

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

CDC-RFA-OT18-18020101SUPP18

Application Due Date: 08/20/2018

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Announcement Type:

Revision - Type 3

Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-18020101SUPP18

Assistance Listings (CFDA) Number:

93.421
93.430

Key Dates:

Due Date for Application: **08/20/2018**

Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Additional Overview Content:

The supplemental funding is only available to the organizations that received funding under Funding Strategy 1 of CDC-RFA-OT18-1802: "Preventive Health and Health Services - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - financed in part by Prevention and Public Health Funds (PPHF)."

The administrative amendment was made to: 1) correct CIO Project Plans that were miscategorized in the initial publication, 2) amend funding levels for a few project plans; 3) clarify descriptions for a few project plans; and 4) revise the evaluation criteria. The application due date will remain August 20, 2018. Changes are noted in red, where possible.

Executive Summary:

The purpose of this notice of funding opportunity (NOFO) is to announce the availability of supplemental funding for the organizations that were previously awarded funding under CDC-RFA-OT18-1802: "Preventive Health and Health Services - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - financed in part by Prevention and Public Health Funds (PPHF)." The CDC-RFA-OT18-1802 recipients are eligible to submit applications for new FY18 CIO Project Plans according to the Target Population Category (A, B, or C) for which they received initial funding in FY2018. This supplemental funding opportunity permits recipients to strengthen the nation’s public health infrastructure, ensure a competent, current and connected public health system, and improve delivery of essential services through capacity-building assistance (CBA). CBA is defined as activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community or individual processes and competencies. CBA is delivered through technical assistance, training, information sharing,

technology transfer, materials development, or funding that enables organizations to serve customers better and operate in a comprehensive, responsive, and effective manner. The goal is to fund nongovernmental organizations that have the capability, expertise, resources, reach, and history of providing capacity building relevant to implementing this program's key strategies, activities, and outcomes. The program strategies include strengthening the capacities of health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. Capacity building efforts of this program are expected to strengthen and optimize the public health system and services to improve the nation's health.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the OSTLTS:

- Increase state, tribal, local, and territorial public health agencies' capacity to more efficiently and effectively manage and deliver high quality programs and services to protect the public's health
- Increase the infusion of public health knowledge across governmental and nongovernmental components of the public health system

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

The program is authorized under sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(l) and 247b(k)), as amended. In addition, this program is authorized under sections 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148.

Background

The Institute of Medicine's (IOM's) landmark 1988 report, *The Future of Public Health*, recognized the daunting role of governmental public health in ensuring basic health and safety. It stated that governmental public health agencies—representing the mainstay of the public health enterprise—were fragmented, underfunded, and lacked cross-cutting capabilities. Recommendations included building key abilities; providing adequate funding for basic services and achieving national goals; and clarifying basic authorities and responsibilities entrusted to public health agencies, boards of health, and health officials.

Persistent challenges such as underfunding, fragmented programs, workforce declines, health disparities and inequities, and emerging health threats continue to strain public health's capacity, resources, and impact. A 2012 IOM report, *For the Public's Health: Investing in a Healthier Future*, recommended that investments be made in six foundational capacities and

capabilities for public health departments: 1) information systems, surveillance, and epidemiology; 2) health planning; 3) partnership development and community mobilization; 4) policy development, analysis, and decision support; 5) communication; and 6) research, evaluation, and quality improvement. These investments were further defined by a national workgroup and then tied to national accreditation standards for public health departments (http://phnci.org/fphs). Both have been cited as complementary and valuable frameworks for strengthening health departments and our nation's public health infrastructure. These needs have also been outlined in two key initiatives: *Healthy People 2020* and *Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure*.

The public health system represents a complex and broad range of agencies, organizations, and individuals in which each plays a significant role in affecting the health of the population. Engaging multiple entities facilitates coordination and collaboration to address public health needs in a systematic manner. Therefore, this CBA program is designed to fund organizations that represent both governmental and nongovernmental components of the public health system.

This program's purposes are to strengthen the nation's public health infrastructure, ensure a competent, current, and connected public health system, and improve delivery of essential public health services through capacity-building assistance (CBA).

This supplemental NOFO provides funding for CBA activities with target populations under three headings: Category A: Governmental Public Health Departments; Category B: Workforce Segments across Governmental Public Health Departments; and Category C: Other Governmental and Nongovernmental Public Health Components.

The CBA program has a two-part funding strategy—this supplemental NOFO details the second funding strategy. This supplemental NOFO is only open to organizations that received funding under funding strategy 1 of CDC-RFA-OT18-1802. Awards will be made to organizations with demonstrated capability, expertise, resources, national reach, and track record to implement one or more of the CBA program strategies: 1) public health systems infrastructure; 2) leadership and workforce; 3) data and information systems; 4) communication and information technology; 5) partnerships; 6) laws and policies; and 7) programs and services in response to CIO Project Plans.

Purpose

The purpose of this supplemental notice of funding opportunity (NOFO) is to announce the availability of funding for the organizations that were previously awarded funding under CDC-RFA-OT18-1802: "Preventive Health and Health Services - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - financed in part by Prevention and Public Health Funds (PPHF)." The CDC-RFA-OT18-1802 recipients are eligible to submit applications for new FY18 CIO Project Plans according to the Target Population Category (A, B, or C) for which they received initial funding in FY2018. The purposes of the program described within the supplemental NOFO are to strengthen the nation's public health infrastructure, ensure a competent, current, and connected public health system, and improve delivery of essential public health services through capacity-building assistance (CBA).

Program Implementation

Recipient Activities

Applicants may propose to address the program outcomes using the following activities. The activities listed below are not exhaustive and should be augmented on the basis of the priority needs of the target population and the outcomes and strategies outlined in the individual CIO Project Plan. CIO Project Plans are attached.

Public Health Systems and Infrastructure — *Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement. CBA provided will strengthen the target population's ability to*

- Assess and address gaps in organizational performance, using tools such as national accreditation standards
- Assess and reduce agency fragmentation and duplication
- Develop and implement organizational strategic plans
- Formulate population health goals and strategies
- Ensure generation, analysis, and use of information about emerging health trends
- Ensure organizational structure aligns with health goals and strategies
- Establish performance management systems to monitor organizational objectives
- Establish and maintain effective financial management systems
- Build models that align public health with other sectors
- Ensure system transparency and accountability
- Identify, strengthen, and coordinate stakeholders' roles
- Develop and implement quality improvement processes for practices, processes, and interventions
- Develop and maintain operational infrastructure to support performance of public health functions
- Maintain current operational definitions and statements of organizational roles, responsibilities, and authorities

Leadership and Workforce Development — *Activities designed to improve leadership and workforce competencies, recruitment, and retention. CBA provided will strengthen the target population's ability to*

- Strengthen leadership engagement across public and private sectors
- Determine leaders' engagement in specific public health priorities
- Establish feedback loops across systems for organizational planning
- Address existing and emerging public health priorities
- Address the social determinants of health and health disparities and inequities
- Perform network analysis to identify opportunities for collaboration
- Assess workforce training needs
- Establish and maintain workforce development plan
- Assess the workforce's scientific skills and subject matter expertise
- Develop workforce strategy for hiring and retaining employees
- Develop and implement strategies to sustain supportive work environments
- Establish relationships with organizations that promote the development of future public

health workers
- Implement activities to scale-up delivery of public health training at lower costs
- Sustain the working relationship among public health and leaders across sectors

Data and Information Systems — *Activities to improve the collection, management, interpretation, and dissemination of data to guide decision-making. CBA provided will strengthen the target population's ability to*

- Assess health and health-related data sources
- Assess available information systems used across organizations
- Develop systems or processes for cross-integration and ease of use
- Improve system infrastructure for data storage, protection, and management
- Determine readiness for information system implementation, use, and maintenance
- Create manuals and protocols to ensure best practices and standardization of data and information systems
- Establish data governance by creating policies and guiding principles to improve the collection, interpretation, and meaningful use of data
- Increase information access, data use, and sharing across organizations
- Develop and implement protocols critical for integrating surveillance and monitoring systems
- Develop workforce training on managing data and information systems
- Link public health data, clinical care data, and other relevant data sources to improve surveillance
- Determine effective ways to use public health data, health care data, and other relevant data sources to monitor the health of populations

Communication and Information Technology — *Activities to improve the use of communication and information technology to affect health decisions and actions. CBA provided will strengthen the target population's ability to*

- Develop communication processes for effective cross-sector collaboration
- Develop communication procedures to provide information to the public
- Create communication campaigns that are relevant, culturally competent, and at a sufficient level of health literacy
- Provide accessible, accurate, actionable, and current information that is culturally sensitive and linguistically appropriate
- Develop communication systems to enable efficient and effective community-centered dialogue
- Develop and disseminate educational materials, health communication and marketing activities, and program evaluation and assessment tools
- Provide information about public health issues and functions to diverse audiences through multiple methods to inform public health decision making

Partnerships — *Activities to improve the establishment and maintenance of results-driven partnerships. CBA provided will strengthen the target population's ability to*

- Assess agency's current internal and external partnerships
- Expand organization or program partnerships through community engagement and mobilization
- Perform network analysis to identify opportunities for collaboration
- Leverage partnerships to address specific public health issues or population health needs strategically
- Identify successful practices and develop new mechanisms to inform and mobilize the public and private sectors in collaborative efforts
- Engage with the public health system and community in identifying and addressing health problems through collaborative processes
- Engage various sectors in the adoption of Health in All Policies

Laws and Policies — *Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health. CBA provided will strengthen the target population's ability to*

- Conduct systematic surveillance of applicable laws and policies to public health aims and evaluate them
- Engage multiple sectors to identify priorities for development of relevant laws and policies based on needs and data
- Provide technical assistance and develop tools to support public health practitioners and policymakers in advancing evidence-based or evidence-informed law and policy
- Engage multiple sectors in activities that contribute to providing evidence to inform laws and policies that affect public health
- Inform governing entities, elected officials, and the public of potential public health effects from laws and policies
- Educate individuals and organizations on purpose, benefit, and requirements of laws and policies that affect public health
- Identify the common barriers and facilitators of legal and policy strategies that affect health

Programs and Services — *Activities to improve the identification of best practices and implementation of evidence-based/informed programs and services. CBA provided will strengthen the target population's ability to*

- Identify, prioritize, and fund programs that lower disease rates, prevent injuries, and improve health
- Integrate prevention strategies and actions across multiple settings
- Adopt initiatives to develop, implement, and evaluate effective health promotion and disease prevention strategies
- Translate and disseminate evidence-based public health science to improve health and lower health care costs
- Identify effective mechanisms to ensure capable assessment and response to public health needs
- Develop indicators and measures to determine effectiveness in meeting public health

needs
- Use evidence to implement programs and services that address emerging or real-time priority public health needs
- Develop and adopt evidence-based interventions that reduce high-burden diseases
- Assess access to health care services
- Identify and implement strategies to improve access to health care services

CDC anticipates activities funded under this NOFO, including CIO Project Plans, will lead to the development of resources such as tools, materials, software, trainings, and webinars. Recipients are expected to share these resources with CDC and will receive further guidance upon funding.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

CDC activities for this program are as follows:

1. Collaborate with recipients to ensure coordination and implementation of strategies to provide capacity-building assistance to governmental and nongovernmental components of the public health system.
2. Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
3. Support ongoing opportunities to foster networking, communication, coordination, and collaboration
4. Serve as a conduit for information exchange.
5. Collaborate with recipients to compile and publish accomplishments, best practices, and lessons learned during the project period.
6. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes.
7. Collaborate on strategies and activities to ensure the provision of CBA to STLT health departments and other components of the public health system as needed.

Section II. Award Information

Type of Award:	Cooperative Agreement CDC substantial involvement in this program appears in the Activities Section above.
Award Mechanism:	U38

Fiscal Year Funds: 2018
Approximate Total Supplemental Funding: $147,956,015
This amount is subject to availability of funds. Includes direct and indirect costs.
The funding levels represent approximate funding across multiple CIO Project Plans. Individual awards will vary depending on the activities and approximate funding available for each CIO Project Plan.

The following tables list the CIO Project Plans for this FY18 supplemental NOFO, which is year 1 of the initial CDC-RFA-OT18-1802. Please note that any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance.

Applicants are eligible to submit applications for FY18 CIO Project Plans according to the Target Population and Category for which they received initial funding.

Amendment: Changes to Project Plans are noted in red text within each table.

Table 1: CIO Project Plans - Category A

Project Title	COS Target Population Category	COS Proposed Project Funding	Amendment
CFO Peer Network & Collaboration	Category A	$ 50,000.00	New
Advancing Georgia Public Health System Violence Surveillance and Partnership Activities Based on the Cardiff Model	Category A	$ 200,000.00	
Advancing HiAP among Local Health Departments through capacity building and technical assistance	Category A	$ 75,000.00	
Applied Policy Analysis Lab	Category A	$ 260,000.00	Increased funding
Assessing and improving healthcare facility practices to protect patients in tribal communities.	Category A	$ 900,000.00	
Assessing and Strengthening National Vector Surveillance and Control	Category A	$ 750,000.00	
Assessing Tribal Clinical Fall	Category A	$	

Prevention Initiatives		100,000.00	
Building Capacity for Tobacco Prevention and Control within State Health Departments	Category A	$ 193,525.00	
Building capacity for water preparedness and response - Local	Category A	$ 78,570.00	
Building capacity for water preparedness and response - State	Category A	$ 78,570.00	
Building Capacity in Maternal and Child Health (MCH) Programs and Policies	Category A	$ 1,250,000.00	
Building Capacity in Public Health Ethics at Governmental Public Health Departments	Category A	$ 25,000.00	
Building Capacity of the Public Health System to Improve Population Health through Local Health Departments	Category A	$ 115,000.00	
Building Climate and Health Capacity in Local Health Agencies	Category A	$ 160,000.00	
Building climate and health capacity in state health departments	Category A	$ 160,000.00	
Building Environmental Health Informatics Capacity in State Health Agencies	Category A	$ 100,000.00	
Building Health Department Capacity to Apply Quality STD Clinical Services and Recommendations	Category A	$ 250,000.00	
Building Local Public Health Leadership Capacity To Prevent HIV	Category A	$ 400,000.00	
Building State Health Department Capacity to Develop and Utilize Viral Hepatitis Epidemiological Profile	Category A	$ 500,000.00	
Building State Health Department capacity to use ACEs data for	Category A	$	

prevention of negative health outcomes.		200,000.00	
Building State Practitioner Capacity to Address Vector-Borne Disease Threats	Category A	$ 500,000.00	
Building State Preparedness to the Opioid Overdose Epidemic	Category A	$ 400,000.00	
Building State Public Health Department Capacity to Support Breastfeeding	Category A	$ 600,000.00	
Climate-Ready Territories Initiative	Category A	$ 275,000.00	
Climate-Ready Tribes Initiative	Category A	$ 275,000.00	
Communities of Practice: Heart Disease and Stroke Prevention, Detection, and Control in Local Health Departments	Category A	$ 250,000.00	
Convening Listening Sessions to Explore and Address Environmental Health Needs and Concerns in Tribal Communities	Category A	$ 200,000.00	
Coordination of Immunization Activities among County and City Health Officials	Category A	$ 200,000.00	
Coordination of Immunization Activities among State and Territorial Health Officials	Category A	$ 275,000.00	
Culturally tailored Adverse Childhood Experiences Toolkit	Category A	$ 100,000.00	
Deputy to Deputy Collaboration and Workgroup	Category A	$ 150,000.00	
Development of a Comprehensive Approach/Plan to Rheumatic Heart Disease in the USAPI	Category A	$ 125,000.00	
Enhancing local public health emergency preparedness and response	Category A	$ 1,000,000.00	

Enhancing State Public Health Emergency Preparedness and Response	Category A	$ 375,000.00	
Enhancing state public health emergency preparedness and response for Tribal Government Leaders	Category A	$ 50,000.00	
Enhancing Territorial and Freely Associated States Public Health Emergency Preparedness and Response	Category A	$ 75,000.00	
Environment and Public Health Nexus: US EPA-States Collaborative Pilots	Category A	$ 25,000.00	
Environmental HiAP State Incubator Project – technical assistance and capacity building effort for SHAs	Category A	$ 80,000.00	
Environmental Public Health Tracking Fellowship	Category A	$ 80,000.00	
Environmental Public Health Tracking Local Health Department Fellowship	Category A	$ 60,000.00	
Examining and Improving STD Clinical Services Provided by Health Departments	Category A	$ 500,000.00	
Exploring the Association of Epilepsy and Inpatient Hospitalization among Individuals with Intellectual and Developmental Disabilities	Category A	$ 150,000.00	
Food Safety Activities for City and County Health Departments and Officials	Category A	$ 120,000.00	
Food Safety Activities for State Health Departments and Officials	Category A	$ 120,000.00	
Food Service Guidelines (FSG) Local Action Institute to Increase Healthy Food Procurement and Business Profits	Category A	$ 145,000.00	
Health Department Pulse Check	Category A	$	Revised description

		250,000.00	
Healthcare System: increasing state health departments understanding of impact of influenza pandemic on healthcare systems	Category A	$ 500,000.00	
Healthy Brain Initiative 2018-2023 Road Map Implementation	Category A	$ 200,000.00	
Healthy School, Promising Futures Learning Collaborative	Category A	$ 200,000.00	
Implementation Support for ATSDR's Choose Safe Places for Early Care and Education (CSPECE) Program	Category A	$ 200,000.00	
Implementing MOUs between State Health Departments and Pharmacies for Pandemic Influenza Vaccine Planning	Category A	$ 150,000.00	
Improving Adolescent HPV Vaccination Coverage in States with Low Rates	Category A	$ 200,000.00	
Improving Hypertension Control among African Americans	Category A	$ 3,000,000.00	
Improving STD Prevention Programs and Services through Local-Level Partnerships	Category A	$ 4,400,000.00	
Improving STD Prevention Programs and Services through Partnerships with State Health Officials	Category A	$ 1,500,000.00	
Increasing Integration of Healthy People 2020/2030 into State Health Department Plans	Category A	$ 150,000.00	
Increasing public health readiness for response to nuclear and radiological emergencies	Category A	$ 160,000.00	
Infectious Disease Prevention and Control (IDPC) Project	Category A	$ 132,000.00	
Infectious Diseases Committee	Category A	$	

		125,000.00	
Informatics Support, Collaboration and Consultation – Local HDs	Category A	$ 400,000.00	
Informatics Support, Collaboration and Consultation – State HDs	Category A	$ 800,000.00	
Informing Evidence-Based Policy by Putting Research to Practice into Action	Category A	$ 240,000.00	
Local Health Department Healthcare-Associated Infection Antimicrobial Resistance Project	Category A	$ 235,193.00	
Local Response to Public Health Emergencies: Focus on the Opioid Epidemic	Category A	$ 2,500,000.00	
Medical Countermeasure Planning and Response-Local	Category A	$ 250,000.00	
Medical Countermeasure Planning and Response-State	Category A	$ 600,000.00	
Million Hearts® in Municipalities Learning Collaborative	Category A	$ 58,000.00	
Multi-component approach to prevent opioid overdose (mortality) and reduce opioid associated harms: Addressing upstream factors	Category A	$ 500,000.00	Decreased funding; Moved from Cat B
Nurse Triage Line Project: Building Capacity for Implementation during an Influenza Pandemic for State Health Departments	Category A	$ 30,000.00	
Nurse Triage Line Project: Developing Capacity for Implementation during an Influenza Pandemic for Local Health Departments	Category A	$ 30,000.00	
Opioid Overdose Prevention Interventions for Tribally-Run Clinics	Category A	$ 300,000.00	

Planning for National and State viral hepatitis elimination programs	Category A	$ 2,500,000.00	
Preparedness Exercise for Responding to an Outbreak of Antibiotic-Resistant Gonorrhea	Category A	$ 250,000.00	
Promoting Healthy People Awareness and Use at Local Health Departments	Category A	$ 150,000.00	
Public Health Collaborative to Improve Cardiovascular Health Outcomes	Category A	$ 500,000.00	
Public Health Informatics Conference	Category A	$ 200,000.00	
Public Health Law-Examining the Implementation of State Policy Interventions to Improve Pre-hospital Stroke Care	Category A	$ 200,000.00	
Reducing Disparities in Breastfeeding through Continuity of Care	Category A	$ 600,000.00	
State Environmental Health Directors Peer Network – Supporting Capacity Building and Collaboration	Category A	$ 370,000.00	
State Public Health Policy Capacity Building	Category A	$ 544,000.00	Increased funding
State-Level Linkages Between Chronic Disease and Tobacco Control: Supporting Communication Coordination and Collaboration	Category A	$ 100,000.00	
Stregthening Local Health Department Capacity to Address Cardiovascular Disease Prevention	Category A	$ 250,000.00	
Strengthening Disability Inclusion in Local Health Departments	Category A	$ 150,000.00	
Strengthening Legionnaires' disease diagnosis, surveillance, response, and prevention	Category A	$ 400,000.00	

Strengthening State Public Health Systems to Prevent HAIs and Control Emerging Antibiotic Resistant Infections	Category A	$ 250,000.00	
Strengthening the Connection Between Clinical Care and Public Health	Category A	$ 300,000.00	
Strengthening the Health Communication Capacity of US Local Public Health Officials	Category A	$ 100,000.00	
Strengthening the Health Communication Capacity of US State Public Health Officials	Category A	$ 100,000.00	
Strengthening USAPI Health Agency Financial and Grants Management Systems and Performance	Category A	$ 270,000.00	
Support for the National Alliance for Radiation Readiness (NARR) project	Category A	$ 200,000.00	
Support State Health Officer Capacity to Accelerate CDC's 6|18 Initiative and Approach	Category A	$ 150,000.00	
Supporting promising practices in rural communities	Category A	$ 100,000.00	Decreased funding
Supporting State Department of Health Tobacco Control Programs through the State Tobacco Control Program Managers Network	Category A	$ 375,000.00	
Supporting State Health Agencies to Address Emerging Environmental Health Issues	Category A	$ 300,000.00	
Supporting the Practice of Environmental Health at the County and City Level	Category A	$ 350,000.00	
Technical Assistance for State, and Territorial Communication During Public Health Emergencies	Category A	$ 300,000.00	
Technical Assistance Support and Coordination for Prevention for States and Data-Driven Prevention Initiative Awardees	Category A	$ 1,000,000.00	

Technical Assistance: Enhanced State Opioid Overdose Surveillance (ESOOS)	Category A	$ 400,000.00	
USAPI Surveillance Enhancement Initiative	Category A	$ 250,000.00	

Table 2: CIO Project Plans - Category B

Project Title	**COS Target Population Category**	**COS Proposed Project Funding**	**Amendment**
Advanced Molecular Detection	Category B	$ 170,000.00	
Applied Epidemiology Fellowship	Category B	$ 1,500,000.00	
Applied Epidemiology Training	Category B	$ 200,156.00	
Assessing and Building State-Based Maternal and Child Health (MCH) Epidemiological Capacity	Category B	$ 400,000.00	
Assessing and Building the Capacity of States to Improve Vision and Eye Health	Category B	$ 700,000.00	Moved from Category A
Assessing non-communicable and injury epidemiology capacity in state and/or local health departments in informatics, data/methods	Category B	$ 150,000.00	
Building capacity for children's mental health surveillance to support state, healthcare, and family decision-making	Category B	$ 500,000.00	
Building capacity for future leaders in the nutrition public health workforce to address cardiovascular disease	Category B	$ 400,000.00	
Building Capacity for Public and Private Payer Coverage of the National DPP Lifestyle Change	Category B	$ 2,500,000.00	

Program			
Building Capacity in Maternal and Child Health (MCH) Epidemiology and Surveillance	Category B	$ 1,000,000.00	
Building Capacity to Increase Access to Breastfeeding Support Through a Collaborative Process	Category B	$ 750,000.00	
Building Environmental Health Surveillance and Epidemiologic Capacity in State and Local Health Agencies	Category B	$ 150,000.00	
Building National Vector-borne Disease Surveillance and Control Capacity	Category B	$ 250,000.00	
Building on the U.S. Affiliated Pacific Islands (USAPI) Non-Communicable Disease Collaborative	Category B	$ 1,000,000.00	Moved from Category C
Building state workplace health program expertise and capacity using CDC tools and resources	Category B	$ 300,000.00	
Building the Capacity of State Education and Health Departments in Promoting Children's Health and Wellness	Category B	$ 450,000.00	
Building the Delivery Infrastructure for the National Diabetes Prevention Program through Strategic Partner Convenings	Category B	$ 500,000.00	Moved from Category C
Cancer Leadership and Collaboration Technical Assistance	Category B	$ 300,000.00	Increased funding
Cancer Prevention Across the Lifespan: Putting Scientific Evidence for Primary Cancer Prevention into Public Health Practice	Category B	$ 300,000.00	
Capacity Building for the Public Health Workforce: E-Learning Institute (ELI) Fellowship	Category B	$ 35,000.00	
Capacity Building for the Public Health Workforce: National Learning Management System:	Category B	$ 100,000.00	

Part 2			
Capacity Building Training for Tribal and Territorial Cancer Prevention Programs	Category B	$ 350,000.00	
Childhood Obesity Data Initiative	Category B	$ 600,000.00	
Chronic Disease and the Environment	Category B	$ 90,000.00	
Connecting Public Health to DOD's Building Healthy Military Communities Project	Category B	$ 100,000.00	
Convening of National Organizations To Improve Heart Health	Category B	$ 500,000.00	
Coverage/Reimbursement Analysis on Self-Measured Blood Pressure Monitoring, Ambulatory Blood Pressure Monitoring, and Cardiac Rehabilitation Services	Category B	$ 500,000.00	
Data Analysis Support for Evaluation of the NBCCEDP and the CRCCP	Category B	$ 400,000.00	Increased funding
Diabetes Prevention and Control: Interactive Law Atlas Database and Fact Sheets Project	Category B	$ 50,000.00	
Diabetes Technical Assistance and Support for State Health Departments	Category B	$ 3,500,000.00	
Electronic Case Reporting (ECR) Adoption by Health Departments	Category B	$ 1,000,000.00	
Electronic Case Reporting for the Sexually Transmitted Infections	Category B	$ 800,000.00	
Electronic Health Records Exchange for Population-based Birth Defects Surveillance	Category B	$ 150,000.00	
Engaging Employers and Healthcare Purchasers to Improve Utilization of 6|18 Evidence-Informed Interventions	Category B	$ 200,000.00	

Enhancing Cancer Program Grantee Capacity through Peer-to-Peer Learning	Category B	$ 500,000.00	
Enhancing Informatics, Health Systems, Laboratories to Improve Population Health	Category B	$ 690,000.00	
Enhancing Public Health Disease Surveillance and Informatics	Category B	$ 250,000.00	
Enhancing state and territorial epidemiologic emergency preparedness and response	Category B	$ 100,000.00	
Enhancing State or Local Public Health Capacity in Alcohol Epidemiology	Category B	$ 100,000.00	
Enhancing STD Surveillance Capacity	Category B	$ 300,000.00	
Enhancing Surveillance Standards for state, local and territorial HIV surveillance programs through training and consultation	Category B	$ 58,235.00	
Environmental Health Internship Program	Category B	$ 500,000.00	
Epidemiology and Surveillance CBA for STLT.	Category B	$ 1,500,000.00	
Establishing performance standards for Syringe Services Programs	Category B	$ 100,000.00	
Evaluation and Program Improvement Capacity Building for STD Programs	Category B	$ 300,000.00	
Evaluation of Reports of Ill Travelers to Quarantine and Border Health Services Branch (QB)	Category B	$ 50,000.00	
Federal, State, and Local Policies Regarding Sexually Transmitted Disease Prevention and Control	Category B	$ 250,000.00	
Food Safety Activities for Environmental Health	Category B	$	

Professionals		100,000.00	
Food Safety Activities for State, Local and Territorial Epidemiologists	Category B	$ 455,000.00	
GIS Capacity Building in State and Local Health Departments	Category B	$ 1,000,000.00	
GIS Toolkit, Translation and Dissemination for High Blood Pressure and High Blood Cholesterol Management	Category B	$ 350,000.00	
Health and Wellness in Cancer Survivors: Developing new tools to talk about behavior change	Category B	$ 750,000.00	
Healthcare System Impact: increasing STLT epidemiologists understanding of impact of influenza pandemic on healthcare systems	Category B	$ 300,000.00	
Heart Disease and Stroke Prevention Assistance to State Health Departments (SHDs)	Category B	$ 480,000.00	Moved from Category A
ICD-10-CM Injury Surveillance Methodology Workgroup(s)	Category B	$ 400,000.00	
Impact of the Changing Health Policy Environment on State Cancer Programs	Category B	$ 160,000.00	
Implementing a Framing Approach to Increase Understanding of Tobacco-related Health Disparities	Category B	$ 75,000.00	
Improving capacity for climate and health surveillance	Category B	$ 150,000.00	
Improving Chronic Disease Surveillance and Management Through the Use of Elecontronic Health Records/Health Information Systems	Category B	$ 3,000,000.00	
Improving STD Prevention and Care by Addressing the Needs of the Public Health Workforce	Category B	$ 3,000,000.00	

Improving the quality and completeness of EHR data used in syndromic surveillance.	Category B	$ 100,000.00	
Improving Vital Statistics Data Use and Quality for Maternal Health Programs and Policy	Category B	$ 300,000.00	
Increasing climate and health adaptation capacity in environmental health staff	Category B	$ 75,000.00	
Increasing Colorectal Cancer Screening Rates: State-Specific Health Intelligence and Partner Collaboration - Chronic Disease	Category B	$ 1,750,000.00	Increased funding
Increasing Healthy Behaviors Among Cancer Survivors in Rural Communities	Category B	$ 200,000.00	
Increasing preparedness for an influenza pandemic or other potential large scale infectious disease outbreak	Category B	$ 2,020,000.00	
Increasing the use of evidence to inform decision-making about policies to improve children's mental health	Category B	$ 200,000.00	
Informatics Field Assignee Project	Category B	$ 700,000.00	
Informatics Support, Collaboration and Consultation – STLT HDs	Category B	$ 400,000.00	
Integrating Variables from the Model Aquatic Health Code (MAHC) into Environmental Public Health Tracking	Category B	$ 300,000.00	
Legal assistance to enhance use of public health data for epidemiology, surveillance, and overdose prevention	Category B	$ 300,000.00	
Legal Barriers to Legal Preparedness during Public Health Emergencies: Updating Critical Resources.	Category B	$ 120,000.00	Moved from Category A
Legal capacity to support effective strategies to prevent excessive	Category B	$	

drinking in states and communities		225,000.00	
Leveraging clinics and alternative care sites to improve pandemic influenza planning and response activities	Category B	$ 150,000.00	Moved from Category C
Leveraging Healthcare Data Assets and Partners to Improve LTBI Surveillance and Intervention	Category B	$ 700,000.00	
Local Health Department Tobacco Prevention and Control- Related Public Health Law Technical Assistance	Category B	$ 180,000.00	
Marketing Newly Developed Public Health Emergency Law On-Line Course for STLT Practitioners.	Category B	$ 45,000.00	
Million Hearts® Recognition Programs	Category B	$ 260,000.00	
Modify New York STEADI Intervention to increase Patient Receptiveness	Category B	$ 150,000.00	
National Program of Cancer Registries: Identifying and implementing best practices for registry operations	Category B	$ 1,500,000.00	
National Tobacco Control Program Meeting	Category B	$ 252,950.00	
Network Analysis Capacity Building for DTSDP SURRG, MATRIX, NEST Grantees	Category B	$ 300,000.00	
NSSP Regional and National Data Sharing Workshops	Category B	$ 200,000.00	
Nurse Triage Line Project: Building Capacity for Implementation during an Influenza Pandemic for State Epis	Category B	$ 20,000.00	
Office of Minority Health State HIV Initiative	Category B	$ 1,000,000.00	Moved from Category A

Opioid Overdose Prevention in Tribes: Technical Assistance through Public Health Institutes	Category B	$ 500,000.00	
Partnership to improve laboratory measurements of chronic disease biomarkers	Category B	$ 100,000.00	
Professional Workforce Development and Leadership	Category B	$ 500,000.00	
Provision of Technical and Capacity Building Assistance for Immunization Partners	Category B	$ 285,000.00	
Reaching People with Disabilities Through Healthy Communities - Dissemination of Project Results	Category B	$ 350,000.00	Moved from Category C
Reducing breast cancer disparities in states: creating the bridge from data to action	Category B	$ 350,000.00	Revised description
Regional National Environmental Assessment Reporting System (NEARS) Meetings	Category B	$ 350,000.00	
Replication of the "Learn the Signs. Act Early." WIC Model	Category B	$ 250,000.00	
Reportable Conditions Knowledge Management System	Category B	$ 3,000,000.00	
Selected Syndrome Definition Evaluation	Category B	$ 250,000.00	
Sharing Prevention Research Centers Success Stories	Category B	$ 30,000.00	
Standards Support for the Immunization Information Systems (IIS) Community	Category B	$ 1,500,000.00	
State Health Department Healthcare-Associated Infection (HAI) Antimicrobial Resistance (AR) Capacity Building Project	Category B	$ 800,000.00	
State-level Support for Maternal Health and Early Child Feeding – Birth to 2 years	Category B	$ 200,000.00	

Strengthening National Program of Cancer Registries by Enhancing Educational and Training Capacity and Infrastructure	Category B	$ 300,000.00	
Strengthening sustainability of the Private Water Network	Category B	$ 250,000.00	Revised description
Strengthening the Nation's Infectious Diseases (ID) Epidemiology Capacity	Category B	$ 156,816.00	
Supplemental Public Health Approaches to Improve Program Locator Services for Evidence-Based Arthritis Interventions	Category B	$ 80,000.00	
Supporting and Enhancing the Environmental Health Workforce	Category B	$ 1,200,000.00	
Supporting birth defects surveillance activities in low resource countries through provision of capacity building assistance	Category B	$ 170,000.00	
Supporting Caregiving in the US: Moving the National Agenda Forward	Category B	$ 250,000.00	
Supporting Sodium Reduction through Partnership Engagement	Category B	$ 500,000.00	
Supporting State and Local Capacity to Prevent Excessive Drinking through the Assessment of Alcohol Outlet Density	Category B	$ 120,000.00	
Supporting the Growth of Walkability Action Institutes Across the Country	Category B	$ 300,000.00	
Surveillance and Epidemiology Technical Assistance and Training for CDC Grantees in Opioid Overdose	Category B	$ 600,000.00	
Technical support improving nutrition environments of Early Care and Education settings through public health nutrition.	Category B	$ 125,000.00	
The Development of National	Category B	$	

Guidance Documents for the Control and Prevention of Zoonoses and Recommendations		100,000.00	
Training Health Department staff in Public Health Informatics	Category B	$ 300,000.00	
Tribal Legal Preparedness: Building Upon the Existing On-Line Course to Develop a Train the Trainer Program.	Category B	$ 85,000.00	
Tribal Motor Vehicle Injury Prevention Resource Center	Category B	$ 400,000.00	Moved from Category C
Using electronic tools to inform pandemic response	Category B	$ 300,000.00	

Table 3: CIO Project Plans - Category C

Project Title	**COS Target Population Category**	**COS Proposed Project Funding**	**Amendment**
A Decision Analysis: Identifying Priorities in Breast and Colorectal Cancer Survivorship Initiatives	Category C	$ 400,000.00	Increased funding
A training and technical assistance network for physical activity in early care and education	Category C	$ 175,000.00	
Addressing Health Disparities in Community Health Programming for Asian Americans, Native Hawaiians, and Pacific Islanders	Category C	$ 200,000.00	
Addressing health equity and preterm birth to improve maternal and child health	Category C	$ 2,000,000.00	
AHA Ten-Day Seminar on the Epidemiology and Prevention of Cardiovascular Disease and Stroke	Category C	$ 50,000.00	
Alzheimer's Disease and Dementia: Increasing Physician Capacity to Assess and Diagnosis	Category C	$ 200,000.00	
Analysis and dissemination of state-wide population-based sickle cell disease data	Category C	$ 150,000.00	

Asthma Guidelines-Based Care Coverage Project	Category C	$ 225,000.00	
Bringing the Evidence to Life: Implementation Tools for evidence-based strategies	Category C	$ 250,000.00	
Building Capacity in Federally Qualified Health Centers to Improve Postpartum Diabetes Screening	Category C	$ 1,250,000.00	
Building capacity of Governors to enhance public health and homeland security systems	Category C	$ 50,000.00	
Building Capacity of the Public Health Workforce to Offer the National DPP Lifestyle Change Program	Category C	$ 500,000.00	
Building Capacity to Improve Pregnancy Outcomes by Supporting Women and Men through the Life Course	Category C	$ 150,000.00	
Building Capacity to Offer the National DPP Lifestyle Change Program to Priority Populations in Underserved Areas	Category C	$ 500,000.00	
Building Community Capacity to Address Breastfeeding Disparities	Category C	$ 150,000.00	
Building Epidemiologic Capacity for Children's Environmental Health Among American Indian and Alaska Native Populations	Category C	$ 150,000.00	
Building Health Care Provider Capacity to Screen, Test, and Refer Disparate Populations with Prediabetes	Category C	$ 750,000.00	
Building local capacity to enroll and retain participants in the National DPP	Category C	$ 1,000,000.00	
Building NGO Capacity to Prevent Veteran Suicide	Category C	$ 300,000.00	New
Building the capacity of healthcare providers to provide preventive	Category C	$	

sexual health services for adolescents within schools		300,000.00	
Campus Sexual Assault Prevention Action Planning and Implementation Activities	Category C	$ 300,000.00	
Capacity Building Related to Individualizing Glycemic Targets	Category C	$ 70,000.00	
Climate change and respiratory health	Category C	$ 30,000.00	
Clinical Decision Support for Contraception Practice Guidelines	Category C	$ 1,000,000.00	
Collaborative Birth Defects Surveillance, Education, and Prevention Activities	Category C	$ 300,000.00	
Community Hypertension Models Project	Category C	$ 2,500,000.00	
Community of Practice: Community-Based Prevention Services for People Who Inject Drugs	Category C	$ 150,000.00	
Convening of National Organizations Focused on School Health Services	Category C	$ 250,000.00	
Dissemination of the Cancer Screening Transformation Project	Category C	$ 800,000.00	
Early diagnosis, management, and treatment of chronic disabling conditions	Category C	$ 350,000.00	
Educating Physicians on the Benefits of Blood Pressure Management to Reduce Risk of Impaired Brain Health	Category C	$ 250,000.00	
Education and Motivation for Preventing Noise Induced Hearing Loss	Category C	$ 100,000.00	
Engaging state leadership and entities to address unintentional injury topics	Category C	$ 750,000.00	

Enhancing Healthcare Provider Capacity to Effectively Counsel and Refer Patients to Arthritis-Appropriate Evidence-Based Interventions	Category C	$ 150,000.00	
Enhancing State-Level Preparedness Efforts for Children	Category C	$ 150,000.00	
Evaluating the Value of Preventive Medicine to the Health System	Category C	$ 200,000.00	
Evaluation, analysis, and dissemination of population-based cancer-associated venous thromboembolism (VTE) data.	Category C	$ 400,000.00	
Expanding the reach of evidence-based approaches to support parents of young children	Category C	$ 475,000.00	
Expanding Tobacco Cessation and Smoke-free Environments in Behavioral Health Settings	Category C	$ 175,000.00	
Facilitation and Support of the Environmental Health Collaborative	Category C	$ 100,000.00	
Health Care Provider Education for Nutrition, Physical Activity, and Obesity Recommendations for Cancer Prevention and Survivorship	Category C	$ 248,000.00	
Healthcare System Impact: increasing understanding of the impact of an influenza pandemic on healthcare systems	Category C	$ 400,000.00	
Immunization Support Program for Primary Healthcare Providers that Vaccinate	Category C	$ 200,000.00	
Improving adult influenza vaccination and routine vaccination services for adults in Community Health Centers	Category C	$ 650,000.00	
Improving capacity and support for community health centers to provide pediatric weight management program services	Category C	$ 750,000.00	

Improving Hypertension Control among African Americans: Gathering the Will and Knowledge	Category C	$ 2,000,000.00	
Improving Outcomes Related to Opioid Misuse through Strategies Addressing Clinical Care for Women and Infants	Category C	$ 2,000,000.00	
Improving Outpatient Antibiotic Prescribing for Children	Category C	$ 250,000.00	
Improving return-to-school and return-to-play processes for students with TBI through use of a telehealth program	Category C	$ 250,000.00	
Improving STD Prevention and Care through Partnerships with State Legislators and Policy Makers	Category C	$ 500,000.00	
Improving the Pediatric Community's Readiness and Response to Seasonal and Pandemic Influenza	Category C	$ 150,000.00	
Improving traumatic brain injury clinical care through the use of a telehealth program	Category C	$ 250,000.00	
Increasing Capacity for Blood Lead Testing and Interpretive Guidance for Blood Lead Results	Category C	$ 150,000.00	
Increasing vaccination, testing, and treatment for viral hepatitis in underserved populations	Category C	$ 450,000.00	
Informing State Leaders on Effective Infectious Disease Policies and Systems Strategies	Category C	$ 150,000.00	
Informing State Leaders on Effective Policies and Systems Strategies for Enhancing Infectious Disease Surveillance	Category C	$ 400,000.00	
Injury and Violence Prevention Fellows	Category C	$ 300,000.00	
Injury Control Research Center Cross-CenterThematic Network	Category C	$	

		400,000.00	
Lowering opioid overdose risk for justice-involved populations: building state and institutional capacity	Category C	$ 500,000.00	
Making Dialysis Safer for Patients: Strengthening Infection Prevention in Dialysis Healthcare Settings	Category C	$ 180,000.00	
Maternal Vulnerable Population Partnership	Category C	$ 500,000.00	
Million Hearts®: Preventing Heart Attacks and Strokes in Primary Care	Category C	$ 4,000,000.00	
Model hepatitis B prevention programs to strengthen public health systems and eliminate hepatitis B	Category C	$ 800,000.00	
National Environmental Health Partnership Council	Category C	$ 225,000.00	
National Program for Obesity Prevention Efforts in the Early Care and Education (ECE) setting	Category C	$ 2,150,000.00	
OMH Hepatitis B Demonstration Program	Category C	$ 1,000,000.00	
Partnering to enhance/expand availability and utilization of National Violent Death Reporting System (NVDRS) data.	Category C	$ 650,000.00	
Partnership to Improve STD Prevention and Care in Clinical Settings	Category C	$ 500,000.00	
Partnerships for Public Health with the Nongovernmental Sector	Category C	$ 500,000.00	
Pediatric Public Health Partnership on Fetal Alcohol Spectrum Disorders (FASDs)	Category C	$ 500,000.00	
Physician Engagement and Training focused on Infant	Category C	$	

Nutrition		200,000.00	
Preventive Medicine Collaboration with WISEWOMAN	Category C	$ 150,000.00	
Promoting and maintaining the Act Early Network in support of “Learn the Signs. Act Early.”	Category C	$ 355,000.00	
Promoting developmental surveillance in pediatric practice with "Learn the Signs. Act Early."	Category C	$ 100,000.00	
Promoting Evidence Based Strategies to Address State Public Health Priorities	Category C	$ 250,000.00	
Promoting Healthy People and the Leading Health Indicators to Public Health Professionals	Category C	$ 50,000.00	
Promoting Routine and Risk-based Screening for HIV, Viral Hepatitis, STDs, and LTBI in Hospitals/Health Systems	Category C	$ 250,000.00	
Promotion of nutrition during the first 1000 days	Category C	$ 125,000.00	
Providing Communication Technical Assistance to State Chronic Disease Programs' Cancer Prevention Efforts	Category C	$ 500,000.00	Moved from Category B
Public Health Emergency Preparedness and Response Workshop for State and Territorial Gubernatorial and Legislative Leadership	Category C	$ 200,000.00	
Public Health Policy Horizon Scanning	Category C	$ 125,000.00	
Public Health Program to Enhance the Health and Development of Children	Category C	$ 50,000.00	
Reaching Minority Men Where They Are: Building Capacity for Enrollment in Diabetes Prevention and Management Programs.	Category C	$ 400,000.00	
Reducing Hypertension Among	Category C	$	

Priority Populations		700,000.00	
Strategies to Address Asthma in Schools	Category C	$ 175,000.00	
Strengthen ing Capacity of National Pediatric Societies to Improve Coordination of Global Immunization Activities	Category C	$ 450,000.00	
Strengthening Disability and Health Knowledge Among The Public Health Workforce	Category C	$ 15,000.00	
Strengthening Implementation of Evidence-Based Practice for Prevention of Diabetes in People with Disabilities-Part2	Category C	$ 200,000.00	Revised title
Strengthening Pediatricians' Capacity for Global Tobacco Control among Children and Families	Category C	$ 150,000.00	
Suicide and Opioid Misuse Prevention State Policy Leadership Convening	Category C	$ 250,000.00	
Support for Pediatric Providers and Early Child Feeding – Birth to 2 years	Category C	$ 300,000.00	
Supporting medical education for primary care providers regarding early onset breast cancer risk, detection, and survivorship.	Category C	$ 800,000.00	
Supporting National Efforts to Create Active Communities	Category C	$ 900,000.00	
The Power of Community: Educating Social Media Influencers to Advance Injury & Violence Prevention	Category C	$ 75,000.00	
The Value of Building Climate and Health Capacity	Category C	$ 75,000.00	
Tribal Environment Health (TEH) – A capacity building initiative	Category C	$ 125,000.00	

Approximate Number of Awards: 40

Approximate Average Award: $500,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.
Floor of Individual Award Range: $10,000
Ceiling of Individual Award Range: $5,000,000
This ceiling is for a 12-month budget period.

Anticipated Award Date: 09/17/2018
Budget Period Length: 11 month(s)
Period of Performance Length: 1 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:

State governments
County governments
City or township governments
Public and State controlled institutions of higher education
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
Others (see text field entitled "Additional Information on Eligibility" for clarification)

This funding opportunity is only available to organizations that received funding under CDC-RFA-OT18-1802: "Preventive Health and Health Services - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health - financed in part by Prevention and Public Health Funds (PPHF)."

Required Registrations

System for Award Management and Universal Identifier Requirements

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

a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

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

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Other

Special Requirements

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity

from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.
If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

Submission of Work Plans in response to CIO Project Plans:

The CIO Project Plans are organized in this FY 2018 supplemental NOFO by Target Population Category (A, B, or C). Each CDC-RFA-OT18-1802 recipient is permitted to submit Work Plans in response to CIO Project Plans that target the Target Population Category and Target Population for which the organization competed and was awarded funds under Funding Strategy 1. The CIO Project Plans are included as attachments to this supplemental NOFO. Applicants are permitted to submit responses to multiple CIO Project Plans. Applicants must complete a Work Plan template for each CIO Project Plan for which they would like consideration. Once a template is completed for each, applicants must create and save one master merge of all individual Work Plan PDFs. The submitted Work Plans must include the proposed outcomes and accompanying strategies, activities, and outputs for the 11-month budget period. The master document must be uploaded and submitted as the "Project Narrative" on Grants.gov.

Applicants must also create a separate budget narrative to accompany each Work Plan in response to CIO Project Plan. Once all budgets are created, applicants must create and save one master merge of all individual Budget Narratives. The master budget narrative will be uploaded and submitted as the "Budget Narrative" on Grants.gov.A detailed budget narrative is required for each work plan. Additionally, each submission must include a description of the recipient's organizational capacity and program experience as it relates to the work outlined in the corresponding CIO Project Plan. The recipient must identify process and outcome measures for each work plan.

Please note, text from some CIO Project Plans was omitted due to a technical glitch in the CSTLTS Online System. Full CIO Project Plans are accessible on the CSTLTS Online System. The Work Plans in response to CIO Project Plans must be submitted via the CSTLTS Online System and Grants.gov. The National Partnership Branch will provide further instructions on submitting Work Plans in via the CSTLTS Online System.

Recipients are expected to carry out program capacity-building strategies and activities to achieve the program outcomes and to identify and document additional outcomes accomplished. The CBA efforts performed under each project should work toward the short-term and intermediate outcomes outlined in the CIO Project Plan.

For each Program Outcome:

- Indicate the proposed strategies that will be used to accomplish the identified Outcome(s) during the budget period
- Identify the performance measures(s), process and outcome, that are associated with each Outcome.
- Provide a timeline for accomplishing the proposed strategies, activities, outputs, and outcomes within the budget period.
- Identify and justify any redirection of activities. Describe the methods that will be used to implement the new, redirected activities.
- Provide line item budgets and budget narratives for the categories indicated in the Work Plan template for each proposal.

General instructions for submitting Work Plans:

1. **Go to**: Grants.gov
2. **Select**: "Applicants"
3. **Select**: "Apply for Grants"
4. **Select**: "Get Application Package"
5. **Insert** the Notice of Funding Opportunity Number only, formatted as: CDC-RFA-OT18-18020101SUPP18
6. **Download** application package
7. **Complete** the Budget Information for Non-constructions Programs (SF424A) form
8. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF425)
9. **Upload** the master Project Narrative and master Budget Narrative document
10. **Upload** the Indirect Cost Rate Agreement
11. **Follow** instructions to submit the application package to Grants.gov

Budget Summary Spreadsheet: Recipients must provide a budget summary spreadsheet as part of their Budget Narrative. The summary must be in excel format and should identify the budget line items per project. Recipients should use the spreadsheet template as provided by CDC. The completed document should be uploaded to Grants.gov under "Optional Attachments" in the "Mandatory Attachments" Section.

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Note: The project abstract should reflect the entire submission. If applicants respond to multiple

CIO Project Plans.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: ____. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The applicants will use the CSTLTS/National Partnership Branch's "Work Plan" template to create their Work Plan(s) in response to CIO Project Plans. A copy of the work plan template is available as an attachment on Grants.gov. As a reminder, applicants must create and save one master merge of all individual Work Plan PDFs. The master document must be uploaded and submitted as the "Project Narrative" on Grants.gov. Applicants will also create and save one master merge of all individual Budget Narratives. The master budget narrative will be uploaded and submitted as the "Budget Narrative" on Grants.gov.

The Work Plans in response to CIO Project Plans must include the proposed outcomes and their accompanying strategies, activities, outputs, and performance measures (process and outcome) for the budget period. The Work Plans include a project description, organizational capacity, and program experience of the applicant as they relate to the CIO Project Plan. Process and outcome measures must also be developed for the budget period. An Annual Performance Report (APR) will be required for each Work Plan. The APR must provide a status of the proposed performance measures (process and outcome), strategies, activities, outputs, and outcomes. CDC will provide additional information regarding APRs post-award.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

The Project Narrative must include the information as required in the Work Plan template:

1. Project Description - Describe your overall plan for achieving the outcomes outlined in the CIO Project Plan.
2. Work Plan - Describe the activities, outputs, performance measures (process and outcome), and outcomes related to the selected NOFO strategies and outcomes.
3. Organizational Capacity - Describe your capacity to successfully complete the project outlined in the CIO Project Plan. Include your organization's relevant staffing, systems, and resources.
4. Organizational Experience - Describe your experience as it relates to the project outlined in the CIO Project Plan. Include products developed; services, training, and technical assistance provided; and relevant target populations supported
5. Collaborative Work - Describe your plan for collaboration as it relates to the project

outlined in the CIO Project Plan. Include specific organizations or entities as applicable.
6. Sub-contractual Work - Describe your plan for sub-contractual work. Include recommended criteria for identifying and selecting subcontractors.
7. Budget Information - Provide a line item budget for the allocation of funds.
8. Additional Attachments - Additional attachments include the Budget Narrative, Indirect Cost Rate Agreement, Budget Summary Spreadsheet (excel), and Consultant/Contractor Approval Request.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

- Project Abstract Summary
- Table of Contents for Entire Submission
- Budget Narrative (compiled as one master pdf file)
- Work Plans (compiled as one master pdf file)
- Nonprofit organization IRS status forms, if applicable
- Indirect cost rate, if applicable
- CVs/Resumes for key staff

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

No more than 10 electronic attachments should be uploaded per application.

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

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

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

Risk Assessment Questionnaire Requirement
CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues

such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS. When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.
This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.
If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Application Deadline Date

Due Date for Applications: **08/20/2018**

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

Pilot Program for Enhancement of Employee Whistleblower Protections

All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C 4712.

Copyright Interest Provisions

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http:// frwebgate.access.gpo.gov /cgi-bin/getdoc.cgi ?dbname= 109_cong_bills&docid= f:s2590enr.txt.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf

Funding Restrictions

Funding Restrictions:
Restrictions, which must be taken into account while writing the budget, are as follows:
In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including

personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

Applicants should read individual Project Plans to determine additional restrictions that may apply to individual projects.

The following project plans have additional requirements and restrictions:

1. Building State Health Department capacity to use ACEs data for prevention of negative health outcomes (Category A)
2. Lowering opioid overdose risk for justice-involved populations: building state and institutional capacity (Category C)

The additional requirements and restrictions include:

- Financial Management Requirements and Exceptions:
    - This is one-time funding, and funds must be spent/expended within the performance and budget period. There is no provision for the payment of unliquidated obligations following the last day of the budget/performance period.
    - Recipients are required to coordinate activities funded under this guidance with all other CDC-funded and federally funded opioid prevention activities to ensure alignment and reduce duplication. Specifically, recipients are encouraged to coordinate plans as applicable with the single state agencies for substance use disorder services in their jurisdictions.
- Direct Assistance:
    - Direct Assistance (DA) is not available through these projects
- Overlap in projects, budget items, or commitment of effort:
    - Funds cannot be used for items covered by other federal sources
    - Funds cannot be used to match funding on other federal awards
- Unallowable Costs:
    - Research
    - Purchase of narcan/naloxone
    - Purchase of syringes

- Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events) are not permissible under this funding opportunity
- Clinical care (except as allowed by law)
- Publicity and propaganda (lobbying)
    - Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships. See Section VI. Revised Work Plan and Budget Narrative Submission for more information.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:
http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction.
Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.
In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application:
Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using

Workspace can be found at www.grants.gov under the "Workspace Overview" option. Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (AOR) will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.
If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the recipient will receive instructions from OGS TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-OT18-18020101SUPP18**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Work Plan — Maximum Points: 45

For each Work Plan submitted, the extent to which the applicant:

1. Describes a plan to adequately achieve the CBA program outcomes and carry out the proposed activities
2. Develops a complete and comprehensive plan for the budget period

3. Demonstrates how the plan will focus on priority CBA that addresses the needs of the target population
    1. Strategies - describe the program strategies that will be used to address the needs of the target population and relate to the recipient activities (5 points)
    2. Activities - describe activities that are achievable and likely to lead to the attainment of identified outcomes (10 points)
    3. Outputs - describe deliverables/outputs that are a thorough representation of the direct results of the activities. (5 points)
    4. Outcomes - describe program outcomes that are achievable and address the purpose of the project plan. (5 points)
    5. Performance measures (process and outcome) - describe measures to assess achievement toward program outcomes (10 points)

Organizational Capacity — Maximum Points: 25

For each Work Plan submitted, the extent to which the applicant:

1. Describes the entity's staffing plans that will be used to support the project activities (8 points)
2. Describes systems that will be used to support the project activities (10 points)
3. Describes organizational resources that will be used to support the project activities (7 points)

Organizational Experience — Maximum Points: 25

For each Work Plan submitted, the extent to which the applicant:

1. Demonstrates content expertise as it relates to the project (10 points)
2. Describes prior CBA provided (products developed, services, training, and technical assistance provided) (10 points)
3. Demonstrates a relationship with the target population (5 points)

Collaboration, if applicable — Maximum Points: 5

For each Work Plan submitted, the extent to which the applicant:

1. Demonstrates an ability to build and/or access specific organizations or entities that are appropriate for accomplishing the outlined project outcomes--if required by the CIO Project Plan (5 points)

Budget and Budget Narrative (reviewed, but not scored) — Maximum Points: 0

An itemized budget narrative is required as part of the applicant’s submission. Although the budget is not scored, the applicant should consider the following in development of their budget. Is the itemized budget for conducting the project, and the justification reasonable and consistent with stated objectives and planned program activities?

If indirect costs are requested in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than

12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative. The budget must include the following headers:

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

For guidance on completing a detailed budget, visit https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf.

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by **OSTLTS** and PGO. Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

The applications will be compiled and reviewed according to the Target Population Category (A, B, or C). The applicants are eligible to apply for CIO Project Plans in the Categories for which they competed and were awarded funding under Funding Strategy 1 of CDC-RFA-OT18-1802. Applications will undergo an objective review if 2 or more organizations submit proposals in response to a particular CIO Project Plan. If an objective review process is required, applications will be reviewed by a panel of 3 subject matter experts. Applications will undergo a technical review if 1 organization submits a proposal in response to that CIO Project Plan. In the event a technical review is more efficient (i.e., there is only one proposal submitted for a particular CIO Project Plan), the technical review will be held in place of an objective review.

When a technical review is used, Work Plans will not be scored. The proposals will receive feedback and guidance regarding required revisions in place of scoring.

In addition, the following factors may affect the funding decisions for Funding Strategy 2:

- Preference will be given to
    - Avoid duplication of CBA services to the same target populations
    - Ensure CBA services are provided to target populations not served by higher ranking applications
    - Ensure CBA services are provided to target populations not duplicated in other CDC funding mechanisms

CDC will provide justification for any decision to fund outside of ranked order of scores.

Selection

- In addition, the following factors may affect the funding decision:

Final funding determinations will be based on application scores from either the objective review panel process or technical review process. If an objective review is conducted, applications will be funded in order by score and rank determined by the review

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

Anticipated Announcement and Award Dates

Notification of selection and award announcements will occur via email with delivery receipt in September 2018.

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.
Unsuccessful recipients will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. All NOFOs from the Center for Global Health must include AR-35. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

Generally applicable ARs:

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-32: Appropriations Act, General Provisions

AR-34: Language Access for Persons with Limited English Proficiency

ARs applicable to Conference Awards:

AR-20: Conference Support

AR-27: Conference Disclaimer and Use of Logos

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status ;

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at:

https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Reporting

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1)

information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http:// frwebgate. access. gpo.gov /cgi-bin /getdoc.cgi ?dbname= 109_cong_bills &docid= f:s2590enr .txt.pdf
- https://www.fsrs.gov /documents /ffata_legislation_ 110_252.pdf

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

Caroline Sulal, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Ralph Robinson, Grants Management Officer
Department of Health and Human Services Office of Grants Services
2920 Brandywine Rd
Atlanta, GA 30341
Email: inp2@cdc.gov

Email: OSTLTSPartnersNOFO@cdc.gov

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

Office of Grants Services Technical Information Management Section, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Email: ogstims@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.