

Centers for Disease Control and Prevention

National Center for Environmental Health

National Public Health Surveillance for Chemical and Radiologic Exposures
CDC-RFA-EH15-1506
Application Due Date: 05/29/2015

National Public Health Surveillance for Chemical and Radiologic Exposures

CDC-RFA-EH15-1506

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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-EH15-1506. 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 Public Health Surveillance for Chemical and Radiologic Exposures

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-EH15-1506

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:	**05/29/2015**, 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:

The purpose of this FOA is to facilitate the partnership between CDC/National Center for Environmental Health/Health Studies Branch (HSB) and the American Association of Poison Control Centers (AAPCC). Since 2002, HSB and AAPCC have worked together to develop, implement, and continuously improve a system for receiving and compiling data from US poison centers (PCs) that can be used for public health surveillance of toxic exposures at the national level. HSB's National Chemical and Radiological Surveillance Program (NCRSP) uses AAPCC's system, the National Poison Data System (NPDS) to 1) improve surveillance for toxic exposures based on data collected from US PCs; 2) identify early markers of public health emergencies so appropriate, rapid public health response can be launched; and 3) improve situational awareness about ongoing or emerging chemical or radiological exposures.

This FOA will fund several important activities including 1) providing HSB scientists access to NPDS; 2) maintaining the technologic functioning of NPDS; 3) supporting AAPCC's team of toxicologists who review specific alerts generated by NPDS; and 4) development and implementation of enhancements to NPDS to improve CDC's surveillance capabilities.

The purpose of this FOA is to provide additional information and amend the original FOA. Changes were made to sections Part 1 G.d. (to adjust the total project period funding), Part G.e. (to adjust the average 1-year amount), Part 1 G.g (to adjust the estimated award date), and A.2.111.1. (to clarify collaborations). The summary of specific changes can be found on page 31.

a. Eligible Applicants:	Single
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Project Period Funding:	$7,500,000
e. Average One Year Award Amount:	$1,500,000
f. Number of Years of Award:	5
g. Estimated Award Date:	09/15/2015
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Since 2002, HSB and AAPCC have worked together to develop, implement, and continuously improve a system to use data from poison centers for public health surveillance. The collaboration resulted in NPDS, which receives and compiles data from US poison centers (PCs). AAPCC wholly owns and operates the National Poison Data System (NPDS), which holds all information and exposure phone calls received by US PCs. Data collected from callers to PCs is uploaded to NPDS every 4-10 minutes, 24 hours a day. CDC/HSB's National Chemical and Radiological Surveillance Program (NCRSP) uses AAPCC's NPDS to conduct national surveillance for toxic exposures. It is the only source of near real-time data for toxicosurveillance in the US. NPDS currently runs 13 national case-based surveillance definitions used to identify 59 high priority exposures and illnesses for the purpose of public health surveillance.

HSB scientists examine NPDS data anomalies to identify clusters of illness of potential public health importance and create case-based definitions during public health events to facilitate case finding. CDC works closely with AAPCC and provides both funding and guidance for system development, as well as epidemiologic and toxicologic expertise during public health incidents. Anomalies in call volume, clinical effects (signs and symptoms), and in case-based definitions are generated automatically. A member of AAPCC's Toxicology Team is on-call 24/7 to review anomalies and notify CDC if a public health threat is identified. NPDS is often the only surveillance system able to provide timely and meaningful information for emergency response and public health decision-making.

NPDS increases state and local capacity to respond to chemical, biological, and radiological incidents. NCEH's national state health department notification protocol ensures that state epidemiologists are aware of all incidents identified by the surveillance system for prompt public health response. Moreover, state health departments can utilize NPDS for agent-specific surveillance activities using state-specific PC data from their own jurisdictions. A recent survey revealed that around 80% of state health departments use poison center data for surveillance in some capacity and 95% of state health departments believe poison center data is important for public health activities.

This program facilitates the long-standing partnership and collaboration between CDC/HSB and AAPCC to maintain and enhance the National Poison Data System (NPDS) for public health surveillance. This will fund 1) maintaining the technologic functioning of NPDS; 2) providing access for HSB scientists to NPDS; 3) AAPCC's team of toxicologists who review specific alerts generated by NPDS; and 4) enhancements to NPDS to improve CDC's surveillance capabilities.

b. Statutory Authorities

Section 317(k)(2) of the Public Health Service Act (42 USC 247b)

c. Healthy People 2020

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

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

d. Other National Public Health Priorities and Strategies

NCEH/ATSDR protects people's health from environmental hazards that can be present in the air we breathe, the water we drink, and the world that sustains us. We do this by investigating the relationship between environmental factors and health, developing guidance, and building partnerships to suppport healthy decision-making. The goals and strategies outlined in the NCEH Strategic Plan are specifically supported and aligned with the work outlined in this FOA. http://www.cdc.gov/nceh/information/mission_vision_goals.htm

The Pandemic and All-Hazards Preparedness Act (SB 3678) (http://www.govtrack.us/congress/bill.xpd?bill=s109-3678) amended the Public Health Service Act to improve situational awareness in public health emergencies. The Act recommended establishing near real-time electronic nationwide public health capacity for situational awareness using a network of existing systems to enhance early detection of, rapid response to, and management of public health emergencies.

The Homeland Security Presidential Directive – 21 (HSPD-21) mandates the US Department of Health and Human Services establish a nationwide biosurveillance system built upon and integrated with state and local capabilities (http://www.dhs.gov/xabout/laws/gc_1219263961449.shtm).

CDC/OPHPR's Preparedness Objective of advance surveillance, epidemiology, and laboratory science and service practice provides direction in health monitoring and surveillance by "…Increasing surveillance… tools." (http://www.cdc.gov/phpr/publications/2011/A_Natl_Strategic_Plan_for_Preparedness_20110901A.pdf, p. 5).

This announcement is consistent with priorities and strategies in the Department of Health and Human Services, U.S. Environmental Protection Agency , National Aeronautics and Space Administration (http://www.cdc.gov/nceh/tracking/partners.htm), and other CDC programs including the National Asthma Control Program, the Climate and Health Program, and ATSDR's Program to Promote Localized Efforts to

Reduce Environmental Exposure (http://www.cdc.gov/nceh/tracking/related.htm). These programs address core public health areas such as environmental health, chronic disease, and health communication that contribute to prevention and health promotion efforts utilizing Tracking data.

e. Relevant Work

NCEH/HSB studies environmental exposures that may be harmful to people and develops strategies for preventing human exposure to environmental hazards and mitigating the effects of natural and man-made disasters. AAPCC's NPDS is the cornerstone of HSB's NCRSP, allowing our scientists to conduct national surveillance for and report on exposure events of potential public health significance.

Adverse effects of e-cigarette usage: E-cigarette use has increased drastically in the past 3 years and public health authorities have struggled to fully understand the scope of the problem in part due to a lack of information. NPDS identified over 1,300 e-cigarette exposures in four years (2010 to 2013). NPDS is the only system that had data – from calls to poison centers – that described e-cigarette exposures. An MMWR article was published and FDA is considering regulating sales of e-cigarettes.

Public Health and Poison Centers Collaborations for Surveillance Community of Practice (CoP): The goal of the CoP is to facilitate communications between and among state departments of health (DOH) and PCs, facilitate relationship-building between PCs and state DOHs, and promote the utility of PC data for state preparedness and response activities. The CoP has 240 members from public health agencies and poison centers. It recognized and supported by AAPCC, the Council of State and Territorial Epidemiologists (CSTE), International Society of Disease Surveillance (ISDS), and the North American Congress of Clinical Toxicology (NACCT).

Hurricane Sandy: HSB's NCRSP is working with PCs serving areas affected by Hurricane Sandy to examine the risk factors for and messages about carbon monoxide exposure after the storm. This information will help public health preparedness professionals improve communications about the risks of carbon monoxide poisoning.

2. CDC Project Description

a. Approach

Bold font indicates outcomes to be completed within the project period.

CDC-RFA EH15-1506 National Public Health Surveillance for Chemical and Radiologic Exposures					
Approach: Conduct national public health surveillance for incidents of chemical or radiological exposures using US poison center (PC) data. Facilitate communications among poison centers and State public health agencies to improve response to and preparedness for chemical/radiation events. Facilitate system and process improvements to enhance surveillance capabilities and overall functionality.					
Period of Performance: Five years					
Inputs	Strategies and Activities	Outputs	Short	Intermediate	Long
Funding from CDC/HHS	Conduct surveillance for chemical and radiological exposures using data from US Poison Centers (PCs)	Identification of incidents of public health significance and situational awareness during known chemical or radiation events	**Increased timeliness of response to a chemical or radiological event**	Increased state and local preparedness and response capacity	Decreased morbidity and mortality from chemical or radiological events of public health significance
Partners: Regional Poison Centers, American Association of Poison Control Centers, State public health agencies, Council of State and Territorial Epidemiologists, International Society for Disease Surveillance, National American Congress of Clinical Toxicology, CDC/HHS	Facilitate communication between PCs and State public health agencies	Robust and responsive surveillance system with the ability to quickly identify trends in specific data elements	**Increased collaboration of PCCs, State public health agencies, healthcare systems, public health and emergency management**	Enhanced technical capacity of state/local public health professionals and their jurisdictions	
Data from regional PCs	Maintain current system functionality		**Increased awareness of poison center activities in the public health community**	Improved community resilience and response to public health emergencies and potential incidents of public health significance	
	Identify and implement				

	technologic improvements to the system to enhance surveillance capabilities and overall functionality				

i. Purpose

The purpose of this cooperative agreement is to facilitate public health surveillance at the national level for chemical and radiological exposures using data collected at US PCs. AAPCC toxicologists and epidemiologists collaborate with scientists at CDC's National Center for Environmental Health's Health Studies Branch (CDC/NCEH/HSB) to establish and maintain case-based and syndromic surveillance definitions, along with other surveillance parameters (call volume, clinical effect data, and specific substance data) to conduct near-real time public health surveillance.

ii. Outcomes

The immediate outcome of this cooperative agreement will be increased timeliness of federal and/or state response to a chemical or radiological event as a result of ongoing near-real time national surveillance and improved situational awareness. Other short-term outcomes include improved communications among CDC, state DOHs, and PCs; and increased collaboration among public health, emergency preparedness and response, and health care; and increased awareness of the public health community about poison center roles and activities during an emergency. Longer term outcomes include increased state and local preparedness and response capacity and ultimately, decreased morbidity and mortality from chemical or radiological events of public health significance.

iii. Strategies and Activities

Conduct surveillance for chemical and radiological exposures using data from US Poison Centers (PCs)

The applicant will provide NCEH/HSB scientists access to NPDS for the purposes of conducting national surveillance for chemical and radiological exposures. The applicant will maintain a toxicosurveillance team - toxicologists from member poison centers - to investigate data anomalies generated by NPDS. Investigation of these anomalies may include contacting the originating poison center for more information about the exposure. Within 48 hours, the toxicosurveillance team will make a determination of whether a data anomaly escalates to an incident of public health significance. The toxicosurveillance team will notify NCEH/HSB about incidents they identify as public health significance.

Identify early markers of a larger public health threat (sentinel event surveillance)

The applicant will provide NCEH/HSB scientists access to NPDS for the purposes of identifying early markers of a larger public health threat (sentinel event surveillance). The applicant will maintain a Toxicosurveillance Team to investigate case-based data anomalies. These anomalies identify individual cases that meet pre-specified criteria, including high priority exposures such as cases potentially related to

weapons of mass destruction, CDC category A and category B bioterrorism agents, and marine toxins. Within 2 hours, the toxicosurveillance team will make a determination of whether a case-based data anomaly indicates an exposure of public health significance and notify NCEH/HSB.

Situational awareness (surveillance after a known event)

The applicant will provide NCEH/HSB scientists access to NPDS for the purpose of increasing situational awareness about known public health emergencies, and for identifying emerging public health threats that are not detected by the methods described in strategies 1 and 2.

Known public health emergencies: Poison centers receive calls during almost any type of public health emergency. Situational awareness activities (identification of relevant cases, aggregation and analysis of related case records, and prompt dissemination of information for public health action) conducted by NCEH/HSB with assistance by the applicant through access of near real-time data provide a timely snapshot of the types of exposures and the severity of exposures in the affected area, demographics of the impacted population, and can help target communications to the public. During the response phase of a public health emergency, the applicant will create ad-hoc temporary codes to be used by PCs in order to ensure that calls related to the public health emergency are captured and are easily identified by that code.

Emerging public health threats: The applicant will provide NCEH/HSB scientists access to NPDS for the purpose of monitoring exposure trends (e.g., number of cases, number of calls, geographic area, demographics of cases). Poison centers receive calls about exposures to products and substances. Data from these calls may identify new dangers not yet in the purview of public health. For example, analysis of data in NPDS helped identify risks associated with exposure to laundry pods and to electronic cigarettes. Once a specific substance or product is identified as an exposure of interest, the applicant will create ad-hoc temporary codes to be used by PCs in order to ensure that calls related to the product or substance are captured and are easily identified by that code.

Facilitate communication between PCs and State Public Health Agencies

Participate in the CDC-led Poison Center and Public Health Collaborations Community of Practice (CoP)

Promote and encourage PC participation in and contribution to regular meetings and information exchanges of the PC/DOH CoP.

Present success stories about CDC/applicant collaboration; in particular, successes related to specific poison centers (e.g., Hurricane Sandy, e-cigarette), to exemplify value of poison center data for surveillance.

Maintain current system functionality

Ensure continual operation and functionality of NPDS by maintaining information technology and toxicology capabilities.

Identify and implement technologic improvements to the system to enhance surveillance capabilities and overall functionality

The applicant will make improvements to NPDS in order to maintain the system's utility for national public health surveillance. These improvements may include but are not limited to:

- Technical: the data collection, transmission, and analysis that occur in the background of NPDS
- Surveillance: the surveillance methodologies and case-definitions used to identify data anomalies
- Data quality: the consistency and reliability of information collected by PCs

The applicant will conduct monthly meetings (one technical call, one surveillance call) with NCEH/HSB to discuss potential improvements to the system. These suggested improvements will also inform NCEH/HSB of future funding initiatives. The applicant leadership will meet monthly by teleconference with NCEH/HSB leadership to discuss broader issues associated with the system and to introduce ideas for new/different strategies and activities to achieve the purpose of this activity.

1.Collaborations

a. With CDC-funded programs:

There are no required collaborations. The applicant is encouraged to continue working with current CDC programs (e.g. NCEZID's Flu on Call, NCEH's Public Health Tracking Network) to the extent possible.

b. With organizations external to CDC:

Collaboration with the Council of State and Territorial Epidemiologists, the International Society for Disease Surveillance, and the National American Congress of Clinical Toxicology is highly recommended (but considered optional) as a part of the work highlighted in this FOA.

2. Target Populations

US population-anyone who calls a poison control center in the United States.

a. Inclusion

Not applicable

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

Not applicable

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Strategy 1: Conduct national surveillance (routine surveillance)

- NCEH/HSB/NCRSP scientists are able to access NPDS daily.
- The applicant's toxicosurveillance team follows up data anomalies within 48 hours of detection.

Strategy 2: Identify early markers of a larger public health threat (sentinel event surveillance)

- NCEH/HSB/NCRSP scientists are able to access NPDS daily.
- The applicant's toxicosurveillance team follows up high-priority data anomalies within 2 hours of detection.

Strategy 3: Situational awareness

- NCEH/HSB/NCRSP scientists are able to access NPDS daily.
- Create ad-hoc temporary codes when determined necessary

Strategy 4: Improvements to NPDS for public health surveillance

- Gather requirements for technical improvements within 1 year of identifying the improvement.
- Implement improvements to surveillance definitions within 6 months of identifying the improvement.

To conduct the strategies, the applicant and NCEH/HSB use data regularly collected by poison centers and uploaded into NPDS. Data collection methods are in place and routinely used by poison centers.

Performance measures will demonstrate the value, in terms of timeliness, accuracy, and scope, of poison center data and NPDS for national public health surveillance. Performance measures will be used by CDC to review and improve surveillance processes so that poison center data and NPDS continue to be valuable for national toxicosurveillance. Information about performance measures and decisions made based on them will be shared with stakeholders (e.g., poison center directors).

ii. Applicant Evaluation and Performance Measurement Plan

The applicant will affirm their ability to collect the required data and will develop performance metrics to demonstrate the timeliness, accuracy and scope of PC data and NPDS public health surveillance data. In addition to process measures to demonstrate the validity of the data, the applicant should routinely provide an analysis of data anomalies and evaluate surveillance data for information collection improvements.

c. Organizational Capacity of Awardees to Execute the Approach

In order to implement the activities described in the FOA, a certain level of organizational capacity is required. The organization is expected to have personnel with the scientific and program management skills so that performance measures are met and the administrative aspects of the program (e.g., budget and finance; communications) are maintained. The organization must demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes. The applicant must have access to poison control center data across the US and is expected to have existing relationships in place with poison control centers in order to meet the requirements of this FOA. The applicant must demonstrate membership in the Public Health and Poison Centers Collaborations for Surveillance Community of Practice as well as relationships with CSTE, ISDS and NACCT.

d. Work Plan

Project Period Outcome: Increased state and local preparedness and response capacity	Outcome Measure: Identification of incidents of public health significance.
	Outcome Measure: ability to quickly identify trends in specific data elements.
Strategies/Activities	Process Measure: NCEH/HSB/NCRSP scientists are able to access NPDS data daily.
Increased collaboration of PCCs, State public health agencies, CDC/HHS	Process Measure: AAPCC toxicosurveillance team follows up data anomalies within 48 hours of detection.
Improvements to NPDS for public health surveillance	Process Measure: Requirements for technical improvements are developed within one year of identification of needed technical improvement.
	Outcome Measure: Implement improvements to surveillance definition within 6 months of identification of needed improvement.

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.

NCEH/HSB will monitor the progress of performance measures during monthly calls with different teams (i.e., technical team, the toxicosurveillance team, and the leadership team) about specific topics to ensure AAPCC is performing at a level sufficient to achieve outcomes within stated timeframes, and to adjust the work plan based on achievement of outcomes, evaluation results and changing budgets.

NCEH/HSB and AAPCC staff will meet annually, in person or by conference call or webinar, to review program progress, challenges, success, and next steps.

AAPCC will submit a mid-year and final report summarizing work performed for each strategy and whether and how performance measures were met.

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

AAPCC's NPDS is the cornerstone of CDC/NCEH/HSB's National Chemical and Radiological Surveillance Program (NCRSP), using the system to conduct public health surveillance for chemical and radiological exposures. CDC/NCEH/HSB will provide AAPCC with expertise in surveillance, epidemiology, and general public health. NCEH/HSB's contributions to each strategy are shown below.

Strategy 1: Conduct national surveillance (routine surveillance)

Scientists at CDC/HSB's NCRSP will be notified by AAPCC's toxicosurveillance team about anomalies in call volume or clinical effects data that may indicate an incident of public health significance. Upon access to the case information via NPDS and review of the information collected by the toxicosurveillance team, HSB scientists will decide whether to contact the poison center where the data originated along with the state epidemiologist to ensure they are aware of the incident and to enhance situational awareness about the incident. NCEH/HSB will access NPDS to analyze data related to exposures of interest, and evaluate the public health importance of the incident to make a determination whether to notify the appropriate state epidemiologist of the incident.

Strategy 2: Identify early markers of a larger public health threat (sentinel event surveillance)

Scientists at CDC/HSB's NCRSP will be notified by AAPCC's toxicosurveillance team about anomalies in case-based definitions. Upon access to the case information via NPDS and review of the information collected by the toxicosurveillance team, HSB scientists will decide whether to contact the poison center where the data originated along with the state epidemiologist to ensure they are aware of the incident and to enhance situational awareness about the incident. NCEH/HSB will access the system to analyze data related to exposures of interest, evaluate the public health importance of the incident to make a determination whether to notify the appropriate state epidemiologist of the incident.

Strategy 3: Situational awareness – acute events and emerging threats

Known public health emergencies: In the event of a public health emergency (an acute event such as a hurricane, chemical spill, detonation of an improvised nuclear device), scientists at CDC/HSB's NCRSP will

use NPDS to review data from callers in the affected geographic region to obtain critical information and increase CDC's situational awareness; that is, CDC's understanding and knowledge about the scope and extent of the impact of the event.

CDC/HSB/NCRSP epidemiologists will aggregate data from calls related to the event, analyze it, and disseminate results to stakeholders (e.g., federal, state and local public health and emergency response teams; poison centers).

Emerging public health threats: For public health issues that are more slowly evolving (such as illnesses from exposure to contaminated dietary supplements, illness and death from using tainted recreational drugs), scientists at NCEH/HSB's NCRSP will use NPDS to identify a previously unknown threat, and to monitor trends in data variables such as number of cases, number of calls, geographic area, demographics of cases.

NCEH/HSB/NCRSP epidemiologists will aggregate data from calls about the exposure of interest, analyze it, and disseminate results to stakeholders (e.g., federal, state and local public health and emergency response teams; poison centers).

Strategy 4: Improvements to NPDS for public health surveillance

CDC/NCEH/HSB will evaluate the quality of NPDS data for surveillance purposes.

Epidemiologists and toxicologists at NCEH/HSB NCRSP will make recommendations to AAPCC for technical, surveillance, data quality improvements during regularly scheduled topic-specific conference calls.

Additional Support:
NCEH/HSB scientists will facilitate communication and collaborations between state health departments and regional poison centers through the "Poison Center and Public Health Collaborations Community of Practice", led and managed by HSB's National Chemical and Radiation Surveillance Program (NCRSP).

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:	$1,500,000
4. Approximate Total Fiscal Year Funding:	$1,500,000
5. Approximate Project Period Funding:	$7,500,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	$1,500,000 Per Budget Period
9. Award Ceiling:	$1,500,000 Per Budget Period
10. Award Floor:	$1,000,000 Per Budget Period
11. Estimated Award Date:	09/15/2015

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

This is a single eligibility FOA. Single Source Award: American Association for Poison Control Centers (AAPCC)

The award ceiling for this FOA is $1,500,000. 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

AAPCC is the sole source for data collected by US poison centers from callers to their centers reporting potentially harmful exposures. Data from these calls is entered into the poison center systems, and uploaded regularly from the poison centers to the National Poison Data System (NPDS). AAPCC wholly owns and operates NPDS, and poison centers own the data they collect and upload to that system. No other organization has access to data collected by US poison centers, entered into a single data system, with the flexibility to analyze both standardized case definitions and other established analytical protocols and specific data variables as needed. AAPCC is the only organization that receives and manages data collected by national poison centers.

Poison center data is the cornerstone of NCEH/Health Studies Branch's National Chemical and Radiation Surveillance Program (NCRSP). Data from poison centers uploaded to NPDS allows CDC/NCEH/HSB to conduct surveillance for harmful exposures and adverse health effects on a national basis. NCRSP and AAPCC staff use data in NPDS to: 1) improve surveillance for toxic exposures based on data collected from US PCs; 2) identify early markers of public health emergencies so appropriate, rapid public health response can be launched; and 3) improve situational awareness about ongoing or emerging chemical or radiological exposures. Without access to NPDS and poison center data, this critical national surveillance capacity would be lost.

AAPCC and CDC/NCEH/HSB have been working together since 2002 to effectively use poison center data to conduct national surveillance for chemical and radiological exposures, using single eligibility/sole-source contract and cooperative agreement mechanisms.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this FOA.

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: **05/29/2015**, 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

A Letter of Intent is not requested or required as part of the application for this FOA.

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.

There are no required collaborations. The applicant is encouraged to continue working with current CDC programs (e.g. NCEZID's Flu on Call, NCEH's Public Health Tracking Network) to the extent possible.

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.

Applicants must name this file "CVs/Resumes" or Organization 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.

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

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.

No additional requirements are needed.

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

Executive Order 12372 does not apply to this program.

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 /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/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.

There are no additional funding restrictions.

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

Approach	**Maximum Points: 40**

Approach

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 Measurement	Maximum Points: 30

Evaluation and Performance Measurement

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

Organizational Capacity	Maximum Points: 30

Applicant's Organizational Capacity to Implement the Approach

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.

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

Not applicable, this FOA is a sole source agreement.

2. Announcement and Anticipated Award Dates

The successfull applicant should anticipate notice of funding by June 1, 2015 with a start date of July 1, 2015.

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).

As noted above, awardee must comply with the administrative and public policy requirements as appropriate and relevant to this FOA.

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

There are no additional requirements for reporting required for this FOA.

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.

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.

The awardee may request up to 10% carryover funds of unobligated balances. A justification must be submitted to demonstrate a bona fide need. Remaining unobligated funds will be applied toward the next year's 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.

Additional reporting is not required.

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.

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).

Additional information beyond the above is not required.

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:

Angela Salazar, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway
MS F60
Atlanta, GA 30341
Telephone: (770) 488-3949
Email: AOS9@cdc.gov

Grants Staff Contact

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

Terrian Dixon, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2960 Brandywine Rd.
MS E01
Atlanta, GA 30341
Telephone: (770) 488-2774
Email: thd4@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.

Ammendment 1

National Public Health Surveillance for Chemical and Radiologic Exposures: CDC-RFA-EH15-1506

April 7, 2015

Changes made to the RFA are as follows:

Part 1 G.d Total Project Period Funding: $7,500,000

Part 1 G.e. Average One Year Award Amount: $1,500,000

Part 1 G.g. Estimated Award Date: 09/15/2015

A.2.iii.1. Collaborations with CDC-funded programs: There are no required collaborations. The applicant is encouraged to continue working with current CDC programs (e.g. NCEZID's Flu on Call, NCEH's Public Health Tracking Network) to the extent possible.