration with CDC, local boards of health, and other organizations. CDC may also seek collaboration among funded partners to foster information sharing and strategic planning.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 15/200 words maximum
	The ability to subcontract to state will likely be an activity of this project.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 14/200 words maximum
	All developed tools and resources will be made available to State health departments.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 55/100 words maximum
	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan. A significant portion of this budget will be to support state pilot projects to address emerging issues.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/19/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/38

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Supporting the Practice of Environmental Health at the County and City Level

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division, office, or unit:*
Division Of Emergency And Environmental Health Services

4 CIO Point of Contact (POC) name(s):*
Jasen Kunz, Maggie Byrne

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
izk0@cdc.gov; mok7@cdc.gov

CIO POC phone number(es):*
770-488-7056; 770-488-0614

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 12/25 words maximum
County and city health departments, environmental health programs and their staff.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$350,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
589/1,000 words maximum

Purpose: The purpose of this project is to advance the practice of environmental health (EH) at the county and city level by strengthening EH capacity of local health departments. This project will strengthen EH capacity by increasing EH professionals' awareness, knowledge, and use of relevant information, strategies, and practice-based approaches for addressing current EH priority areas. Applicants are encouraged to submit work plans that specify activities such as stakeholder meetings, webinars, and targeted communication materials that support the EH priorities below.

• The Model Aquatic Health Code – Swimming is one of the most popular sports in the nation. Many local and state health departments have purview over recreational water venues. However, disease outbreaks, injuries, and pool closures threaten the health of the swimming public. CDC and partners have developed a Model Aquatic Health Code providing guidelines based on the latest science and best practices that jurisdictions can use to reduce the risk of outbreaks, drowning, injuries, and chemical poisoning. The MAHC is free and available for voluntary use, in whole or part, by jurisdictions.

• Vector Control – Approximately 75% of all emerging diseases throughout the world today are of animal origin and are often spread to humans by a vector. There is an alarming decline in capacity of vector control programs at county and city health departments around the country with many programs being entirely eliminated. However, EH programs are still looked to for guidance and action to control vector-borne disease and eliminate public health pest populations. The risks to communities from vector-borne disease and pesticide exposures can be significantly reduced by ensuring that EH programs and professionals have access to up-to-date information, resources, and guidance on effective and efficient vector control practices and performance improvement.

• Environmental Health Practice Support and Performance Improvement – The emergence of many new threats and challenges, such as the Zika virus and the 2017 Hurricanes, point to a need for a well-prepared and equipped EH workforce. There is a continual need to engage in activities and efforts to enhance and support EH professionals to address current challenges and increase the effectiveness, efficiency, and impact of their programs and services. Practice support and performance improvement efforts and developing related guidance for EH programs, in areas such as food safety and safe water, is critical for promoting the use of the 10 Essential Environmental Public Health Services as a framework for efficient and effective delivery of EH services and incorporating EH into broader public health initiatives, such as accreditation, community health assessment, and emergency preparedness and response.

Proposed Activities: Applicant proposals should reflect specific activities their organization is uniquely poised to conduct in addressing these priorities, such as the following:

• Convening key stakeholders and promoting collaboration, such as through organizational committees addressing EH priorities
• Arranging webinars, trainings, and other educational materials for EH professionals at city and county health departments
• Developing mechanisms to inform and mobilize target populations
Expected Outputs: Applicant proposals should reflect the types of outputs or products that might be generated through the project work plan objectives and activities. This might include outputs such as developing case studies illustrating "in the field" approaches to addressing EH priorities that highlight replicable approaches and lessons learned to share with other city and county EH professionals.

Expected Outcomes: Applicant proposals should identify anticipated outcomes that contribute to capacity building for county and city health department EH programs, such as vector control and other practice areas, and Model Aquatic Health Code resources. Proposals should include proposed metrics for measuring project-related impacts.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health
- [x] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [ ] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [ ] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [ ] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [ ] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 79/200 words maximum

The applicant organization must have the capacity to effectively and efficiently collaborate with EH professionals at county and city health departments. This project requires a significant level of staff time and diligence to ensure timely progress. The applicant organization should have the capacity, expertise, and mechanisms to develop and disseminate tools and products for EH professionals at county and city health officials on identified and emerging EH issues. The organization must implement work activities in a timely fashion.

13 Applicant Program Experience:* 121/200 words maximum

The applicant should have experience developing and disseminating tools and products for city and county environmental health professionals on identified and emerging EH issues. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of city and county EH professionals. In addition, the applicant organization should have demonstrated experience in:

• Recreational water, particularly experience regarding pool inspection programs and practices at county and city health departments
• Vector control programs and services provided by county and city health departments
• Performance improvement activities according to the 10 Essential Environmental Public Health Services, health department accreditation, community environmental health assessment, and strategies and approaches for supporting the EH practice and professionals at county and city health departments.

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 29/200 words maximum

There are no specific expectations for collaboration with other organizations or entities. However, collaboration may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

15 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 13/200 words maximum

At this time, CDC does not anticipate using subcontractors for this project.

16 Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No

Briefly describe how. : * 47/200 words maximum

The proposed project would result in resources, guidance, and information governmental pubic health agencies could use to improve their performance and the effectiveness and efficiency of their services and build capacity in EH programs, with particular emphasis on the Model Aquatic Health Code and vector control.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 39/100 words maximum

	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 06/15/2018 You will be directed to a confirmation screen upon successful save or submission. NCEH/FY18 (Year 1)/PP/20

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/15 words maximum
Technical Assistance: Enhanced State Opioid Overdose Surveillance (ESOOS)

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Anita Pullani; Reshma Mahendra

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
who5@cdc.gov; zep0@cdc.gov

CIO POC phone number(es):*
404-639-7312; 770-488-1207

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 25/25 words maximum
State Health Officials, Health Agency leaders: senior deputies, informatics directors, workforce development directors, environmental health directors, preparedness directors, accreditation coordinators, and local health department liaisons.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$400,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
507/1,000 words maximum

Purpose: The applicant will develop, facilitate, and deliver timely technical assistance (TA), in coordination of the CDC Enhanced State Opioid Overdose Surveillance (ESOOS) program related to enhanced surveillance on nonfatal and fatal opioid overdose. Technical assistance will be provided through various mediums and methods, including peer-to-peer support, executing in-person meetings, webinars, and other forms of education and training.
Proposed Activities:
1. The applicant will provide all logistics support for the annual ESOOS Awardee Meeting held in Atlanta, GA including but not limited to, securing hotel and meeting space, provision of written materials, developing the agenda, signage, coordinating speakers, communication with states, on-site technical help during the meeting (e.g. registration, A/V, note taking, etc.) and overall meeting evaluation/feedback activities.
2. The applicant will coordinate, administer and track targeted TA to funded ESOOS awardees in partnership with CDC and other vendors in support of the ESOOS surveillance and dissemination activities. TA activities may include developing virtual learning community/webinar series on key topics or emerging trends that facilitates states' access to appropriate subject matter experts, peer-to-peer training and other resources. TA activities may also include facilitating access to subject matter experts on an ongoing basis to provide additional direct and generic TA as needed (e.g. through workgroups, in-person, web-based support). The applicant will support collaborations among communities of practice among state health departments and will help identify, with assistance from CDC, the appropriate networks and states to participate in those exchanges. The applicant will provide in-depth TA, with coordination of CDC staff to awardee states, particularly those with significant organizational capacity needs or those who require assistance with stakeholder engagement around planning for action and/or transitioning from action planning to execution. In-depth TA activities may also include the coordination and delivery of in-person subject-matter trainings for states. Applicant will provide travel dollars for subject matter experts and states as needed. Additional activities will include identifying, convening, and distributing relevant ESOOS-related resources to states as needed.
3. The applicant will produce and maintain current individual state profiles of ESOOS activities, including but not limited to summarizing state-based opioid overdose surveillance activities, current opioid overdose surveillance capacity, programmatic TA needs, monitoring current and completed targeted TA activities, promising data dissemination activities and data-to-action success stories. General state snapshots of unfunded ESOOS states may also be included in this activity. Factsheets may also be developed.
Expected Outputs:
1. Successful execution of the annual ESOOS Awardee Meeting and summary of meeting evaluation/participant feedback data.
2. Active learning community among ESOOS awardees with targeted TA coordination activities to include subject matter expert training, peer-to-peer training, webinars/virtual learning communities, in-person site visits, and updated clearinghouse/central repository for connecting partner resources with states.
3. Updated repository of ESOOS-funded state profiles that include current capacity, comprehensive TA action plan, monitoring system to track TA needs identified and addressed through this project.
Expected Outcomes:
1. Improved state leadership and operational capacity to complete all ESOOS-supported activities to enhance fatal and non-fatal opioid overdose monitoring, public health surveillance and data dissemination.
2. Improved partnership capacity and effective information sharing of ESOOS-related resources to key stakeholders in order to improve overall preparedness and response efforts for opioid-involved overdoses.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- [x] **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- [ ] **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- [x] **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [ ] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [ ] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [ ] Increased capacity to evaluate laws and policies to affect health

	☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	☑ Increased leadership decision-making to address public health needs strategically and systematically
	☐ Strengthened capability of public health workforce to deliver essential public health services
	☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 197/200 words maximum
	Applicant should have the organizational and institutional capacity, along with the infrastructure, to identify, administer and track TA needs of state health departments related to state-level surveillance activities associated with fatal and non-fatal drug overdose, including – but not limited to - prescription and illicit opioids. Applicant should have the capacity to solicit, direct and coordinate a wide variety of subject matter experts, national public health partners and other resources in provision of comprehensive tailored technical assistance to ESOOS Awardees (state health departments). Applicant must demonstrate readiness and capacity to build, convene, and lead virtual learning communities among and across diverse sub-groups of states awardees, as well to facilitate and coordinate peer-to-peer engagement among state health departments. Applicant must demonstrate capacity to work with states and state health officials to identify assets and gaps in their opioid overdose prevention implementation strategies and use this information to identify approaches to increase states capacity to address comprehensive opioid overdose prevention and inform the development of tailored-TA strategies. Applicant must have demonstrated capacity to track, address, and monitor technical assistance requests. Applicant should have the capacity to coordinate logistics for large scale meetings with greater than 200 participants.
13	Applicant Program Experience:* 129/200 words maximum
	Applicant should have experience delivering opioid overdose-related TA to health departments, have comprehensive knowledge and awareness of public health programs or subject matter experts who can inform opioid overdose surveillance strategies and have experience outlining effective public health action through a multi-agency approach. The applicant should also have previous experience delivering opioid overdose TA to state health departments through virtual and on-site TA mechanisms. The applicant should have experience working with states and state health officials to determine capacity needs and translating needs assessment results into actionable plans, particularly around capacity building. The applicant should also have experience convening multiple agencies, coordinating and directing partners, managing work-groups, and facilitating peer-peer exchanges among state health departments. Applicant should have experience coordinating logistics for meetings with greater than 200 participants.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 114/200 words maximum
	Meaningful collaborations with groups most directly involved with opioid overdose public health surveillance strategies. Any other collaborations should only be with organizations that: (1) have experience with prescription drug overdose or opioid overdose public health programs and experience outlining effective public health action through a multi-agency approach; and (2) have experience bringing together personnel from multiple agencies and organizations, handling logistics, coordination and follow-up of webinars, state reports and/or findings; 3) have experience with implementing, enhancing or evaluating opioid overdose surveillance programs; 5) have experience with conducting capacity assessments; 5) have experience developing and/or implementing state-level capacity building strategies; and 6) have experience coordinating logistics for large meetings with greater than 200 participants.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 120/200 words maximum
	The applicant will contract various partners and subject matter experts to deliver technical assistance activities (e.g. onsite TA, capacity-building action plans, webinar-delivered TA, issue brief highlighting best practice and examples from currently funded awardees). The applicant and partners/subject matter experts will collaborate on the delivery of technical assistance webinars (virtual workshops), peer-peer trainings, subject matter trainings, on-site technical assistance, and individual, ad-hoc TA as needed. The applicant and partners/subject-matter experts will also deliver TA on increasing state-level capacity to address opioid overdose surveillance and delivering TA based on capacity level. The applicant will also collaborate with partners/subject matter experts to offer TA on how State Health Officials and their partners can best support ESOOS awardee activities within their states.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 170/200 words maximum

	The CBA will provide tailored support and resources to state health agencies to address the serious public health threat posed by the opioid overdose epidemic. This CBA will assist states in addressing both prescription and illicit opioids, and may also include other prescription or illicit drugs to the extent that they are associated with the opioid epidemic (e.g., stimulants). Through this CBA state health agencies will increase their ability to advance comprehensive state-level opioid overdose prevention interventions by: • Increasing state health departments awareness of evidence-based or promising opioid overdose surveillance strategies through peer-to-peer engagement and learning opportunities • Increasing state health departments access to resources and tools that inform implementation and advancement of evidence-based or promising opioid overdose surveillance strategies • Strengthening state health departments' organizational capacity to implement and evaluate comprehensive opioid overdose surveillance strategies • Strengthening state health departments' ability to convene diverse stakeholders to develop a coordinated, comprehensive state response to the opioid overdose epidemic in their state. • Strengthening state health departments' capacity to collect, analyze, and translate data into impactful action
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 99/100 words maximum
	The applicant will be responsible for the coordination of all relevant ESOOS TA resources and subject matter experts delivered to health departments, in collaboration with CDC. Examples of TA delivery include virtual learning communities, peer-to-peer calls, webinars, trainings, current capacity assessments, customized TA strategies and delivery for supporting high, intermediate, low capacity states. The applicant will also be responsible for providing all logistics for the annual ESOOS Awardee Meeting held in Atlanta, Georgia to include reserving hotel, meeting space, provision of written materials, agenda, signage, coordination of speakers, communication with states and on-site technical assistance during the meeting.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/12/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/26

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/15 words maximum
Technical Assistance for State, and Territorial Communication During Public Health Emergencies

2 CIO:*
OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE

3 Division, office, or unit:*
Emergency Risk Communications Branch

4 CIO Point of Contact (POC) name(s):*
Keri Lubell

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
klubell@cdc.gov

CIO POC phone number(es):*
404-639-0547

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 17/25 words maximum
Public health communicators and health educators working in state & territorial health departments and health agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$300,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
426/1,000 words maximum

CDC is seeking a applicant to provide technical assistance on public opinion to public health communicators at the state & territorial, levels in preparation for and during a major public health emergency, such as the recent Zika and Ebola outbreaks Public opinion information includes public understanding/knowledge, values, attitudes and experiences with the threat and the protection steps required to prevent the poor health outcomes and deaths. The information provided by the grantee will be used to help public health communicators and other officials appropriately respond to a major public health emergency through strategic health protection messaging for affected groups, at-risk and vulnerable groups, the public, and policymakers. The dynamic nature of major public health emergencies and the uncertainties surrounding them warrants the use of rapid turn-around assessments of the public knowledge, attitudes, and practices (KAP).

Attitudes, perceptions, values, and behaviors substantially affect how people prepare for and respond during emergency health events, including whether they understand and can follow complex health protection recommendations provided by public health agencies and how much they trust those agencies to provide credible guidance. Public health communicators must have robust data to use in developing communication strategies and addressing knowledge, attitude, and practice gaps. The information and technical assistance provided by the grantee to state and territorial public health communicators is essential to the design of effective communication strategy during a major public health emergency.

CDC recommends that the applicant consider working with an experienced subcontractor to meet the requirements of the project. The applicant and subcontractor should have extensive experience and a proven track record of providing KAP-related insights grounded in scientifically valid public opinion data to state and territorial public health communicators for communication planning and strategy for public health emergencies. CDC expects that one or more collections of opinion data from one or more affected groups may be required to successfully complete the project.

Expected outputs include summaries of existing public opinion assessment data related to public health emergencies, especially findings pertaining to affected groups and at-risk and vulnerable populations. Where the grantee determines additional data is needed, the grantee will develop instruments in accordance with accepted scientific practices; collect data using standard methodology as supported by the American Association of Public Opinion Research; provide data summaries ("toplines"), interpretation of results and recommendations for risk communication messaging to public health communicators at all levels of government as well as the public; produce press releases and conduct media interviews with experts who can explain findings; and publish findings in influential public health journals, with CDC and other collaborators as appropriate.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically

	☐ Strengthened capability of public health workforce to deliver essential public health services
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies
	☑ Strengthened capability to use communication and information technology to affect health decisions and actions
	☑ Strengthened capability to respond to public health priorities collaboratively and strategically
	☐ Strengthened capability to systematically apply and use laws and policies to improve health
	☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 200/200 words maximum
	The applicant must have the ability to • Coordinate with state and territorial public health communicators during public health emergencies and include CDC in discussions • Convene conference calls, as appropriate, with state and territorial emergency communication subject matter experts • Solicit and manage input from state and territorial public health communicators about the type of public opinion assistance required to address the information needs of the public and affected groups • Convene and coordinate conference calls, as appropriate, to share findings and recommendations emerging from public opinion information with state public health communicators The applicant, with a potential subcontractor, must • Possess a thorough knowledge of emergency risk communication theories and approaches including CDC's Crisis and Emergency Risk Communication (CERC) • Demonstrate organizational connections to and collaboration with the target audience of state-level public health communicators • Have extensive scientific knowledge about determining appropriate methods to provide information about how the public and specific risk groups have, are, or will likely respond to major public health emergencies • Have thorough knowledge of processes for developing public health emergency public opinion data collection tools that are appropriate to the specific audiences and threats • Demonstrate capacity to conduct archival public opinion research to inform communication needs • Demonstrate ability to determine when additional public opinion information is required
13	Applicant Program Experience:* 197/200 words maximum

	Where the applicant/subcontractor determine additional information is required, they must demonstrate:
	• Deep/thorough understanding of instrument development including
	  ○ Ensuring cultural appropriateness of language
	  ○ Incorporating effective methods for reducing social desirability and other potential biases
	• Expertise/experience conducting public opinion polls adhering to scientific standards supported by the American Association of Public Opinion Research (AAPOR) in the public health context, specifically
	  ○ Conducting polls to understand public reaction to major public health emergencies, such as hurricanes, anthrax, H1N1, SARS, Ebola, and Zika
	  ○ Conducting public health polls domestically and internationally
	  ○ Gathering input from public health communicators about communication information needs
	• Expertise determining sampling methods and frames; utilizing randomized probability samples where possible, adhering to AAPOR standards
	• Analyzing public opinion data
	• Providing results in as little as 3-5 days
	• Providing public health communicators with actionable information for health protection messages based on data and a thorough understanding of emergency risk communication principles
	• Developing press releases and conducting interviews to disseminate findings
	• Publishing findings in influential academic journals, working with CDC contributors as appropriate
	
	The applicant/subcontractor must have demonstrated history of
	• Collaboration with state and territorial public health communicators preparing for and responding to public health emergencies
	• Knowledge of public health message development/dissemination during times of high uncertainty and concern
	• Expertise/experience with public polling gap analysis and conducting rapid-turnaround polling for public health emergencies.

	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 81/200 words maximum

	Given the technical complexity of parts of the project, CDC expects that the applicant may need to subcontract some of the activities, specifically those related to • Analysis of existing public opinion data • Development of instruments, sampling frames, and respondent samples in accordance with standards developed by AAPOR • Collection, analysis, and storage of additional public opinion information • Expertise in explaining complex data to the public and the media • Publishing findings in influential public health journals, as outlined in Applicant Organizational Capacity and Applicant Program Experience sections
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 96/200 words maximum
	See criteria listed in Applicant Organizational Capacity and Applicant Program Experience sections. Potential subcontractors must demonstrate extensive scientific expertise and experience reviewing, developing, implementing, and analyzing public opinion data to support risk communication messaging during public health emergencies using standards that are consistent with American Association of Public Opinion Research. Subcontractors must also have a proven ability to share findings with public health communicators across multiple levels of government and publishing results in influential public health journals. Qualified subcontractors meeting all the required criteria may be found, for example, in academic schools of public health.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 25/200 words maximum The purpose of the proposed work is to support state and territorial public health communicators preparing for and responding to large-scale public health emergencies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 57/100 words maximum
	It is expected that a substantial proportion of the funding will be used to support the work of a subcontractor expert in analyzing polling data and collecting additional information as needed. The applicant should clearly specify tasks to be covered by the applicant and tasks to be addressed by a subcontractor. Funding should be apportioned accordingly.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 05/15/2018 You will be directed to a confirmation screen upon successful save or submission. OPHPR/FY18 (Year 1)/PP/0

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/15 words maximum
Technical Assistance Support and Coordination for Prevention for States and Data-Driven Prevention Initiative Awardees

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division, office, or unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*
Henrietta Kuoh; Sarah Bacon

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
ilq7@cdc.gov; jfy5@cdc.gov

CIO POC phone number(es):*
770-488-7335; 770-488-0520

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 18/25 words maximum
State Health Officials (SHOs) and State Health Department Staff, along with other State Health Agency (SHA) leaders.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$1,000,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ◉ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
1000/1,000 words maximum

Goal (1): To support states in advancing and evaluating comprehensive state-level interventions that address both prescription and illicit opioids, and may address other prescription or illicit drugs to the extent that they are associated with the opioid epidemic (e.g., stimulants). Intended outcomes of the PfS and DDPI funding are safer prescribing practices and decreased opioid morbidity and mortality.

Goal (2): To provide all logistics for the annual Prevention for States (PfS) and Data-Driven Prevention Inititative (DDPI) Recipient Meeting held in Atlanta, Georgia.

Background: Drug overdose deaths in the United States increased by 18% per year from 2014 to 2016. Of the over 63,600 drug overdose deaths in 2016, 2 out of 3 involved an opioid. Opioid overdose deaths have increased fivefold from 1999 to 2016. PFS and DDPI awardees (state health departments) are required to implement and evaluate interventions at the state and local level for preventing opioid overuse, misuse, use disorder, and overdose.

The intricate and changing nature of the opioid overdose epidemic makes successful implementation and application of these interventions complex. Success requires an interdisciplinary and comprehensive public health approach that is underpinned by partnerships and ongoing coordination with multiple stakeholders. It also requires significant subject matter expertise (SMEs) to help state health departments (SDHs) collect, analyze, and translate data into impactful action and access tools and resources that can help inform prevention and response efforts.

PfS /DDPI awardees have highly variable levels of the required expertise and capacity to implement priority strategies. Some states have relatively limited capacity in addressing opioid overdose and need support to strengthen their ability to form a comprehensive prevention strategy. In contrast, other states have a higher state of readiness and need resources and support to scale up comprehensive, multi-prong strategies. Hence, addressing the broad spectrum of awardee needs requires significant technical assistance (TA) that can be tailored and adapted to the varying contexts of each funded state, as well delivered through a convening of the various sources of experience and insight that foster successful implementation.

Project Description: The applicant will provide targeted TA to PfS/DDPI states focused on implementing and evaluating state-level interventions addressing prescription and illicit opioids, as well as other prescription or illicit drugs to the extent that they are associated with the opioid epidemic. TA will include facilitating connections between a wide variety opioid overdose prevention SMEs and funded states, identifying and fostering peer-to-peer trainings among funded and unfunded states, and providing on-site TA to funded SHDs to support successful implementation of identified strategies. In addition, the applicant will also complete an assessment of states' capacity to successfully implement or scale up a comprehensive opioid over dose strategy, identifying both assets and gaps. Guided by the capacity information the applicant will identify states as having low, intermediate, and high capacity. The applicant will then work closely with up to five lowest capacity states to develop state-specific action plans focused on increasing these states' capacity to address comprehensive opioid overdose prevention. The applicant will be also expected to develop tailored TA strategies (group and individualized) for supporting the high, intermediate, low capacity state groups based on their capacity levels. Furthermore, the applicant will identify, convene, distribute relevant resources and work directly with experts to provide trainings and TA support to PfS/DDPI awardees and possibly unfunded states. The applicant will also track and monitor TA requests that arise and/or address through activities administered through this project. Lastly, the applicant will be responsible for all logistics for the annual PfS/DDPI Recipient Meeting held in Atlanta, including reserving hotel, meeting space, provision of written materials, developing the agenda, signage, coordinating speakers, communication with states, and on-site technical help during the meeting.
Expected Products:
• Establish peer-peer trainings for states.
• Build a learning collaborative among awardee states.
• Conduct assessment of PfS/DDPI awardees' capacity to address comprehensive opioid overdose prevention.
• Develop state-specific capacity building action plans for up to five lower capacity awardees
• Develop group-specific TA strategies to support the high, intermediate and lower capacity state groups.
• Identify a clearinghouse/central repository for connecting partner resources with awardee states.
• Create a tracking and monitoring system to track TA needs identified and addressed through this project.
• Provide subject matter training for awardee states as needed
• Build generic TA that can be shared with non-funded states.

Activities (1): The applicant will coordinate, administer and track TA to funded PfS/DDPI awardees (SHDs) in partnership with CDC and other vendors in support of the implementation and evaluation of identified strategies. This may include developing a quarterly virtual Learning Community series that facilitates states' access to SMEs on key topics or emerging trends at least four times per year. It may also include facilitating access to SMEs on an ongoing basis to provide additional direct and generic TA as needed. Applicant may also coordinate and facilitate up to six peer-to-peer calls and up to six communities of practice among SHDs and will help identify, with assistance from CDC, the appropriate networks and states to participate in those exchanges. Applicant will provide in-depth TA to three-to-four five awardee states, particularly those with infrastructure or capacity development needs or who require assistance with stakeholder engagement around planning for action and/or transitioning from action planning to execution, and may require on-site administration. Applicant may also conduct an assessment of PfS/DDPI states' capacity to implement or scale up comprehensive opioid overdose prevention and use this information to develop capacity building action plans for up to five lower capacity states and inform the development of tailored TA approaches (both individualized and group) to states based on their capacity levels. TA may also include the coordination and delivery of up to two one or two day in-person subject-matter trainings for states. Applicant will provide travel dollars for subject matter experts and states as needed. Additional activities will include identifying, convening, and distributing relevant resources to states as needed.

Activities (2): The applicant will also be responsible for providing all logistics for the annual PfS and DDPI Receipent Meeting held in Atlanta, Georgia. The responsibility includes, reserving hotel, meeting space, provision of written materials, agenda, signage, coordination of speakers, communication with states and on-site technical assistance during the meeting.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL		
10	CBA Program Strategies (Check one or more):*	
	☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement

- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☐ Increased capacity to evaluate laws and policies to affect health
- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☑ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services
- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies
- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions
- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically
- ☐ Strengthened capability to systematically apply and use laws and policies to improve health
- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 183/200 words maximum

Applicant should have the organizational and institutional capacity, along with the infrastructure, to identify, administer and track TA needs of SHDs related to implementation and evaluation of state-level interventions addressing prescription and illicit opioids. Applicant should have the capacity to solicit, direct and coordinate a wide variety of opioid overdose prevention subject matter experts, partners and resources in provision of comprehensive tailored TA to PfS/DDPI Awardees (SHDs). Applicant must demonstrate readiness and capacity to build, convene, and lead virtual learning collaborative among and across diverse sub-groups of awardees, as well to facilitate and coordinate peer-to-peer engagement among SHDs. Applicant must demonstrate capacity to work with states and state health officials (SHOs)to identify assets and gaps in their opioid overdose prevention implementation strategies and use this information to identify approaches to increase states capacity to address comprehensive opioid overdose prevention and inform the development of tailored-TA strategies. Applicant must have demonstrated capacity to track, address, and monitor TA requests. Applicant should have the capacity to coordinate logistics for large scale meetings with greater than 200 participants. Applicant should have the capacity to help benefit SHOs and SHD staff.

13 Applicant Program Experience:* 150/200 words maximum

	Applicant should have experience delivering prescription drug overdose or opioid overdose-related technical assistance to state health departments, have comprehensive knowledge and awareness of public health programs or subject matter experts who can inform implementation and evaluation of opioid overdose prevention strategies and have experience outlining effective public health action through a multi-agency approach. The applicant should also have demonstrated experience delivering prescription drug overdose or opioid overdose TA to state health departments through virtual and on-site TA mechanisms. The applicant should have experience working with state health department staff and health officials to determine capacity needs and translating needs assessment results into actionable plans, particularly around capacity building. The applicant should also have experience convening multiple agencies, coordinating and directing partners and subject matter experts, managing work-groups, and facilitating peer-to-peer exchanges among state health departments. Applicant should have experience coordinating and planning logistics for meetings with greater than 200 participants.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 119/200 words maximum
	Meaningful collaborations with groups most directly involved with informing, implementing or evaluating prescription drug and/or opioid overdose prevention strategies. Any other collaborations should only be with organizations that: (1) have experience with prescription drug overdose or opioid overdose public health programs and experience outlining effective public health action through a multi-agency approach; and (2) have experience bringing together personnel from multiple agencies and organizations, handling logistics, coordination and follow-up of webinars, state reports and/or findings; 3) have experience with implementing, enhancing or evaluating prescription drug monitoring programs; 5) have experience with conducting capacity assessments; 5) have experience developing and/or implementing state-level capacity building strategies; and 6) have experience coordinating logistics for large meetings with greater than 200 participants.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 200/200 words maximum
	The applicant will contract various partners and SMEs to deliver TA activities (e.g. onsite TA, capacity-building action plans, webinar-delivered TA, issue brief highlighting best practice and examples from awardees). The applicant and partners/subject matter experts will collaborate on the delivery of TA webinars (virtual workshops), peer-peer trainings, subject matter trainings, on-site TA, and individual, ad-hoc TA as needed. The applicant and partners/SMEs will also deliver TA on increasing state-level capacity to address opioid overdose prevention and delivering TA based on capacity level. The applicant will also collaborate with partners/subject matter experts to offer TA on how SHOs and their partners can best support PfS/DDPI awardee activities within their states. If any subcontracting required, subcontractors must have one or more of the following areas of expertise: • Implementing, enhancing or evaluating prescription drug monitoring programs (PDMPs). • Implementing and evaluating state-level interventions addressing prescription and illicit opioids, as well as other prescription or illicit drugs to the extent that they are associated with the opioid epidemic. • Assessing and increasing state-level capacity to address comprehensive opioid overdose prevention • Facilitating state and local collaboration around opioid overdose prevention • Convening multi-agencies and diverse stakeholders to develop a comprehensive strategy or strategic action plan • Tracking and monitoring identified TA requests and responses
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 171/200 words maximum
	The CBA will provide tailored support and resources to state health agencies to address the serious public health threat posed by the opioid overdose epidemic. This CBA will assist states in addressing both prescription and illicit opioids, and may also include other prescription or illicit drugs to the extent that they are associated with the opioid epidemic (e.g., stimulants). Through this CBA state health agencies will increase their ability to advance comprehensive state-level opioid overdose prevention strategies by: • Increasing state health departments awareness of evidence-based or promising opioid overdose prevention strategies through peer-to-peer engagement and learning opportunities • Increasing state health departments access to resources and tools that inform implementation, evaluation, and advancement of evidence-based or promising opioid overdose prevention strategies • Strengthening state health departments' organizational capacity to implement and evaluate comprehensive opioid overdose prevention strategies • Strengthening state health departments' ability to convene diverse stakeholders to develop a coordinated, comprehensive state response to the opioid overdose epidemic in their state. • Strengthening state health departments' capacity to collect, analyze, and translate data into impactful action
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 100/100 words maximum
	Coordination of opioid overdose prevention resources and SMEs. Track TA delivered. Facilitate states' access to SMEs, peer-to-peer engagement opportunities as described in activities section. Coordinate additional TA as needed. Conduct capacity assessments of states and use information to develop state-specific capacity building action plans for up to five lower capacity states and develop tailored TA strategies for states. Provide in-depth TA to 2-3 awardee states. Coordinate at least two one-two day in-person training for states with SMEs on a topic of interest. Provide travel dollars for these states as needed. Provide all logistics for the annual PfS/DDPI Recipient Meeting held in Atlanta, Georgia.
	CIO CERTIFICATION

18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCIPC/FY18 (Year 1)/PP/2

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/15 words maximum
Legal Barriers to Legal Preparedness during Public Health Emergencies: Updating Critical Resources.

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division, office, or unit:*
Office Of Public Health Law Services

4 CIO Point of Contact (POC) name(s):*
Donald Benken; Greg Sunshine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
dbenken@cdc.gov; xeu3@cdc.gov

CIO POC phone number(es):*
404-498-0451; 404-498-0457

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 26/25 words maximum
State public health staff who prepare, respond, train, educate, analyze, evaluate and are responsible for preparedness, response, mitigation, evaluation and analyses during public health emergencies.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$120,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ◉ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
384/1,000 words maximum

In 2011, CDC and ASTHO provided funding for the development of the Legal Barriers Toolkits to provide quick, easily digestible fact-sheets on a plethora of public health legal preparedness topics including emergency authorities and immunities, emergency use authorizations, volunteers, information sharing, schools, and scopes of practice. These toolkits helped public health officials understand and use legal authorities to prepare for and respond to public health emergencies. However, in 2013, upon the passage of the Pandemic and All-Hazards Preparedness Reauthorization Act, specific aspects of these toolkits became out-of-date due to changes in federal law. Since 2013, additional legislative, regulatory, and practical developments in the field of legal preparedness have created a demonstrable need for updating and expanding the Legal Barriers Toolkits. Through this project, the awardee will conduct a survey of federal, state, tribal, local, and territorial developments in public health emergency preparedness law and policy, identify aspects of the current toolkits that require updating, and develop new toolkits to address novel legal issues demonstrated by recent response activities such as Ebola, Zika, and Hurricanes Harvey, Irma, and Maria.

Purpose:

The purpose of this project is to update the outdated materials in the Legal Barriers Toolkits for STLT practitioners and their legal counsel. These were widely anticipated and heavily used resources that are critical to state preparedness and emergency response efforts and need updating due to changes in the current law.

Proposed Activities:
Through this project, the awardee will conduct a survey of federal, state, tribal, local, and territorial developments in public health emergency preparedness law and policy, identify aspects of the current toolkits that require updating, and develop new toolkits to address novel legal issues demonstrated by recent response activities such as Ebola, Zika, and Hurricanes Harvey, Irma, and Maria.

Expected Outputs:
Outputs from the project will include the development of updated and new Legal Barriers Toolkits for use by State Public Health Practitioners, and their legal counsel and staff who analyze authorities and resources during state public health emergencies.

Expected Outcomes:
The outcome of this project will be revised materials on critically needed topics related to public health law emergency preparedness and response. Completion of this project will result in better coordination of activities throughout the STLT community related to jurisdiction based emergency preparedness and response for issues that are critical and frequently occurring under state authority.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems
- ☑ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively
- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- ☑ Increased capacity to evaluate laws and policies to affect health
- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards
- ☐ Increased leadership decision-making to address public health needs strategically and systematically

	☑ Strengthened capability of public health workforce to deliver essential public health services ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies ☑ Strengthened capability to use communication and information technology to affect health decisions and actions ☑ Strengthened capability to respond to public health priorities collaboratively and strategically ☑ Strengthened capability to systematically apply and use laws and policies to improve health ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
12	Applicant Organizational Capacity:* 43/200 words maximum
	The recipient organization(s) should be capable of reviewing and developing curriculum, resources, toolkits, and other materials that target state health officers, public health emergency preparedness and response personnel at the state level, and marketing the materials for widespread availability and use.
13	Applicant Program Experience:* 28/200 words maximum
	Experience working with state health officers, public health emergency preparedness and response personnel. Familiarity with the development, organization, and materials in the Legal Barriers Toolkits. Experience developing marketing plans.
	COLLABORATIVE WORK
14	Expectations for Collaboration, as applicable: 42/200 words maximum
	The recipient will need to work closely with: CDC-PHLP; local, territorial and tribal public health staff; STLT attorneys and practitioners; and key stakeholders who have an interest in the use of law as a tool to improve public health outcomes and service delivery.
15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 28/200 words maximum
	This project has a direct impact on STLT health departments and their staff ability to better and more effectively respond in the area of public health emergencies.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 31/100 words maximum
	Funds may be used as legally permitted under the scope of the cooperative agreement for any relevant purpose identified by the applicant as a relevant part of the project plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/16/2018 You will be directed to a confirmation screen upon successful save or submission. CSTLTS/FY18 (Year 1)/PP/37

Center for State, Tribal, Local, and Territorial Support (proposed)
National Partnership Branch
Final

FY 2018 CIO Project Plan
CDC-RFA-OT18-1802
Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Project Plan Instructions

You can edit and save a draft of your plan by clicking the "Save and Close" button below. You can edit your plan at any time before submitting it. **You must submit a final version to be considered for the NOFO.** Submit the final version by clicking the "Submit" button below. You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/15 words maximum
USAPI Surveillance Enhancement Initiative

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PRE

3 Division, office, or unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*
Tranita C. Anderson; Shean Johnson; Dan Lentine

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*
TKG1@cdc.gov; imq9@cdc.gov; dhl2@cdc.gov

CIO POC phone number(es):*
404-418-1999; 404-639-6168; 404-639-0462

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A

6 Description of the Target Population:* 33/25 words maximum
Territorial Health Departments; Public health professionals who serve in a leadership or a programmatic capacity to guide, influence, and collaborate across health systems and organizations to strengthen US-Affiliated Pacific Islands STD/HIV Prevention Programs.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1 – July 31

7 Proposed Project Funding Amount:* (11-month budget period)
$250,000
(Whole numbers only)
○ Funded ○ Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for the entire period of performance (5 years). The applicant will submit a continuation application for the project each budget period (every 12 months).
- ○ The CIO will fund the project for two or more consecutive budget periods. The applicant will submit a continuation application for each budget period (every 12 months).
- ○ The CIO will fund the project for one year. The applicant will not submit a continuation application for the next budget period. The CIO will submit a new project plan for solicitation to fund the project additional budget periods.

PROJECT DETAILS

9 Project Description*– Provide a narrative of the **purpose**, **proposed activities**, **expected outputs**, and **expected outcomes**.
669/1,000 words maximum

Purpose: To strenghten USAPI jurisdication STD/HIV program staff skill and functionality to improve the availability and timeliness of surveillance data for program planning, response, and case reporting. Establish surveillance units in each of the six USPAPI jurisdications to verify diagnosis and treatment for all reportable STDs from public and private physicans, health care providers, hospital, and laboratorires as required by local law.

The Division of STD Prevention (DSTDP) contributes funds towards and Intergrated NOFO, PS18-1801 to support program, laboratory, and surveillance operations. PS18-1801 funds six U.S.-Affiliated Pacific Island (USAPI) jurisdictions (Commonwealth of the Northern Mariana Islands (CNMI), American Samoa, Guam, the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI) and the Republic of Palau. These jurisdictions have high burden of STDs and hepatitis B virus, and are potentially at risk for increases in HIV infection.
1. Under PS-18-1801, USAPI grantess are required to:
1. Submit STD surveillance data to CDC by the established reporting deadlines
2. Investigate and report cases or potential cases of congential syphilis
3. Develop annual surveillance reports and publicly disseminated to affected populations, communities, providers and key stakeholders
4. Report positivity for syphilis, chlamydia, and gonorrhea
5. Report the number and percentage of positive tests (for chlamydia, gonorrhea, and syphilis) identified among high-risk groups
6. Report the number and percentage of new diagnoses of chlamydia, gonorrhea, and syphilis by gender and pregnancy status
7. Report the number and percentage of pregnant women tested for HIV, HBV, chlamydia, gonorrhea, and syphilis within first 20 weeks of pregnancy
8. Report the number and percentage of persons with a positive STD test (chlamydia, gonorrhea, and syphilis) who are treated within 7 days (chlamydia and gonorrhea) and 14 days (syphilis) [pregnancy status needed]

Complete case reporting and use of surveillance data for action are still currently limited in the USAPIs due to a number of local challenges. Many USAPI jurisdication are unable to enforce jurisdicational laws and regulation mandated to receive cases of STDs (i.e. syphilis, chlamydia, and gonorreha) to the health department. Additionally, USAPI jurisdictions lack the capacity to routinely collect, analyze, interpret, and distribute STD data in order to reduce morbidity and mortality through STD prevention and control. Local programs are understaffed (e.g., single person covering multiple programs), laboratory capacity is limited as facilities are often hospital rather than public health based, lack sufficiently trained personnel, and are poorly equipped to conduct HIV/STI testing. Many staff have not had formal training in laboratory sciences, epidemiology or surveillance activities needed to manage high quality programs.

The USAPI Surveillance Enhancement Initiative is aimed to assist the 6 USAPIs in meeting the following outcomes by providing programmatic and surveillance capacity building to key health department staff.

Proposed Activities:
• Review existing USAPI jurisdicational laws and regulations mandated to receive cases of STDs
• Review, support, and improve STD data collection and information management systems
• Assess and address current needs to strengthen STD/HIV surveillance operations, overall capacity, training or technical assistance needs of USAPI
• Develop and implement a comprehensive STD/HIV Surveillance Units in each of the six USAPI jurisdications to include strategies to address STD/HIV surveillance operations and workforce development needs
• Develop regional accessible and technical support materials (e.g., TOT models, PCSI champions)
• Review current and potential funding streams available for STD/HIV surveillace initiatives to identify sustainable funding streams
• Provide training and technical support that supports improved use of surveillace and epidemiologoical data to guide prevention and case management efforts
• Implement evaluation strategies and approaches that support case review and sentinel event case reviews

Expected Outputs:
• Strong surveillance information system and database
• Accurate and timely verification of diagnosis and treatment for all reportable STDs
• Improved knowledge of jurisdicational laws and regulations mandated to receive cases of STDs and data exchange among key private partners and NGO's
• Improved collaboration and data sharing among key private partners and NGO's
• Increased knowledge of the available surveillance systems
• Regular surveillance reports produced and disseminated

Expected Outcomes:
• Enhanced STD/HIV overall surveillance operations to collect, manange, and report data
• Enhanced accountability and use of surveillace tools
• Increased STD/HIV surveillance workforce capacity
• Improved knowledge of public health reporting laws and policies
• Incresase reporting and verification of non-public health reporting sources
• Improve the availability, quality, and timeliness of surveillance data

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

10 CBA Program Strategies (Check one or more):*

☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

- [x] **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- [x] **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- [x] **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- [x] **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

11 CBA Program Outcomes (Check one or more):*

Short-Term

- [x] Improved operational capacity to evaluate, manage, and improve public health systems
- [x] Improved leadership capacity to identify and prioritize public health needs
- [x] Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- [x] Improved capacity of data and information systems to conduct public health monitoring and surveillance
- [x] Improved communication and information technology capacity to inform the public efficiently and effectively
- [x] Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- [x] Increased capacity to evaluate laws and policies to affect health
- [ ] Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- [x] Increased capability of public health systems to achieve nationally established standards
- [x] Increased leadership decision-making to address public health needs strategically and systematically
- [x] Strengthened capability of public health workforce to deliver essential public health services
- [x] Increased capability to use data to inform decision-making and support evidence-based practices and policies
- [x] Strengthened capability to use communication and information technology to affect health decisions and actions
- [x] Strengthened capability to respond to public health priorities collaboratively and strategically
- [x] Strengthened capability to systematically apply and use laws and policies to improve health
- [x] Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

12 Applicant Organizational Capacity:* 103/200 words maximum

The applicant should have: (1) documented expertise in surveillance and epidemiology training and education, (2) familiarity with basic STD/HIV public health systems in the region, and how these interact with the overall, local public health infrastructures, (4) capacity to provide training, technical assistance, and resources to staff in territorial health departments on clinical services, surveillance, epidemiology, and laboratory systems, (5) a reputation for excellent communication with partners (e.g., CDC, local partners, other agencies or organizations), (6) expertise in building or expanding upon existing partnerships, (7) prior experience working with USAPI partners and a documented ability to collaborate with local partners and CDC.

13 Applicant Program Experience:* 95/200 words maximum

The applicant should have experience and documented ability in (1) identifying public health goals (and preferably STD/HIV surveillance goals) and developing road maps for the future, (2) providing specific public health program planning guidance; (3) training in public health clinical, surveillance, and laboratory services around STD/HIV and other integrated public health systems; (4) knowledge of challenges faced by territorial, local, and state health departments around public health issues likely to challenge local STD and HIV prevention programs, (5) experience in planning, implementing, monitoring, and evaluation of public health programs (and ideally STD/HIV Prevention Programs)

COLLABORATIVE WORK

14 Expectations for Collaboration, as applicable: 122/200 words maximum

The applicant is expected to work closely with STD consultant staff at CDC and the STD/HIV programs in the U.S. Pacific island territories and states to develop a plan, coordinate training activities, and implement activities. The applicant is also expected to work with local policy makers and STD program managers to coordinate STD/HIV surveillance activities with other health department related activities with an eye toward building quality assured, evidence-based programs. Depending upon the jurisdiction, the applicant may be asked to also work, along side the staff of health department, with private laboratories or other medical partners. The applicant will be expected to communicate frequently and work closely with CDC/DSTDP program managers to ensure that program expectations are understood and objectives met.

15	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 51/200 words maximum
	Subcontracts are not anticipated, but if subcontractors are deemed necessary to complete the project, the subcontractor should have an established track record suitable to perform the work in question. If subcontractors are deemed necessary, the recipient should work with CDC to establish the scope of work and selection of subcontractors.
16	Will the proposed CBA benefit governmental public health agencies?* ◉ Yes ○ No Briefly describe how. : * 57/200 words maximum
	To improve US Affiliated Islands health department's STD surveillance capacity and performance, and work toward sustaining and improving the performance of the surveillance operations. Particularly, enhance efforts to collect data and manage STD data to prevent STD transmission, improve allocation of resources for treatment services, and assist in evaluating the impact of public health interventions.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 74/100 words maximum
	Use of funds should be allocated for but not limited to: Assessment tools-10% Instructional and other supplies-10% Training manuals/material-10% Communications- 10% Space and/or equipment rental-15% Contract cost- 10% Travel - 15% Lodging-10% Other items:10% Each project period, the project and activities will be aligned to best meet CDC/DSTDP's needs and priorities, and scaled to match the actual funding amount available for this work. The recipient should collaborate with CDC to establish a reasonable work plan and deliverables based on priorities and the actual funding available.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand it is my CIO's responsibility to pursue Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) clearance for this project. I will discuss the project with my Associate Director for Science (ADS) and initiate the appropriate clearance prior to funding.

Final

Submission Date: 04/11/2018 You will be directed to a confirmation screen upon successful save or submission. NCHHSTP/FY18 (Year 1)/PP/6

CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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Recipient SharePoint User Guide

Center for State, Tribal, Local, and Territorial Support (CSTLTS) (*proposed*)
Division of Program and Partnership Services
National Partnership Branch

Updated July 2018

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CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health 0

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Required Registration and Access to SharePoint

CDC JOIN: Prior to submitting your specific work plans to CDC, you must register with CDC JOIN. Each organization may register up to two designees with CDC JOIN access. The CDC JOIN username and password must be maintained with current information at all times while an organization has a project funded through CDC-RFA-OT18-1802, and until a final financial report is submitted or final payment is received, whichever is later. The CDC JOIN registration process takes approximately five minutes to complete.

SharePoint: SharePoint is the database into which a recipient must submit materials for projects funded by CDC-RFA-OT18-1802 and will be used for conducting business related to such projects. CDC CSTLTS will notify you when SharePoint access is granted.

1. **Register with CDC Join**
    a. Step 1: Obtain Username and Initial Password
        i. You will receive a CDC JOIN Invitation email, which includes your username and initial password, as well as the details required to complete registration. If you have already received you invitation email, please proceed to Step 2.
        ii. If you have not received your CDC JOIN invitation email, contact CDC, Center for State, Tribal, Local and Territorial Support (CSTLTS), National Partnership Branch (NPB) staff by emailing them at OSTLTSPartnersNOFO@cdc.gov.
    b. Step 2: Activate Your Account
        i. To activate your CDC JOIN account, navigate to the External Partner Account Activation Information page and follow the steps below:
            1. Enter your Username and Initial Password
            2. Click Activate Account to continue with account registration
    c. Step 3: Complete Registration
        i. Notify NPB that you have completed CDC Join registration by emailing OSTLTSPartnersNOFO@cdc.gov
2. **Access to SharePoint - Recipient Dashboard**
    a. After notification of CDC Join registration completion has been received, NPB will notify you when SharePoint access is granted. In order to access SharePoint,
        i. Click on CTRL + click NPB Recipient Dashboard
        ii. Click the option, “This is a private computer.”
        iii. Select “I am an External Partner” radio button
        iv. Enter your username established through CDC JOIN.
        v. Enter your password established through CDC JOIN.
        vi. Click “Logon.” The Recipient Dashboard will load.
    b. To access project documents related to your recipient organization select the icon for your organization’s name located under the “Recipient Organizations” section on the Dashboard.
    c. If assistance is needed, contact NPB by emailing OSTLTSPartnersNOFO@cdc.gov

Instructions for Submitting Year 1 Work Plans Revisions for Funding Strategy 1

Note: <u>All related work plan revisions must be submitted via SharePoint and GrantSolutions Grants Management Module (GMM).</u>

1. Follow steps 1 – 7 on page 2 to access the Recipient Dashboard.
2. Select the "Year 1 Work Plan" link from the "Project Templates" section of the Recipient Dashboard.
3. The following outlined information is required in the work plan template.
    a. **General Information:** The following information should populate based on the account used to initiate the form: Recipient Name, Award Number, POC Name, POC Phone Number, POC Email Address, POC Mailing Address, POC Backup Name, POC Backup Email Address, and Recipient Target Population Category.
    b. **Year 1 Project Information**
        i. <u>Work Plan Type:</u> Use the radio button to indicate the Work Plan type.
            1. *<u>Funding Strategy 1 (Initial Application):</u> Select this option to submit a work plan linked to your Initial Application. The Initial Application is the application your organization submitted to Grants.gov in March 2018. Funding Strategy 1 Work Plans should be in response to Technical Review(s) your organization received with the Notice of Award.*
            2. <u>Funding Strategy 2 (Work Plan in Response to CIO Project Plan):</u> Select this option to submit a work plan in response to a CIO Project Plan. The FY 2018 CIO Project Plans were posted on Grants.gov under CDC-RFA-OT18-18020101SUPP18. CIO Project Plans are CDC proposals for CBA that OT18-1802 recipients respond to in order to obtain additional funding.
        ii. <u>Project Title:</u> Use the dropdown to select the title from the "Project Title" dropdown box.
        iii. <u>Project ID:</u> Autopopulates from SharePoint
        iv. <u>Award Amount:</u> Autopopulates from SharePoint based on Project Title
        v. <u>Is this project partially funded by opioid funding?</u>: Use the radio button to indicate whether the award amount includes partial dollars from federal funds appropriated for opioid activities. NOTE: Refer to the Technical Review to determine if a project is partially funded by opioid dollars.
            1. <u>Yes:</u> Select this option if the project is partially funded by federal funds appropriated for opioid activities.
            2. <u>No:</u> Select this option if the project is fully funded by federal funds appropriated for opioid activities OR if the project is fully funded by federal funds appropriated for non-opioid activities.
        vi. <u>Opioid Funding Amount</u>: This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. Enter the whole dollar amount of federal funds appropriated for opioid activities.
        vii. <u>Non-opioid Funding Amount</u>: This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. Enter the whole dollar amount of federal funds appropriated for non-opioid activities.
        viii. <u>CIO:</u> Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

ix. Division: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

x. CDC Primary POC/TM Name: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

xi. CDC Primary POC/TM Phone Number: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

xii. CDC Primary POC/TM Email Address: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

xiii. Target Population Description: Describe the target population that will receive the CBA outlined in the work plan. The description should be consistent with the target population identified within the initial application or the project plan.

xiv. Project Description: Provide an abstract of the project strategies, activities, outputs, and intended outcomes.

xv. Topic Areas: Use the checkboxes to identify the key topic area(s) of the work plan.

xvi. Program Strategies: Identify the key strategies that relate to the proposed project. Select at least one strategy from the OT18-1802 Logic Model. The logic model is hyperlinked within the form.

xvii. Program Outcomes: Identify the expected outcomes that relate to the proposed project. Check two or more from the OT18-1802 Logic Model.

c. **Work Plan:** Describe the overall project approach, including the activities, outputs, and performance measures (process and outcome) related to the selected program strategies and outcomes. Use the specified format provided for each field. Program Strategy= S; Activity=A; Output=OP; Program Outcome=O; Budget Period Outcome=BPO

i. Activities and Outputs: List the key activities for each program strategy selected.

1. *Activities and Outputs Format*

S2. *(Program Strategy)* Leadership and Workforce Development
A1. *(Activity)*
OP1. (Output)
A2.
A3.
OP1.

2. S4. Communication and Information Technology
A1.
A2.
A3.

ii. Budget Period Outcomes: List the key output(s) produced as a result of activities conducted for each program strategy.

1. *Outputs Format*

S2. Leadership and Workforce Development
OP1. *(Output)*
OP2.
OP3.
S4. Communication and Information Technology
OP1.
OP2.

OP3.

iii. Process Measures: List the process measures that will be used to track progress implementing the selected program strategies and related activities for the Year 1 work plan.

1. *Process Measures Format*

S2. Leadership and Workforce Development

PM1. *(Process Measure)*

PM2.

PM3.

S4. Communication and Information Technology

PM1.

PM2.

PM3.

iv. Outcome Measures: List the outcome measures that will be used to track progress achieving the budget period outcomes. Each budget period outcome must align with one of the program outcomes.

1. *Outcome Measures Format*

PO. *(Program Outcome)* Strengthening core and discipline-specific public health competencies among the workforce to improve job performance.

BPO1. *(Budget Period Outcome)*

BPO2.

4. **Organizational Capacity:** Describe your organizational capacity as it relates to this project.
5. **Program Experience:** Describe your organizational experience as it relates to this project.
6. **Collaborative Work:** Describe plans for collaboration activities, if applicable.
7. **Sub-contractual Work:** Describe plans for sub-contractual work, if applicable. Include criteria for selecting sub-contractors.
8. **Budget Breakdown:** An itemized budget is required. Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
9. **Opioid Funded Budget Information:** This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. An itemized budget is required for *opioid-funded activities.* Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
10. **Non-Opioid Funded Budget Information:** This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. An itemized budget is required for *non-opioid-funded activities*. Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
11. **Attachments:** The recipient must upload the Budget Narrative and the Indirect Cost Rate Agreement as attachments in the SharePoint form. There are separate attachment links for each type of document. To upload an attachment, click the attachment link that corresponds to the type of form you are seeking to attach and follow the prompts.

Note: The “Submission Information” section will populate once the recipient submits or modifies a document.

12. **Save as Draft:** To save the form, click the “Save & Close” link at the end of the application. The recipient will receive an email confirming the application was saved successfully. To access and edit the saved application, click the hyperlinked Project title within the saved confirmation email.
13. **Submit (via SharePoint):** To submit as final, click the “Submit” link at the end of the form. Once “Submit” is selected, the recipient will receive an email confirming the final application was submitted successfully. To access and edit the final application, click the hyperlinked Project title within the confirmation email.
14. **Submit (via GMM):**
    a. **Go to:** www.GrantSolutions.gov to login
    b. Select “Grants” and then “My Grants List.”
        i. Select “Apply for Non-Competing Award” to begin the Application process.
    c. **Complete:** The GrantSolutions Non-Competing Continuation Application Control Checklist
        i. **Complete** SF 424 Application for Federal Assistance Version 2.
        ii. **Complete** Budget Information for Non-Construction Programs (SF424A) form.
        iii. **Complete** SF-LLL Disclosure of Lobbying Activities.
        iv. **Upload** the Master Project Narrative and Master Budget Narrative document.
        v. **Upload** the Indirect Cost Rate Agreement.
        vi. **Follow instructions to submit the application package.**
    d. Click the “Close” button, and you then have the option to return to “My Grants List," which will give you the option to edit or delete your application.
    e. **Notes/Tips –** To view all applications (awarded, submitted, in progress):
        i. Select “Applications” from the menu bar.
        ii. The “My Applications List” screen displays.
        iii. From this screen, the recipient can manage and edit applications still in progress by selecting the “Open” link.
        iv. The recipient can also view previously awarded applications by selecting the “Open” link.
        v. The recipient can also add or view application notes.
        vi. From the “Application Type” column, the view can determine whether the application was a non-compete, an amendment, or a new application.
        vii. Click the “Return to Announcements” button to return to the Funding Opportunity screen. Current non-competing continuations are visible toward the top of the screen. Additionally, competing announcements that may be applied for via GrantSolutions also appear on this screen.

Instructions for Submitting Year 1 Work Plans for Funding Strategy 2

Note: <u>All related work plan proposals must be submitted via SharePoint and Grants.gov.</u>

1. Follow steps 1 – 7 on page 2 to access the Recipient Dashboard.
2. Select the "Year 1 Work Plan" link from the "Project Templates" section of the Recipient Dashboard.
3. The following outlined information is required in the work plan template.
    a. **General Information:** The following information should populate based on the account used to initiate the form: Recipient Name, Award Number, POC Name, POC Phone Number, POC Email Address, POC Mailing Address, POC Backup Name, POC Backup Email Address, and Recipient Target Population Category.
    b. **Year 1 Project Information**
        i. <u>Work Plan Type:</u> Use the radio button to indicate the Work Plan type.
            1. <u>Funding Strategy 1 (Initial Application):</u> Select this option to submit a work plan linked to your Initial Application. The Initial Application is the application your organization submitted to Grants.gov in March 2018. Funding Strategy 1 Work Plans should be in response to Technical Review(s) your organization received with the Notice of Award.
            2. *<u>Funding Strategy 2 (Work Plan in Response to CIO Project Plan):</u> Select this option to submit a work plan in response to a CIO Project Plan. The FY 2018 CIO Project Plans were posted on Grants.gov under CDC-RFA-OT18-18020101SUPP18. CIO Project Plans are CDC proposals for CBA that OT18-1802 recipients respond to in order to obtain additional funding.*
        ii. <u>Project Title:</u> Use the dropdown to select the title from the "Project Title" dropdown box.
        iii. <u>Project ID:</u> Autopopulates from SharePoint
        iv. <u>Award Amount:</u> Autopopulates from SharePoint based on Project Title
        v. <u>Is this project partially funded by opioid funding?</u>: Use the radio button to indicate whether the award amount includes partial dollars from federal funds appropriated for opioid activities. NOTE: Refer to the Technical Review to determine if a project is partially funded by opioid dollars.
            1. <u>Yes:</u> Select this option if the project is partially funded by federal funds appropriated for opioid activities.
            2. <u>No:</u> Select this option if the project is fully funded by federal funds appropriated for opioid activities OR if the project is fully funded by federal funds appropriated for non-opioid activities.
        vi. <u>Opioid Funding Amount</u>: This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. Enter the whole dollar amount of federal funds appropriated for opioid activities.
        vii. <u>Non-opioid Funding Amount</u>: This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. Enter the whole dollar amount of federal funds appropriated for non-opioid activities.
        viii. <u>CIO:</u> Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.
        ix. <u>Division</u>: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

x. CDC Primary POC/TM Name: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

xi. CDC Primary POC/TM Phone Number: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

xii. CDC Primary POC/TM Email Address: Autopopulates from SharePoint based on Project Title. This field is hidden for Work Plans in Response to CIO Project Plans.

xiii. Target Population Description: Describe the target population that will receive the CBA outlined in the work plan. The description should be consistent with the target population identified within the initial application or the project plan.

xiv. Project Description: Provide an abstract of the project strategies, activities, outputs, and intended outcomes.

xv. Topic Areas: Use the checkboxes to identify the key topic area(s) of the work plan.

xvi. Program Strategies: Identify the key strategies that relate to the proposed project. Select at least one strategy from the OT18-1802 Logic Model. The logic model is hyperlinked within the form.

xvii. Program Outcomes: Identify the expected outcomes that relate to the proposed project. Check two or more from the OT18-1802 Logic Model.

c. **Work Plan:** Describe the overall project approach, including the activities, outputs, and performance measures (process and outcome) related to the selected program strategies and outcomes. Use the specified format provided for each field. Program Strategy= S; Activity=A; Output=OP; Program Outcome=O; Budget Period Outcome=BPO

i. Activities and Outputs: List the key activities for each program strategy selected.

1. *Activities and Outputs Format*

S2. *(Program Strategy)* Leadership and Workforce Development
A1. *(Activity)*
OP1. (Output)
A2.
A3.
OP1.

2. S4. Communication and Information Technology
A1.
A2.
A3.

ii. Budget Period Outcomes: List the key output(s) produced as a result of activities conducted for each program strategy.

1. *Outputs Format*

S2. Leadership and Workforce Development
OP1. *(Output)*
OP2.
OP3.
S4. Communication and Information Technology
OP1.
OP2.
OP3.

iii. Process Measures: List the process measures that will be used to track progress implementing the selected program strategies and related activities for the Year 1 work plan.

1. *Process Measures Format*

S2. Leadership and Workforce Development

PM1. *(Process Measure)*

PM2.

PM3.

S4. Communication and Information Technology

PM1.

PM2.

PM3.

iv. Outcome Measures: List the outcome measures that will be used to track progress achieving the budget period outcomes. Each budget period outcome must align with one of the program outcomes.

1. *Outcome Measures Format*

PO. *(Program Outcome)* Strengthening core and discipline-specific public health competencies among the workforce to improve job performance.

BPO1. *(Budget Period Outcome)*

BPO2.

d. **Organizational Capacity:** Describe your organizational capacity as it relates to this project.
e. **Program Experience:** Describe your organizational experience as it relates to this project.
f. **Collaborative Work:** Describe plans for collaboration activities, if applicable.
g. **Sub-contractual Work:** Describe plans for sub-contractual work, if applicable. Include criteria for selecting sub-contractors.
h. **Budget Breakdown:** An itemized budget is required. Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
i. **Opioid Funded Budget Information:** This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. An itemized budget is required for *opioid-funded activities.* Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
j. **Non-Opioid Funded Budget Information:** This field appears if "Yes" is selected to indicate the project is partially funded by opioid funding. An itemized budget is required for *non-opioid-funded activities*. Enter the whole dollar amount for each field. Ensure the proposed budget is reasonable and consistent with the approach outlined in the work plan. Once all fields are entered, SharePoint will provide the total dollar amount in the "Budget Total" field.
k. **Attachments:** The recipient must upload the Budget Narrative and the Indirect Cost Rate Agreement as attachments in the SharePoint form. There are separate attachment links for each type of document. To upload an attachment, click the attachment link that corresponds to the type of form you are seeking to attach and follow the prompts.

i. Note: The "Submission Information" section will populate once the recipient submits or modifies a document.

l. **Save as Draft:** To save the form, click the "Save & Close" link at the end of the application. The recipient will receive an email confirming the application was saved successfully. To access and edit the saved application, click the hyperlinked Project title within the saved confirmation email.

m. **Submit (via SharePoint):** To submit as final, click the "Submit" link at the end of the form. Once "Submit" is selected, the recipient will receive an email confirming the final application was submitted successfully. To access and edit the final application, click the hyperlinked Project title within the confirmation email.

n. **Submit (via Grants.gov):**

i. **Follow** the prompts to print each Work Plan Proposal to PDF and save.

ii. **Create** and save one master merge of all individual Work Plan Proposal PDFs as "Project Narrative."

iii. **Create** and save one master merge of all individual Budget Narratives as "Budget Narrative."

iv. **Go to**: Grants.gov.

v. **Select:** "Applicants."

vi. **Select:** "Apply for Grants."

vii. **Select:** "Get Application Package."

viii. **Insert** the Notice of Funding Opportunity Number only, formatted as: **CDC-RFA-OT18-18020101SUPP18**

ix. **Download** the application package.

x. **Complete** the Budget Information for Non-Construction Programs (SF424A) form.

xi. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF42).

xii. Upload the "Project Narrative" and "Budget Narrative" PDF documents ***as a single submission.***

xiii. **Upload** the Indirect Cost Rate Agreement.

xiv. **Follow** instructions to submit the application package to Grants.gov.

Instructions for Accessing Year 1 CIO Project Plans

Note: The CIO Project Plans are made available by the Target Population Category for which recipients originally competed and were awarded. The Project Plans will be published on both SharePoint and Grants.gov in one round.

1. Follow steps 1 – 7 on page 2 to access the NPB Recipient Dashboard.

2. Refer to the section "FY18 (Year 1) CIO Project Plans by Target Population Category" section, located on the bottom left of your screen. Click on your respective target population category button (A, B, or C).

3. The list of project plans by target population will populate. Click the hyperlinked project title to the left of the "CIO" column to view the complete plan.

4. Use the "Print" function within the Internet browser to print a form.