

Centers for Disease Control and Prevention

National Center for Environmental Health

National Association of Health Data Organizations (NAHDO) - National Environmental Public Health Tracking Network

CDC-RFA-EH15-1502

Application Due Date: 05/26/2015

National Association of Health Data Organizations (NAHDO) - National Environmental Public Health Tracking Network

CDC-RFA-EH15-1502

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-EH15-1502. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

National Association of Health Data Organizations (NAHDO) - National Environmental Public Health Tracking Network

C. Announcement Type: New - Type 1

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-EH15-1502

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

93.070

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**05/26/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

This cooperative agreement will support the ongoing collaboration with the National Association of Health Data Organizations (NAHDO) to develop standards and principles to effectively administer or integrate public health statistics and information systems into the National Environmental Public Health Tracking Network (Tracking Network). Through this collaboration, NAHDO will work with CDC to identify and overcome barriers in access to health data and increase accessibility to health data.

a. Eligible Applicants:	Single
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	1

One award.

d. Total Project Period Funding:	$375,000
e. Average One Year Award Amount:	$125,000

$125,000 per year.

f. Number of Years of Award:	3
g. Estimated Award Date:	07/01/2015
h. Cost Sharing and / or Matching Requirements:	N

N/A

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

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

What is Environmental Public Health Tracking?

Environmental Public Health Tracking (Tracking) is the integrated surveillance of health, exposure, and hazard information and data from a variety of national, state, and local sources. These systems are critical in preventing and controlling disease in populations. Having accurate and timely tracking data permits public health authorities to determine temporal and spatial trends in disease and potential environmental exposures, identify populations most affected, and develop and assess the effectiveness of policy and environmental public health interventions. Tracking involves the utilization of data and information regarding health outcomes, environmental hazards, and human exposures, or a combination of them, and provides important information for public health practice. The availability of these types of data in a standardized network will enable researchers, public health authorities, healthcare practitioners, and the public to have a better understanding about the possible associations between the environment and adverse health effects.

What is the National Tracking Network?

A key characteristic of Tracking is the emphasis on data integration across health, human exposure, and hazard information systems. The National Tracking Network (Tracking Network) provides the United States with standardized data from multiple health, exposure, and hazard information systems that includes linkage of these data as part of regular tracking activities. The Tracking Network builds on separate ongoing efforts within the public health and environmental sectors to improve health tracking, hazard monitoring, and response capacity. Development of the Tracking Network depends on the availability, quality, timeliness, compatibility, and utility of existing hazard, exposure, and health outcome data.

The major functions of the Tracking Network are to:

• Enable compilation of a core set of nationally consistent health and environmental data and measures

• Discover, describe, exchange, analyze, and manage data

• Make tools available for managing and analyzing the data

• Provide environmental public health information to the public

Building a network to carry out these functions requires that many individuals and organizations coordinate efforts to develop and integrate various components to make data and information more accessible and more usable. Currently, CDC's Environmental Public Health Tracking Program (Tracking Program) funds 26 states/cities and works collaboratively with several prominent national partners to maintain and enhance the capabilities and reach of the Tracking Network.

The CDC Environmental Public Health Tracking Program and NAHDO

Since 2002, the CDC Tracking Program has developed workforce capacity to address the abovementioned issues and provided tools and infrastructure to support this workforce. Data that was previously disjointed is

now available in a nationally standardized format (i.e., Tracking Network) allowing programs to begin bridging the gap between health and the environment. To be successful, Tracking must work with data related to hospitalization and emergency department visitation.

This cooperative agreement will support the ongoing collaboration with the National Association of Health Data Organizations (NAHDO) to develop standards and principles to effectively administer or integrate public health statistics and information systems into the National Environmental Public Health Tracking Network (Tracking Network). Through this collaboration, NAHDO will work with CDC to identify and overcome barriers in access to health data and increase accessibility to health data.

b. Statutory Authorities

This program is authorized under Section 317(k)(2) of the Public Health Service Act, (42 U.S.C. Section 247b(k)(2)), as amended.

c. Healthy People 2020

Healthy People 2020 contains national objectives to improve the health of all Americans by encouraging collaborations across sectors, guiding people toward making informed health decisions, and measuring the impact of prevention activities. This FOA supports the Healthy People 2020 focus topic area(s) of:

• Environmental Health https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health

• Public Health Infrastructure https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure

Additional information on Healthy People 2020 is available at http://www.healthypeople.gov

d. Other National Public Health Priorities and Strategies

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

Measurable outcomes of the program will be in alignment with the following performance goals for the National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR) Strategic Plan:

• implement environmental health programs and interventions to protect and promote health; and

• identify, characterize, and monitor health outcomes and environmental exposures to guide actions that protect and promote health.

This program also aligns with priorities set by NCEH/ATSDR which include: reducing asthma morbidity and mortality, protecting children from the health risks of harmful exposures and conditions, and ensuring safe drinking water.

In addition, this program address' aspects of CDC's Vision of "Health Protection…Health Equity" by collaborating with partners to create the expertise, information, and tools that people and communities need to

protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

e. Relevant Work

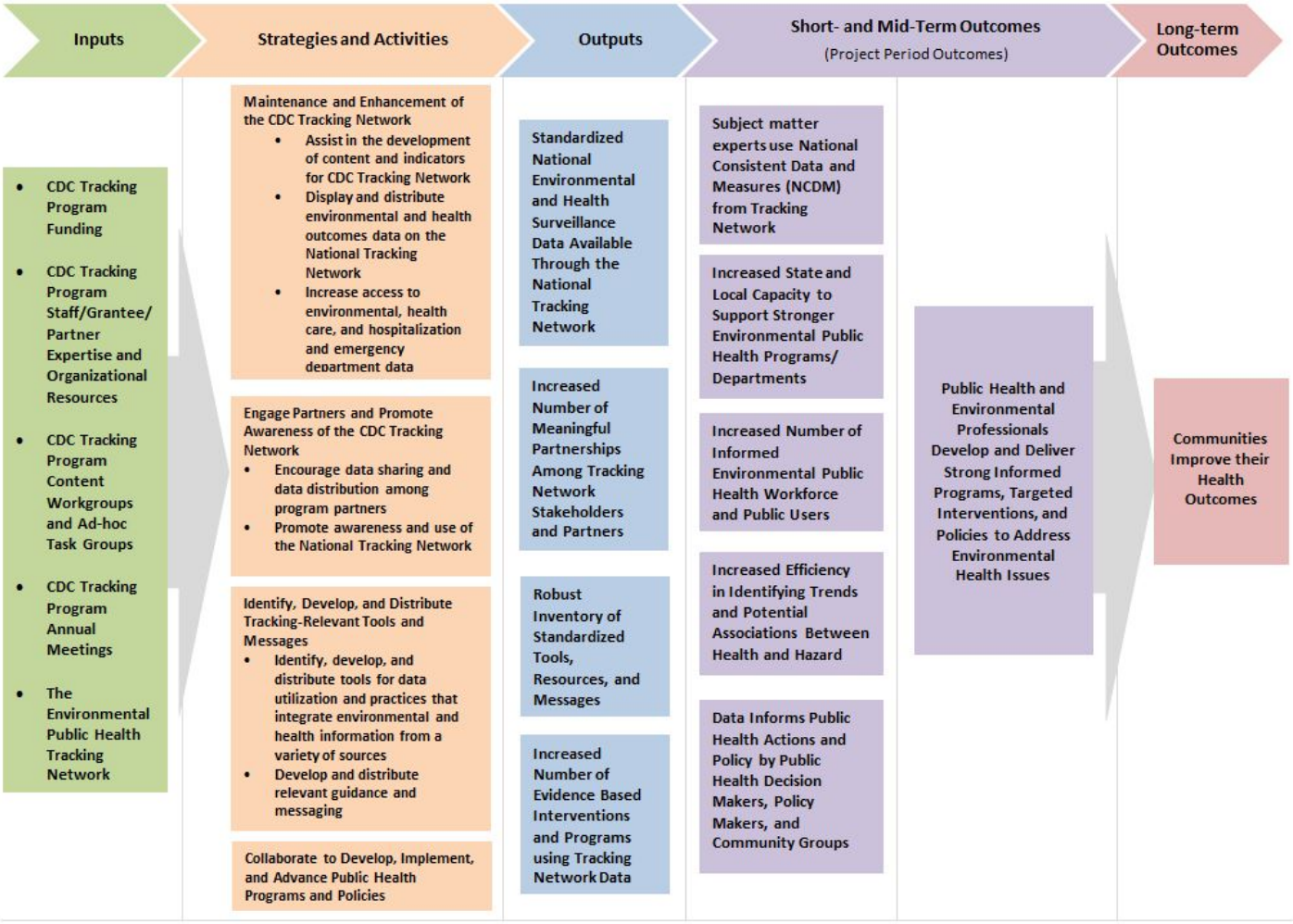
This cooperative agreement will build on previous work completed by NAHDO under **CDC-RFA-EH07-703** and **CDC-RFA-EH10-1003**. NAHDO facilitates the access to and use of hospital discharge and claims databases for creating standardized health indicators measuring morbidity and health outcomes related to environmental exposures. One example of NAHDO's leadership in this area is an assessment it completed of current barriers inhibiting access to hospital inpatient and emergency department data and through conducting a multi-state data sharing demonstration project. The assessment of data sharing practices and issues, in the context of the tracking program, has proven useful to identify common and unique barriers to the exchange of hospital inpatient and emergency department data. The multi-state demonstration project has allowed for the identification of unique and cross-cutting issues inherent in the data recruitment and acquisition process and has begun the development of a common data sharing template for multi-state collection.

Similarly, NAHDO has been providing technical expertise to CDC and grantees of the National Environmental Public Health Tracking Program. For instance, NAHDO's Executive Director, Denise Love, was selected as a Co-Lead of the hospital data team within the CDC Content Workgroup (CWG). The mission of CWG is to promote collaboration among CDC, its grantees, and other partners about content for the national Tracking network, and to establish necessary methodologies for collecting and organizing that content. Accessing health data is a primary concern of the CWG and having a NAHDO representative in the group is critical.

NAHDO has also actively participated in Tracking Program conferences and has included the Tracking Network as a subject matter represented at the annual national meeting of their organization.

2. CDC Project Description

a. Approach



i. Purpose

The purpose of this FOA is to continue a collaboration with the National Association of Health Data Organizations (NAHDO) that will facilitate access to existing statewide electronic hospital discharge and emergency department data and reduce barriers to access. NAHDO projects worked with various data sources that could be appropriate mechanisms for facilitating linkages between health outcome and environmental data. The NAHDO-Tracking collaboration has proven to be an important step to establishing access to existing hospital and emergency department data. Through this collaboration, NAHDO will identify and overcome barriers in access to health data and increase accessibility to health data.

ii. Outcomes

The Awardee is expected to achieve the short- and mid-term outcomes specified in the logic model within the three-year project period. These outcomes will be achieved as a result of the Awardee's collaborative efforts with Tracking Program staff and grantees.

Short- and Mid-term Outcomes -

• Subject matter experts use National Consistent Data and Measures (NCDM) from Tracking Network.

• Increased state and local capacity to support stronger environmental public health programs/departments.

• Increased number of informed environmental public health workforce and public users.

• Increased efficiency in identifying trends and potential associations between health and hazard data.

• Data informs public health actions and policy by public health decision makers, policy makers, and

community groups.

• Public health and environmental professionals develop and deliver strong informed programs, targeted interventions, and policies to address environmental health issues

It is expected that the short- and mid-term outcomes achieved under this FOA will contribute beyond the project period to the following long-term outcome:

• Communities improve their health outcomes

NAHDO will help the Tracking Program and its grantees achieve these intended effects by following the strategies and activities listed in the subsequent section (*iii. Strategies and Activities*).

iii. Strategies and Activities

The logic model presents the strategies and activities to be undertaken to achieve the project period outcomes. The following presents a more detailed description of suggested awardee activities for this FOA:

Maintenance and enhancement of the CDC Tracking Network:

- Assist in the development of content and indicators for CDC Tracking Network by:

• Collaborating with CDC to identify new potential indicators, measures and/or relevant information that could be included into the Tracking Network and participating as a member of designated CDC workgroups (including the Content Workgroup and related teams, and the Standards and Network Development workgroup). The workgroups advise CDC on developing and recommending content information for inclusion on the national and state tracking networks.

- Display and distribute environmental and health outcomes data on the National Tracking Portal by:

• Providing feedback to CDC about the information displayed by the Tracking Network which is related to current indicators and data about hospitalizations and emergency department visitations.

Engage partners and promote awareness of the CDC Tracking Network:

- Encourage data sharing and data distribution among program partners by:

• Facilitating the development of positive working relationships between Tracking grantees and their hospitalization and emergency department data stewards; and

• Providing education and assistance in transition to ICD-10.

- Promote awareness and use of the Tracking Network by:

• Assisting CDC in disseminating program information from the Tracking Network to educate and inform policy makers, other network stakeholders, and the public using a variety of media channels.

• Utilizing the NAHDO newsletter, Website, its national conference, and mailing lists to communicate Tracking Network activities, research projects, and developing practices; and

• Participating in appropriate national conferences on behalf of the Tracking Program

- Increase access to environmental, health care, and hospitalization and emergency department data by:

• Promoting access to, and sharing of hospital and emergency department data for use in the state and National Environmental Public Health Tracking Networks (Tracking Network) and promoting increased participation of its members in the development of nationally consistent data and measures for the state and

national Tracking Networks; and

• Serving as an information resource on environmental public health data and hospitalization and emergency department data for its members.

Identify, develop, and distribute Tracking-relevant tools and messaging:

- Identify, develop, and distribute tools for data utilization and practices that integrate information from a variety of sources by:

• Collaborating with CDC to identify and overcome barriers that limit access to hospital and emergency department data, including identifying and resolving issues of access to secure records; and

• Assisting with the acquisition of health care data and promote improvement in data quality.

- Develop and distribute relevant guidance and messaging by:

• Disseminating Tracking Program materials at NAHDO workshops that focus on the role of hospital and emergency department data in the Tracking Network and conduct education sessions at all national and regional NAHDO meetings;

• Assisting CDC in disseminating program information from the Tracking Program to educate and inform policy makers, stakeholders, and the public using a variety of media channels; and

• Participating at the national Tracking Network Conference and workshops, and develop sessions focusing on the use of hospital and emergency department records in the Tracking Network.

Collaborate to develop, implement, and advance public health programs and policies:

• Participate in conference calls with CDC and other funded Tracking Network programs, and collaborating national organizations to advance public health programs and policies relevant to the CDC Tracking Program.

As indicated in the logic model, these grantee activities will produce a series of powerful outputs that will drive these project period outcomes. The outputs for this FOA consist of the following:

• Standardized national environmental and health surveillance data

• Enhanced partnerships across state and federal partners

• Robust inventory of standardized tools, resources, and messages; and

• Increased number of evidence based interventions and programs using Tracking data

1.Collaborations

Applicant is required to provide technical expertise to CDC Tracking Program and Tracking Network funded grantees during the pre-implementation, implementation, and maintenance phases of the National Environmental Public Health Tracking Program.

a. With CDC-funded programs:

Applicant is required to provide technical expertise to CDC Tracking Program and Tracking Network funded grantees during the pre-implementation, implementation, and maintenance phases of the National Environmental Public Health Tracking Network. Several grantees are in various stages of the implementation and maintenance phases of the Tracking Network, including two newly funded state partners who are working through the pre-implementation and implementation phases. Therefore, the technical expertise required by grantees will vary greatly depending on their needs and progress.

It is optional for the applicant to collaborate with other CDC-funded programs that focus on related issues and activities when interests align. These may include, but are not limited to, participants in the National Center for Health Statistics, National Asthma Control Program, the Climate and Health Program, and ATSDR's Program to Promote Localized Efforts to Reduce Environmental Exposures, for the purposes of sharing data, developing consistent definitions and measures, and creating appropriate tools for demonstrating alignment between surveillance findings and program efforts.

b. With organizations external to CDC:

Applicant must collaborate with several key partners, including state and city departments of health. These established relationships may also benefit the applicant by further enhancing their activities. Optional collaborations may include the following agencies/organizations:

• Agency for Health Research and Quality (AHRQ)

• American Health Information Management Association (AHIMA)

• Center for Improving Value in Health Care (CIVIHC)

• Human Services Research Institute (HSRI)

2. Target Populations

Not Required.

a. Inclusion

N/A

iv. Funding Strategy (for multi-component FOAs only)

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC Tracking Program will work with the Awardee to develop and implement an evaluation plan and ensure accurate evaluation and performance measurement reporting. CDC will leverage information collected from the Awardee and other Tracking Program-funded partners to demonstrate the impact of the program on the public's health.

The Awardee should collect information, such as process and outcome measures, for all relevant strategies and activities presented in the Approach and logic model, including but not limited to:

- **Maintenance and enhancement of the CDC Tracking Network**
  - Evidence of participation in designated CDC Tracking Network Workgroups;
  - Evidence of increased participation of NAHDO membership in the development of NCDM; and
  - Evidence of feedback provided to CDC about information displayed by the Tracking Network.
- **Engage partners and promote awareness of the CDC Tracking Network**
  - Number and types of channels through which data and findings were disseminated to its membership; and
  - Number of national conferences attended on behalf of the Tracking Program.
- **Identify, develop, and distribute relevant tools and messaging**

- Number and types of Tracking Program materials distributed at NAHDO workshops;
- Number and types of Tracking-related education sessions conducted at national and regional NAHDO meetings; and
- Evidence of participation in all Tracking Program conferences and workshops.

- **Collaborate to develop, implement, and advance public health programs and policies**
  - Evidence of participation in conference calls with CDC and other funded Tracking Program grantees.

The Awardee should also collect information to evaluate progress made towards achieving *project period outcomes*, including but not limited to:

- **Subject matter experts use National Consistent Data and Measures (NCDM) from Tracking Network**
  - NAHDO membership and stakeholders know of and use NCDM data from the Tracking Network.
- **Increased state and local capacity to support stronger environmental public health programs/departments**
  - NAHDO membership recognize importance of accurate and timely hospital and emergency department data in building stronger environmental public health programs.
- **Increased number of informed environmental public health workforce and public users**
  - Evidence of increased awareness of Tracking data by NAHDO membership.
- **Increased efficiency in identifying trends and potential associations between health and hazard data**
  - Collaboration with CDC in identifying and overcoming barriers that limit access to hospital and emergency department data, including identification and resolution on issues of access to secure records.
- **Data informs public health actions and policy on the part of public health decision makers, policy makers, and community groups**
  - Evidence of Tracking data use provided in progress report
- **Public health and environmental professionals develop and deliver strong informed programs, targeted interventions, and policies to address environmental health issues**
  - Evidence of Tracking data used in developing informed programs, targeted interventions, and policies that address environmental health issues.

Performance and outcome measures collected by the Awardee will be reported to CDC in the Awardee's annual progress report. This report will assist CDC in tracking the implementation of awardee strategies and activities, as well as identifying programmatic barriers and solutions.

ii. Applicant Evaluation and Performance Measurement Plan

In addition to the performance measures, the Awardee will be expected to engage in some evaluation of their activities and outcomes. The Applicant must provide an evaluation and performance measurement plan that is consistent with the above CDC Evaluation and Performance Measurement Strategy and the logic model. Evaluation plans should include process and outcome evaluation questions such as the following:

What are essential collaborations?

- The Tracking Program was established to bridge the information gap between environmental hazard, exposure, and health outcomes data. Identifying key collaborations to accomplish this and how the Tracking Program is successfully leveraging these relationships are a vital component to Tracking.

What are the barriers and challenges to the Tracking Program's success and how has the awardee tried to address these?

- Identifying common barriers and challenges will allow CDC to better work with grantees and data stewards and help them address known challenges with proven strategies.

How has the Tracking Program made an impact?

- Awardee will report on programmatic activities that drive public health actions.

How have findings been used to evolve the Tracking Program's activities?

- The Tracking Program will evolve in several ways. New collaborations and relationships will help us gain a better understanding of the burden of disease. As environmental health risks are identified, Tracking Program resources can be utilized to address these concerns, new technologies can be developed and promising practices can be utilized by the evolving program.

What communication activities are most successfully used to educate audiences on the value of the Tracking Program and how it has been used to impact public health?

- Communicating the environmental burden on health and successful actions to improve the public's health is an essential requirement for the Tracking Program.

The Awardee should include the following information in their Evaluation and Performance Measurement Plan:

• Types of evaluation to be conducted

• Key evaluation questions to be answered

• Potentially available data sources and the feasibility of collecting appropriate data

• Use of evaluation findings on the applicant's program strategies for quality improvement

• Contribution of evaluation and performance measurement to further enrich Tracking's evidence base or to improve effectiveness

c. Organizational Capacity of Awardees to Execute the Approach

Applicants must demonstrate the ability to execute the CDC strategies and activities and meet project period outcomes.

Describe the anticipated level of organizational capacity applicants will need in order to implement the award. Organizational capacity includes skill sets such as: program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, personnel management.

Applicants should demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles. Applicants must also be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

CDC must provide maximum flexibility to enable applicants to implement FOA requirements based on their own organizational design and approach, unless otherwise required by statute.

d. Work Plan

The applicant is required to provide a work plan consisting of a logic model and a related narrative for the three-year program and a detailed description of the first year of the award, consistent with the project's logic model. The applicant is expected to use activities that are consistent with those indicated under the "Program Strategy" section, but are expected to augment those activities on the basis of priority needs. The work plan should provide outcomes and the related program strategies/activities, and should be consistent with the narrative in the Approach and Performance Measurement and Evaluation sections. The work plan must, at a minimum, include:

• Narrative (description) of the project

• Intended outcomes for the three-year project period

• Program strategies to be used during the first year of the project period

• Outcomes for the first year of the project period

In conducting activities to achieve the intended outcomes of this program, the recipients will be responsible for exhibiting their successful implementation of their program strategies, and providing evidence of necessary planning and coalition building (e.g., memoranda of understanding (MOU), establishing partnerships, and developing outreach plans).

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities:

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

Other activities deemed necessary to monitor the award, if applicable.

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

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

In a cooperative agreement, CDC staff is substantially involved in the program activities, beyond routine grant monitoring. Therefore, there will be extensive collaboration between the CDC Tracking Program and NAHDO throughout the project period. CDC Tracking Program activities for this FOA are as follows:

• Collaborate with NAHDO to identify and overcome barriers to accessing health data.

• Provide expertise on the National Environmental Public Health Tracking effort, and updates on its continued development, to the NAHDO membership.

• Promote the role of hospital and emergency department data in the state and national Tracking networks, among the CDC funded grantees, and other stakeholders and partners.

• Coordinate with NAHDO on disseminating program information from the Tracking Network to educate and inform policy makers, other network stakeholders, and the public using a variety of media channels.

• Participate in the NAHDO Annual Meeting and regional workshops.

• Conduct quarterly conference calls and foster coordination between NAHDO and other CDC state and local grantees through the annual Tracking workshop, and national Tracking conference.

• Coordinate the Standards and Network Development Workgroup, Content Workgroup, and related team meetings.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Award Mechanism:	
3. Fiscal Year:	2015
Estimated Total Funding:	$375,000
4. Approximate Total Fiscal Year Funding:	$125,000
5. Approximate Project Period Funding:	$375,000
6. Total Project Period Length:	3 year(s)
7. Expected Number of Awards:	1

One award.

8. Approximate Average Award: $125,000 Per Budget Period

$125,000 per year.

9. Award Ceiling: $125,000 Per Budget Period

$125,000 per year.

10. Award Floor: None

$0.0

11. Estimated Award Date: 07/01/2015

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

2. Additional Information on Eligibility

FOA eligibility is limited to NAHDO (please see Section C, #3).

The award ceiling for this FOA is $125,000. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

The National Center for Environmental Health's (NCEH) Environmental Public Health Tracking Program (Tracking Program) is a congressionally mandated program that maintains and enhances the National Tracking Network, which tracks and integrates environmental hazards data with human exposure and health effects data that have possible links to the environment. To be successful the program must work with data relating to hospitalization and emergency department visitation.

The National Association of Health Data Organizations (NAHDO) is a non-profit professional organization whose membership is made up of hospital and emergency department registrars from both state and private institutions. The Tracking Program's collaborative relationship with NAHDO has been instrumental in securing access to critical hospitalization data and emergency room visit data that would otherwise cost the program several millions of dollars. Through the collaborative partnership with NAHDO, critical data is being made available to states and local government health departments who are affiliated with CDC's

Tracking Network, thus avoiding a complex layer of individual data requests, duplications, and redundancy. Since NAHDO represents all membership with proprietary ownership of this data, it is the only organization able to broker this relationship on behalf of its membership, thus presenting a unique opportunity for the Tracking Program to work with one entity rather than thousands of hospitals and emergency departments across the United States. NAHDO now serves in a leadership capacity on designated Tracking Program content work groups, and uses its coordinating role to help ensure consistency in the timeliness, structure, and format of certain datasets. NAHDO is the only organization that represents the owners of state hospital discharge data and emergency room data, and as such, the only option for the Tracking Program to work with for continued access to these nationwide datasets.

State Tracking Program projects need sources of population-based data to support local Tracking Program functions and support analyses for small areas and target populations. Access to hospital inpatient and emergency department data will facilitate analyses and research on linkages between health outcomes and environmental data. With more than 45 states maintaining statewide hospital inpatient reporting systems and over 25 states with emergency department data from acute care providers, health data programs are important data stewards and partners for the Tracking Network. NAHDO's members include state and private health data organizations that maintain statewide health care databases and stakeholders of these databases. NAHDO has a thorough understanding of statewide health care data, data stewards, and data formats, and is uniquely positioned to assist the Tracking Program address challenges to accessing these data. One example of NAHDO's leadership in this area is an assessment it completed of current barriers inhibiting access to hospital inpatient and emergency department data and through conducting a multi-state data sharing demonstration project. The assessment of data sharing practices and issues, in the context of the Tracking Program, has proven useful to identify common and unique barriers to the exchange of hospital inpatient and emergency department data. The organization's expertise will assist the Tracking Program as it explores emerging topical activities, such as sub-county data and electronic health records, on these datasets.

Not approving this FOA will have a significant impact on the Tracking Program in terms of disrupting the data-flow to the National Tracking Network that has been in place in collaboration with the states and local health departments, eliminate the ease of outreach to state and private health data organizations that maintain statewide health care databases, and impede the implementation of public health actions that may intervene or prevent adverse health outcomes to the public.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

N/A

5. Maintenance of Effort

N/A

D. Required Registrations

Additional materials that may be helpful to applicants: http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf.

1. Required Registrations

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

a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number

provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet athttp:// fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process 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 "Get Registered" option atwww.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.

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

N/A

b. Application Deadline

Due Date for Applications: **05/26/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html.

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

N/A

8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. Background

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

b. Approach

i. Purpose

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

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

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

1. Collaborations
Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

2. Target Populations
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the CDC Project Description section – Approach: Target Population.

c. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

Where the applicant chooses to, or is expected to, take on specific evaluation studies:

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

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

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

Organizational Capacity of Applicants to Implement the Approach:

Applicant must address the organizational capacity requirements as described in the CDC Project Description. Specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress; preparation of reports; program evaluation; and communication with other partners and CDC.

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

11. Work Plan

(Included in the Project Narrative's 20 page limit)

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

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

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http://www.cdc.gov/grants/interestedinapplying/applicationresources.html .

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

public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.

Tobacco Policies:

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

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/ graphics/pbs/Guidelines_for__Federal__Concessions_and_Vending__Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm

http://www. thecommunityguide.org/ tobacco/index.html

http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

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

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See http://www.cdc.gov/grants/additionalrequirements/index.html#ar12 for detailed guidance on this prohibition and http:// www.cdc.gov/od/pgo / funding / grants / Anti-Lobbying Restrictions_for_CDC_Grantees_July_2012 .pdf.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

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18. Other Submission Requirements

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

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

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Applicant User Guide, Version 1.1, page 102.

http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8

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

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

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase I Review

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCEH and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

b. Phase II Review:	**Maximum Points: 100**

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

Approach: 40 points

Evaluate the extent to which the applicant:

• Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.

• Describes an overall strategy and activities consistent with the CDC Project Description and logic model.

• Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).

• Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.

• Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

Evaluation and Performance Management: 35 points

Evaluate the extent to which the applicant:

• Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.

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

• Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.

• Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.

• Describes any evaluation studies they are to undertake.

• Describes in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

Applicant's Organizational Capacity to Implement the Approach: 25 points

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

• Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.

• Demonstrates experience and capacity to implement the evaluation plan.

• Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles.

• Provides an organizational chart.

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

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

• Does the budget allow for a minimum of one project staff to attend a yet-undetermined CDC hosted meeting or training session for each budget year?

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

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

c. Phase III Review

2. Announcement and Anticipated Award Dates

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

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html

The HHS Grants Policy Statement is available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf.

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

The following Administrative Requirements (AR) apply to this project:

Generally applicable ARs:

• AR-7: Executive Order 12372

• AR-9: Paperwork Reduction Act http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html

• AR-10: Smoke-Free Workplace

• AR-11: Healthy People 2020

• AR-12: Lobbying Restrictions

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

• AR-14: Accounting System Requirements

• AR-24: Health Insurance Portability and Accountability Act

• AR-25: Release and Sharing of Data

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

• AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973

• AR-33: Plain Writing Act of 2010

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

Organization-specific ARs:

• AR-8: Public Health System Reporting (community-based, nongovernment organizations)

For more information on the C.F.R. visit http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

3. Reporting

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

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

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

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

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.

- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

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

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The carryover request must:

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

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

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

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

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

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

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4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)
The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000. For the full text of these requirements, see: http://www.gpo.gov /fdsys/browse/ collection.action?collectionCode= BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Shana Eatman, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford HIghway, MS F-60
Chamblee, GA 30341
Telephone: (770) 488-3933
Email: wrf3@cdc.gov

Grants Staff Contact

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

Damond Barnes, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-18
Atlanta , GA 30341
Telephone: (770) 488-2611
Email: xhp5@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

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

H. Other Information

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

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

- Table of Contents for Entire Submission

Optional attachments, as determined by CDC programs

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

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additionalrequirements/index.html

. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period.Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

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

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

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one

or more budget periods to the previously established project period (i.e., extends the "life" of the award).

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

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

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

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

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

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

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

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

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

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

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

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

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

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

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

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental

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

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

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

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

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

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

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

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

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

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

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

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

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

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

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

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

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

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

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

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

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

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