

Centers for Disease Control

National Center on Birth Defects and Developmental Disabilities

Implementing Alcohol Screening and Brief Intervention in Healthcare Systems Providing Women's Health Services

CDC-RFA-DD18-1802

Application Due Date: 05/16/2018

Implementing Alcohol Screening and Brief Intervention in Healthcare Systems Providing Women's Health Services

CDC-RFA-DD18-1802

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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-DD18-1802. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Implementing Alcohol Screening and Brief Intervention in Healthcare Systems Providing Women's Health Services

C. Announcement Type: New - Type 1

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

Amendment 1: "Potential Applicant Questions and CDC Responses" - Questions and answers have been listed in Section I (following the Glossary). All additions are in red type.

Amendment 2: "Additional Potential Applicant Questions and CDC Responses" - A second and final set of questions and answers (Q&As # 11-18) have been listed in Section I (following the Glossary). All additions are in red type.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD18-1802

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

93.073

F. Dates:

1. Due Date for Letter of Intent (LOI):	**03/30/2018**
2. Due Date for Applications:	**05/16/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

An informational call for potential applicants will take place March 29, 2018 at 2:00 p.m. U.S. Eastern Time, Toll-Free**:** 855-644-0229, Conference ID: 4434827.

G. Executive Summary:

1. Summary Paragraph:

The purpose of this Notice of Funding Opportunity (NOFO) is to reduce risky alcohol use among women of childbearing age through system-level implementation of alcohol screening and brief intervention (SBI) in health systems providing women's health services. Risky alcohol

use can result in a variety of negative health and social consequences, such as motor vehicle crashes, intimate partner violence, and fetal alcohol spectrum disorders. It is costly, results in over 88,000 deaths annually, and can affect serious medical conditions, such as hypertension, liver disease and certain types of cancer. Health professionals are uniquely positioned to intervene with patients with acute and chronic health conditions caused or exacerbated by risky alcohol use. Alcohol SBI implementation efforts within health systems will focus on development and implementation of: a training and technical assistance plan; alcohol SBI protocols in primary care clinics; system-level approaches that facilitate uptake (e.g., electronic health record integration and performance metrics); an evaluation plan assessing feasibility and impact of system-level implementation; a dissemination plan on promising models and lessons learned; and a sustainability plan. Expected performance outcomes include documenting provider/clinic readiness to conduct alcohol SBI, documenting implementation barriers and proposed solutions, tracking clinic-level data on alcohol SBI, and assessing the use of system-level strategies.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	3
d. Total Period of Performance Funding:	$4,800,000
e. Average One Year Award Amount:	$400,000
f. Total Period of Performance Length:	4
g. Estimated Award Date:	08/30/2018
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 NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Risky alcohol use can result in a wide range of negative health and social consequences, including motor vehicle crashes, intimate partner violence, and fetal alcohol spectrum disorders (FASDs). Over time, it can result in serious medical conditions, such as hypertension, liver disease and certain types of cancer. Risky alcohol use accounts for over 88,000 deaths and costs the US economy $249 billion annually. Nearly 14 million U.S. women binge drink about 3 times a month averaging 6 drinks per binge. A recent study reports that risky alcohol use among women continues to increase, placing women at greater risk for multiple adverse health outcomes. In

addition, prenatal alcohol use can cause miscarriage, stillbirth, and a range of lifelong physical, behavioral, and intellectual disabilities known as FASDs. Recent data show that 10.2% of pregnant women report alcohol use and 3.1% of pregnant women report binge drinking in the past 30 days.

Healthcare professionals in primary care settings are in a unique position to intervene with patients experiencing both acute and chronic health conditions caused or exacerbated by risky alcohol use. Thus, it is critical for healthcare professionals to understand how risky alcohol use affects their patients' health, how to discuss risky alcohol use and its related harms with patients, and how to guide patients in reducing or stopping their risky use. Alcohol screening and brief intervention (SBI) identifies and helps patients who might be drinking too much. It involves a validated set of screening questions to identify patients' drinking patterns. If a patient screens positive, a short conversation about their alcohol use and the health risks associated with that use follows. A referral to specialized treatment may be needed for those few patients with severe risk. This NOFO seeks to address the problem of risky alcohol use through system-level implementation of alcohol SBI, an evidence-based, clinical preventive service to reduce risky alcohol use and its related harms. While alcohol SBI is recommended for all adults in primary care settings, this NOFO emphasizes integration of alcohol SBI within health systems providing women's health services to assure that female patients are receiving accurate and appropriate messages from healthcare professionals about the harms related to risky alcohol use, including prenatal alcohol use.

Based on over thirty years of evidence, the U.S. Preventive Services Task Force and many other organizations have recommended that alcohol SBI be implemented for all adults in primary healthcare settings. Yet, alcohol SBI has not been widely implemented in medical practice. Recent data indicate that only one of six U.S. adults reported ever discussing alcohol use with a health professional. CDC has experience working with primary care providers to advance the use of evidence-based practices, including alcohol SBI, to prevent alcohol-exposed pregnancy and risky alcohol use. However, large-scale implementation of alcohol SBI is needed to prevent risky alcohol use among all adults, including women of childbearing age. System-level strategies such as integration of alcohol SBI into electronic health records and adoption of relevant performance metrics could facilitate uptake. Working with health systems to provide alcohol SBI within their primary care settings can build capacity within these systems to address risky alcohol use, and to identify effective strategies that lead to sustainable, quality delivery of this clinical preventive service.

b. Statutory Authorities

This program is authorized under sections 301 [42 USC 241] and 317C of the Public Health Service Act, [42 U.S.C. Section 247b-4].

c. Healthy People 2020

This program addresses the Healthy People 2020 focus area of Maternal, Infant, and Child Health . Relevant objectives include MICH-11.1, increase abstinence from alcohol among pregnant women from 89.4% to 98.3%; MICH-11.2, increase abstinence from binge drinking among pregnant women from 95% to 100%; MICH-16.4, increase the proportion of women delivering a live birth who did not drink alcohol prior to pregnancy from 51.3% to 56.4%; and MICH-25,

reduce the occurrence of fetal alcohol syndrome (FAS).

d. Other National Public Health Priorities and Strategies

This NOFO supports the National Prevention Strategy – Strategic Direction: Clinical and Community Preventive Services; Priority Area: Preventing Drug Abuse and Excessive Alcohol Use https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html#The Strategic Directions

e. Relevant Work

This NOFO builds on previous alcohol SBI implementation pilot studies done through three of the CDC-funded FASD Regional Training Centers in 2012. These efforts explored small-scale alcohol SBI implementation documenting the training and implementation process, identifying facilitators and barriers to implementation, and evaluating uptake of alcohol SBI within the identified systems of care.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Long-Term Outcomes
Develop and implement a training and technical assistance plan to support implementation of alcohol SBI in a large system	**Increased awareness of the importance of talking to patients about alcohol use among healthcare providers**	Alcohol screening and brief intervention is a routine part of care
Develop and implement alcohol SBI protocols in multiple primary care clinics within a health system	**Increased knowledge about risks of alcohol use and alcohol use during pregnancy among healthcare providers**	Decrease in risky alcohol use among women of reproductive age
Adopt system-level strategies to increase uptake of alcohol SBI including integration of alcohol SBI in electronic health records (EHR) and use of performance metrics (e.g., alcohol HEDIS measure, other)	**Increased access to alcohol-related resources and technical support by healthcare providers**	Improved health outcomes, including health of women and their babies
Develop and implement an evaluation approach to assess feasibility of systems-level	**Increased understanding of healthcare team member roles in the alcohol SBI process within healthcare providers' practice setting**	

alcohol SBI implementation within a large health system Develop and implement a plan for disseminating promising implementation models and sharing lessons learned Develop and implement a sustainability plan for long-term alcohol SBI integration or expansion	**Increased provider comfort and skills in discussing alcohol as part of routine care** **Increased number of healthcare providers prepared to deliver alcohol SBI** **Integrated protocols to conduct alcohol SBI in practice settings within a health system** **Increased uptake of alcohol SBI through system-level strategies (e.g. EHR integration, alcohol HEDIS measure, other)**	

i. Purpose

The purpose of this NOFO is to implement alcohol SBI within health systems providing women's health services to reduce risky alcohol use among women of childbearing age. This will be achieved by developing and implementing: a training and technical assistance plan; alcohol SBI protocols in primary care clinics within the system; system-level approaches (e.g., EHR integration and performance metrics); an evaluation plan assessing feasibility and impact of system-level implementation; a dissemination plan for sharing promising models and lessons learned; and a sustainability plan.

ii. Outcomes

By the end of the project period, the recipients are expected to achieve the following short-term outcomes:

- Increased awareness of the importance of talking to patients about alcohol use among healthcare providers
- Increased knowledge about risks of alcohol use and alcohol use during pregnancy among healthcare providers
- Increased access to alcohol-related resources and technical support by healthcare providers
- Increased understanding of healthcare team member roles in the alcohol SBI process within health care providers' practice setting
- Increased provider comfort and skills in discussing alcohol as part of routine care
- Increased number of healthcare providers prepared to deliver alcohol SBI

- Integrated protocols to conduct alcohol SBI in practice settings within a health system
- Increased uptake of alcohol SBI through system-level strategies (e.g. EHR integration, alcohol HEDIS measure, other)

iii. Strategies and Activities

All applicants for this NOFO must identify a specific health system that provides women's health services. Refer to section, "Organizational Capacity of Recipients to Implement the Approach" for more information. Applicants should provide information on how the following strategies and activities will be implemented within the identified health system.

Strategy 1: Develop and implement a training and technical assistance plan to support implementation of alcohol SBI in a large system

Activities:

- Develop and carry out a training and technical assistance plan based on the needs of the identified health system to implement alcohol SBI broadly. At a minimum, this should address the development of competencies in alcohol SBI and its implementation among providers and office staff and should include three types of training needed to implement alcohol SBI:
    - Introduction to Alcohol SBI – this level of training is for administration and staff to understand what the service is about, why it is necessary, and how its basic elements will be implemented into practice. It is intended for both clinical and administrative leadership of the practice in addition to anyone whose job will change under the new alcohol SBI program
    - Implementation Training – this involves guidance on creating and implementing alcohol SBI protocols appropriate to the unique realities of a clinical setting and includes administrative functions such as overseeing medical records and billing
    - Practitioner training – this includes clinical functions such as conducting the screening and delivering interventions
- Use of existing CDC resources and training materials is encouraged and, if used, should be specified in the application. These include:
    - *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*, available for download at: https://www.cdc.gov/ncbddd/fasd/documents/AlcoholSBIImplementationGuide.pdf
    - CDC online training resources available on the CDC's FAS website (www.cdc.gov/fasdtraining). Additional resources may need to be developed to meet specific needs of the identified health system.
- Describe plans for ongoing technical assistance and support to clinic staff and refresher trainings at clinic and system levels.

Strategy 2: Develop and implement alcohol SBI protocols in multiple primary care clinics within a health system

Activities:

- Describe plans for how alcohol SBI protocols will be developed within the primary care clinics within the selected health system, including establishing procedures for implementation of screening, brief intervention, patient follow-up, and referral of patients with severe problems

- Document the roles and responsibilities of medical and administrative staff in the implementation process and how ongoing improvements of the clinic protocols will be assessed

Strategy 3: Adopt system-level strategies to increase uptake of alcohol SBI including integration of alcohol SBI in electronic health records (EHR) and use of performance metrics (e.g., alcohol HEDIS measure, other)

Activities:

- Describe specific systems-level approaches that will be a part of alcohol SBI implementation processes (e.g., EHR integration, HEDIS or other performance measure, other strategy)
- Describe how information gathered from these approaches will be used to improve delivery of alcohol SBI

Strategy 4: Develop and implement an evaluation approach to assess feasibility of systems-level alcohol SBI implementation within a large health system

Activities:

- Collaborate with CDC to develop and implement an evaluation plan for the implementation of alcohol SBI within the identified health system. Evaluation activities should include:
    - Documenting provider/clinic readiness to conduct alcohol SBI (e.g., awareness/knowledge about the topic, access to and use of resources, understanding of staff roles/responsibilities, provider comfort in delivering the intervention)
    - Documenting the implementation process, including real and perceived barriers, methods to overcome barriers, and solutions identified
    - Tracking implementation data including number of patients screened, number of patients who screen positive, number of patients who receive brief and or other interventions, number of patients referred to other sources of help, and number of patients who reduce their alcohol use
    - Tracking basic demographic descriptors of patients receiving alcohol SBI services (i.e., sex, race/ethnicity, age)
    - Documenting the use and impact of systems-level strategies such as EHR systems, performance measures, other strategies

Strategy 5: Develop and implement a plan for disseminating promising implementation models and sharing lessons learned

Activities:

- Outline how project progress will be reported to participating clinic staff and relevant system-level administrators and leaders.
- Describe strategies for sharing lessons learned from alcohol SBI implementation processes and strategies used to increase uptake

Strategy 6: Develop and implement a sustainability plan for long-term alcohol SBI integration or expansion

Activities:

- Describe project's approach to sustainability of alcohol SBI integration with the health system and/or possible expansion to other clinics or health systems. Issues described could include potential partnerships, funding streams, role of clinic and system leaders, and use of evaluation data.

1. Collaborations

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

Recipients will collaborate with other CDC-funded FASD-related efforts including:

- DD18-1801: Promoting Resources for Fetal Alcohol Spectrum Disorders Awareness and Prevention
- DD18-1803: Reaching Healthcare Professionals in the Prevention of Fetal Alcohol Spectrum Disorders through National Professional Organizations

These collaborations are encouraged to promote information sharing across CDC-funded FASD-related efforts and to identify any potential opportunities for collaboration.

b. With organizations not funded by CDC:

The recipients are encouraged to collaborate with the following partners:

- Primary care clinics within the system selected to participate in this effort; recipient should also have mechanisms in place to communicate with health system leadership and non-participating clinics to update them on progress of this effort
- Local substance use agencies or other entities that provide training on alcohol SBI or are referral sources for alcohol treatment services

2. Target Populations

The applicant should identify and define primary care providers within the identified health system that provides women's health services. While alcohol SBI should be made available to all patients in selected clinics within the health system, strategies and activities should focus primarily on reaching women of reproductive age and their babies.

a. Health Disparities

The applicant should provide information on how they plan to ensure that underserved populations (i.e., people with disabilities, rural populations, tribal populations, sexual and gender minorities, non-English speaking populations, and people with limited health literacy skills) will have access to alcohol screening and brief intervention services provided within the selected clinics in the identified health system.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

This evaluation and performance measurement strategy will be used to monitor recipient efforts to address the key strategies and activities outlined in this NOFO. The process and outcome measures outlined here will guide progress and improvements of the alcohol SBI implementation process in the selected primary care settings within the health system and help assess the utilization and impact of systems-level strategies to improve uptake of alcohol SBI in a sustainable way. Clinic-specific implementation data will be reported to CDC quarterly in an aggregate format without personal identifiers.

Develop and implement a training and technical assistance plan to support implementation of alcohol SBI in a large system

- Example Process Measures:
    - Number of system-level staff receiving training on alcohol SBI
    - Number of system-level staff receiving alcohol SBI resources and information on the risks of alcohol use during pregnancy
    - Number of clinic-level staff receiving training on alcohol SBI and how to implement it
    - Number of clinic-level staff receiving alcohol SBI resources and information on the risks of alcohol use during pregnancy
    - Number of technical assistance requests completed
    - Number of refresher trainings provided to system and clinic-level staff
    - Clinic-level readiness to deliver alcohol SBI
- Related Short-term Outcomes:
    - Increased awareness of the importance of talking to patients about alcohol use among healthcare providers
    - Increased knowledge about risks of alcohol use and alcohol use during pregnancy among healthcare providers
    - Increased access to alcohol-related resources and technical support by healthcare providers

Develop and implement alcohol SBI protocols in multiple primary care clinics within a health system

- Example Process Measures:
    - Number of alcohol SBI protocols developed for primary care clinics within the selected health system
    - Documentation of the implementation process:
        - Total number of patients within selected clinics
        - Number of patients screened for alcohol use
        - Number of patients who screen positive for risky alcohol use
        - Number of patients who receive brief and/or other follow-up care within 2 months of a positive screen
        - Number of patients referred to other sources of help
        - Number of patients who reduce their alcohol use
    - Documentation of the roles and responsibilities of medical and administrative staff in the implementation process
    - Documentation of barriers to implementation of alcohol SBI protocol and proposed solutions
    - Documentation on impact of alcohol SBI implementation within the health system
- Related Short-term Outcome Measures:
    - Increased understanding of healthcare team member roles in the alcohol SBI process within healthcare providers' practice setting
    - Increased provider comfort and skills in discussing alcohol as part of routine care
    - Increased number of healthcare providers prepared to deliver alcohol SBI
    - Integrated protocols to conduct alcohol SBI in practice setting
    - Increased uptake of alcohol SBI through system-level strategies (e.g., EHR integration, alcohol HEDIS measure, other)

Adopt system-level strategies to increase uptake of alcohol SBI including integration of alcohol SBI in electronic health records (EHR) and use of performance metrics (e.g., alcohol HEDIS measure, other)

- Example Process Measures:

    - Number of system-level approaches implemented (e.g., EHR integration, HEDIS or other performance measure, other strategy)
    - Documentation of barriers to implementation of system-level strategies to increase uptake of alcohol SBI and proposed solutions
    - Documentation on impact of systems-level approaches on alcohol SBI implementation within the health system

- Related Short-term Outcome Measures:

    - Integrated protocols to conduct alcohol SBI in practice setting
    - Increased uptake of alcohol SBI through system-level strategies (e.g. EHR integration, alcohol HEDIS measure, other)

Develop and implement a plan for disseminating promising implementation models and sharing lessons learned

- Example Process Measures:
    - Number of meetings/conference presentations on lessons learned
    - Number of publications/products shared on lessons learned
    - Documentation of alcohol SBI implementation best practices
- Related Short-term Outcome Measures:
    - Integrated protocols to conduct alcohol SBI in practice setting
    - Increased uptake of alcohol SBI through system-level strategies (e.g. EHR integration, alcohol HEDIS measure, other)

Recipients will be required to submit a more detailed Evaluation and Performance Measurement Plan, including a Data Management Plan, within the first six months of award, as described in the Reporting Section of this NOFO.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

- Describe other information (e.g., measures, data sources).

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

c. Organizational Capacity of Recipients to Implement the Approach

The applicant should demonstrate experience and capacity to carry out the strategies and activities described within the notice of funding opportunity announcement. Specifically, the applicant should demonstrate their ability to:

- Conduct the activities of the cooperative agreement, including documentation of previous relevant experience, experience in the implementation of alcohol SBI or similar clinical intervention, and documentation of adequate management structure and organizational and clinical capacity
- Identify and recruit qualified personnel, including credentials and appropriate experience to fill key positions and begin project activities in a timely fashion.
- Describe all project staff, regardless of their funding source. Descriptions should include professional title, relevant qualifications and experience, percentage of time devoted to the project, as well as the portion of their salary to be paid by the cooperative agreement
- Position descriptions for proposed project staff
- Identify adequate office space for the project and space required for delivery of the intervention
- Evaluate alcohol SBI implementation efforts and utilize data to monitor progress and identify areas for improvement. The applicant is required to identify and recruit an evaluator to manage the project evaluation plan (minimum: 25% time).

The applicant should demonstrate that the health system addresses the following criteria:

- Description of system providing women's health services
    - The system must have multiple clinics (preferably more than 15 over the period of performance) and be managed by a single umbrella organization.
    - The clinics implementing alcohol SBI must be primary care settings offering women’s health services such as family practice clinics, internal medicine clinics, or OB/GYN clinics.
    - The primary care clinics implementing alcohol SBI must serve women of reproductive age (18 to 44 years) and this population should represent at least 30% of the clinic patient population served. However, all adult patients seen in the clinic—both males and females—should be provided alcohol SBI services.

- System commitment and support
    - The application must include a **signed letter of commitment from the identified health system** responsible for carrying out the proposed strategies and activities.
    - The system selected must agree to make a formal institutional commitment to

implement alcohol SBI.
    - The system selected should identify an employee who will authorize and support this activity—one with both institutional and leadership credibility within the system. For example, the employee has explicit authority within the organization to commit resources and to set direction and expectations.
    - The system selected should also identify an employee who can coordinate the activity, that is, carry out these directions and expectations and operationalize the activity.

- Implementation requirements
    - The system selected should agree to incorporate alcohol SBI prompts and reminders within the electronic records systems of selected clinics.
    - The system selected is *encouraged* to promote, utilize, and monitor the newly approved HEDIS measure on unhealthy alcohol use and follow-up to assess performance.
    - The system selected does *not* have to implement alcohol SBI in *all* of its clinical settings. For example, the system selected might include 40 different clinics, of which 20 are primary care clinics serving women of reproductive age (18 to 44 years) and this population should represent at least 30% of the clinic patient population served. However, alcohol SBI could be implemented in only 15 of those 20.
    - The applicant should *not* target multiple systems or separate clinics that are part of different management systems.
    - The system selected should not have previously fully and successfully implemented alcohol SBI. However, it *can* be a system that previously implemented alcohol SBI in some clinics and is now looking to expand to other clinics.

Applicants must supply a **signed letter of commitment from the identified health system** named as "Letter of Commitment" and upload it at www.grants.gov.

Applicants must supply CVs/resumes of staff and an overall organizational chart for their organization and other relevant organizations involved in the project. Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

d. Work Plan

The applicant should provide a **detailed work plan for the first year** of the project and a **high-level work plan for subsequent years** that align with the strategies and activities, outcomes, and evaluation measures described in the NOFO logic model and narrative. The work plan should also address the applicant's plans to do the following:

Develop and implement a training and technical assistance plan to support implementation of alcohol SBI in a large system

- Develop and carry out a training and technical assistance plan based on the needs of the identified health system to implement alcohol SBI broadly. At a minimum, this should

address the development of competencies in alcohol SBI and its implementation among clinic staff and should include three types of training needed to implement alcohol SBI:
    - Introduction to alcohol SBI – this level of training is for administrative leadership and staff (at system and clinic levels) to understand what the service is about, why it is necessary, and how its basic elements will be implemented into practice.
    - Implementation Training – this involves guidance on creating and implementing the alcohol SBI protocol appropriate to the unique realities of a clinical setting and includes administrative functions such as overseeing medical records and billing
    - Practitioner training – this includes clinical functions such as conducting the screening and delivering interventions
- Use of existing CDC resources and training materials is encouraged and, if used, should be specified in the application. These include:

    - Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices, available for download at: https://www.cdc.gov/ncbddd/fasd/documents/AlcoholSBIImplementationGuide.pdf
    - CDC online training resources available on the CDC's FASD website (www.cdc.gov/fasdtraining). Additional resources may need to be developed to meet specific needs of the identified health system.

- Describe plans for ongoing technical assistance and support to clinic staff and refresher trainings at clinic and system levels

Develop and implement alcohol SBI protocols in multiple primary care clinics within a health system

- Describe how primary care clinics will be identified and recruited to participate in the project
- Establish an ongoing communication approach for systems-level contacts and participating clinic staff (e.g., regular meetings/calls, email communication, etc.)
- Describe plans for how alcohol SBI protocols will be developed within the primary care clinics within the selected health system, including establishing procedures for implementation of screening, brief intervention, patient follow-up, and referral of patients with severe problems
- Document the roles and responsibilities of medical and administrative staff in the implementation process and how ongoing improvements of the clinic protocols will be assessed
- Describe training and technical assistance approach to guiding development and ongoing monitoring of implementation of alcohol SBI protocols within selected primary care clinics

Adopt system-level strategies to increase uptake of alcohol SBI including integration of alcohol SBI in electronic health records (EHR) and use of performance metrics (e.g., alcohol HEDIS measure, other)

- Describe the specific systems-level approaches that will be a part of alcohol SBI

implementation processes (e.g., EHR integration, HEDIS or other performance measure, other strategy) and how these will be incorporated within the alcohol SBI protocols within the health system
- Describe how system-level strategies will be used for ongoing monitoring and quality improvement

Develop and implement an evaluation approach to assess feasibility of systems-level alcohol SBI implementation within a large health system

- Collaborate with CDC to develop and implement an evaluation plan for the implementation of alcohol SBI within the identified health system. The description of proposed evaluation activities should include:
    - Documenting provider/clinic readiness to conduct alcohol SBI (e.g., awareness/knowledge about the topic, access to and use of resources, understanding of staff roles/responsibilities, provider comfort in delivering the intervention)
    - Documenting the implementation process, including real and perceived barriers, methods to overcome barriers, and solutions identified
    - Tracking implementation data including number of patients screened, number of patients who screen positive, number of patients who receive brief and or other interventions, number of patients referred to other sources of help, and number of patients who reduce their alcohol use
    - Tracking basic demographic descriptors of patients receiving alcohol SBI services (i.e., sex, race/ethnicity, age)
    - Documenting the use and impact of systems-level strategies such as EHR systems, performance measures, incentives (e.g., reimbursement for service), other strategy

Develop and implement a plan for disseminating promising implementation models and sharing lessons learned

- Outline how project progress will be reported to participating clinic staff and relevant system-level administrators and leaders.
- Describe strategies for sharing lessons learned from alcohol SBI implementation processes and strategies used to increase uptake

Develop and implement a sustainability plan for long-term alcohol SBI integration or expansion

- Describe project's approach to sustainability of alcohol SBI integration with the health system and/or possible expansion to other clinics or health systems. Issues described could include potential partnerships, funding streams, role of clinic and system leaders in sustainability efforts, and use of evaluation data.

e. CDC Monitoring and Accountability Approach
Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient 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 recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

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

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

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

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

Beyond routine monitoring, CDC will provide ongoing technical assistance regarding implementation challenges or other project-specific issues as identified by recipients.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U84
3. Fiscal Year:	2018
4. Approximate Total Fiscal Year Funding:	$1,200,000
5. Approximate Period of Performance Funding:	$4,800,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$4,800,000

6. Approximate Period of Performance Length: 4 year(s)
7. Expected Number of Awards: 3

8. Approximate Average Award: $400,000 Per Budget Period

9. Award Ceiling: $400,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $300,000 Per Budget Period

11. Estimated Award Date: 08/30/2018
12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

The award ceiling for this NOFO is $400,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **03/30/2018**

b. Application Deadline

Due Date for Applications: **05/16/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

An informational call for potential applicants will take place March 29, 2018 at 2:00 p.m. U.S. Eastern Time, Toll-Free**:** 855-644-0229, Conference ID: 4434827.

5. CDC Assurances and Certifications

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

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

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

Duplication of Efforts

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

6. Content and Form of Application Submission

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

7. Letter of Intent

An LOI is requested but optional and must be sent via U.S. express mail, delivery service, fax, or email by **March 30, 2018**. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI should be sent to:

Elizabeth Dang, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway
Mailstop E-86
Atlanta, GA 30341
Telephone: (404) 498-3947
Fax: (404) 498-3550
Email: edang@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

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

9. Project Abstract Summary

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

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

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

direction of change (e.g., increase, decrease).

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

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

should be directed to:

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of

compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

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

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.

- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

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

https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

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

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

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

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

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

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

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov,

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

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

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

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

E. Review and Selection Process

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

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

b. Phase II Review

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

requirements.

i. Approach Maximum Points:35

Evaluate the extent to which the applicant:

- (2 points) Describes the public health problem of risky alcohol use among women of reproductive age and the role health systems can play in advancing alcohol screening and brief intervention to reduce risky alcohol use and alcohol-exposed pregnancy
- (3 points) Describes the purpose of the proposed project in addressing the problem
- Outlines the activities to be conducted to implement alcohol SBI in primary care clinics within a health system
    - (6 points) The extent to which the applicant describes development and implementation of a training and technical assistance plan to support implementation of alcohol SBI in a large system, including
        - Proposed training approach at health system, clinic, and provider levels
        - Use of existing CDC resources and training materials and any possible adaptations of these to meet the specific needs of the health system
        - Plans for ongoing technical assistance and support to clinic staff and refresher trainings at system, clinic, and provider levels
    - (8 points) The extent to which the applicant describes development and implementation of alcohol SBI protocols in multiple primary care clinics within a health system, including
        - How procedures will be developed and implemented at the primary care clinic level within the selected health system (i.e., procedures for screening, brief intervention, patient follow-up, and referral of patients with severe problems)
        - Clear description of roles and responsibilities of medical and administrative staff in the implementation process
        - How ongoing improvements of the clinic protocols will be assessed and addressed
    - (8 points) The extent to which the applicant describes plans to adopt system-level strategies to increase uptake of alcohol SBI within the health system, including
        - What specific system-level approaches will be a part of alcohol SBI implementation processes (e.g., EHR integration, HEDIS or other performance metric, other strategy) and how these will be incorporated within the alcohol SBI protocols within the health system
        - How system-level strategies will be used for ongoing monitoring and quality improvement
    - (5 points) The extent to which the applicant describes development and implementation of a plan for disseminating promising implementation models and sharing lessons learned, including
        - How project progress will be reported to participating clinic staff and relevant system-level administrators and leaders
        - Description of strategies for sharing lessons learned from alcohol SBI implementation processes and strategies used to increase uptake

- (3 points) The extent to which the applicant describes development and implementation of a sustainability plan for long-term alcohol SBI integration or expansion, including
    - Description of possible strategies to be used to sustain alcohol SBI implementation within selected clinics and/or expand to additional clinics within the health system (e.g., potential partnerships, funding streams, role of clinic and system leaders, and use of evaluation data)

ii. Evaluation and Performance Measurement — Maximum Points:30

Evaluate the extent to which the applicant describes a clear evaluation approach that assesses feasibility of system-level alcohol SBI implementation within a large health system. Evaluation elements should include:

- (5 points) How the applicant plans to document provider/clinic readiness to conduct alcohol SBI (e.g., awareness/knowledge about the topic, access to and use of resources, understanding of staff roles/responsibilities, provider comfort in delivering the intervention)
- (10 points) How the applicant plans to document the implementation process, including real and perceived barriers, methods to overcome barriers, and solutions identified
- (10 points) Information on how data will be collected and analyzed to track implementation (e.g., number of patients screened, number of patients who screen positive, number of patients who receive brief and or other interventions, number of patients referred to other sources of help, number of patients who reduce their alcohol use, and basic demographic descriptors of patients receiving alcohol SBI services (i.e., sex, race/ethnicity, age). **Note**: use of EHR is required.
- (5 points) How the applicant plans to document the use and impact of system-level strategies such as EHR systems, performance measures, other strategy

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award.

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

Evaluate the extent to which the applicant describes its experience and organizational capacity to carry out the strategies and activities described within the NOFO. Organizational capacity elements should address:

- (10 points) The extent to which the applicant provides documentation of:
    - Previous relevant experience
    - Experience in the implementation of alcohol SBI or similar clinical intervention
    - Adequate management structure and organizational capacity. An organizational chart for the organization and other relevant organizations involved in the project must be provided.
    - A **signed letter of commitment from the identified health system** responsible for carrying out the proposed strategies and activities.
- (7 points) The extent to which the applicant describes the selected health system as

outlined in the "Organizational Capacity of Recipients to Implement the Approach" section, including health system characteristics, commitment and support from the health system, and implementation requirements
- (3 points) The extent to which the applicant identifies and recruits qualified personnel with credentials and appropriate experience to fill key positions and begin project activities in a timely fashion
- (5 points) The extent to which the applicant describes all project staff regardless of their funding source. Descriptions should include professional title, relevant qualifications and experience, percentage of time devoted to the project, as well as the portion of their salary to be paid by the cooperative agreement; CVs/resumes of proposed staff must be provided.
- (3 points) The extent to which the applicant provides position descriptions for proposed project staff
- (2 points) The extent to which the applicant identifies and describes adequate office space for the project and space required for delivery of the intervention
- (5 points) The extent to which the applicant provides information on a project evaluator needed to evaluate alcohol SBI implementation efforts and utilize data to monitor progress and identify areas for improvement. The applicant is required to identify and recruit an evaluator to manage the project evaluation plan (minimum: 25% time).

Budget

The budget is not scored, however, it is reviewed to determine if it is:

- reasonable, clearly justified, and consistent with the intended use of the funds
- consistent with the proposed work plan

c. Phase III Review

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

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a

recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Awards will be announced via electronic copy of the Notice of Award (NOA) from CDC's Office of Grant Services (OGS) by August 30, 2018.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

Generally Applicable ARs:

- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- 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-34: Language Access for Persons with Limited English Proficiency

Organization-specific ARs:

- AR-8: Public Health System Reporting Requirements
- AR-15: Proof of Non-profit Status
- AR-23: Compliance with 45 CFR Part 87

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

3. Reporting

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

- Helps target support to recipients;

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

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
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
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards

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

The carryover request must:

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

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

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

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

date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

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

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

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

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

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

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

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral

agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

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

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Elizabeth Dang, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy, MS E-86
Atlanta, GA 30341

Telephone: 404.498.3947
Email: edang@cdc.gov

Grants Staff Contact

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

Phinda Hillmon, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd, MS E-09
Atlanta, GA 30341

Telephone: 770.488.1577
Email: phillmon@cdc.gov

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for

approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (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 recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not

know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

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

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

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

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

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

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their

determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or

expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

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

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

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

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

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

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

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

decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Amendment to CDC-RFA-DD18-1802
Amendment 1: Potential Applicant Questions and CDC Response - April 16, 2018

Question 1: If funding is approved, will this opportunity be available again next cycle or year?
Answer 1: The work is based on a 4-year project period of performance; however, this is contingent upon availability of funds and applicant performance each year. So, yes, depending on availability of funding, an awardee would submit a continuation application for each subsequent year of the project. As noted in the announcement, the period of performance is 9/30/2018 through 9/29/2022.

Question 2: Would a proposal for electronic screening and brief intervention (e-SBI) be considered under this funding announcement?
Answer 2: Yes, a proposal to implement e-SBI in a system of care would certainly be considered. The Guide for Community Preventive Services (The Community Guide) review of e-SBI recommends it as an effective method for reducing excessive alcohol consumption.

Question 3: Are sub-awards allowed?
Answer 3: Yes, if the cooperative agreement recipient/awardee is not the health system itself (for example, if the recipient/awardee is a university), the recipient/awardee may provide a portion of the funds to the health system. However, as noted in the NOFO, developing and implementing a sustainability plan for long-term alcohol SBI integration or expansion is an important component of this work. Thus, funding should not be provided for efforts that cannot be sustained once the cooperative agreement funding has ended (e.g., hiring staff to conduct the intervention). Rather, it could be for efforts such as pre-implementation activities (e.g., electronic health record modifications), training/technical assistance, and data collection activities.

Question 4: Regarding the health system partner being "one central umbrella", would multiple public health centers across different counties within the same state be a responsive group?
Answer 4: Centers/clinics can be from across different counties or across a wide geographic area as long as they are managed by a single umbrella organization as described in the NOFO section "Organizational Capacity of Recipients to Implement the Approach."

Question 5: The NOFO states the following.... "Evaluate alcohol SBI implementation efforts and utilize data to monitor progress and identify areas for improvement. The applicant is required to identify and recruit an evaluator to manage the project evaluation plan (minimum: 25% time)." Does this mean that one individual needs to be identified to lead the evaluation and must be written into the budget for at least 25% of their FTE? And that any FTE for other individuals involved in evaluation activities (e.g., graduate students or staff supervised by the evaluation director) will be in addition to that?
Answer 5: Yes, the applicant should designate an evaluator at a minimum of 25% time. Thus, that is correct that if other individuals are involved in evaluation activities, their percent time would be in addition to the designated evaluator.

Question 6: Can the recipient implement CHOICES in a system of care?
Answer 6: The purpose of this funding is to implement alcohol SBI with all patients in the system of care. This means male and female patients and among female patients, all patients regardless of pregnancy status. The recipient will be developing and implementing alcohol SBI protocols in the health system, including establishing procedures for implementation of screening, brief intervention, patient follow-up, and referral of patients with severe problems. CHOICES is an extended version of alcohol SBI and is for a specific population – non-pregnant women. It is possible that the proposed intervention strategy could include components of the CHOICES intervention for the portion of the patient population for which it is appropriate. Because sustainability is a key component of the NOFO, the applicant should also consider how the intervention can be sustained over time.

Question 7: Are there slides, notes, or a transcript from the March 29, 2018 Informational Call or is there a recording?
Answer 7: No, the information presented on this call was based on the content of the NOFO so please refer to the NOFO for specifics on the key components of the NOFO and any other guidance. If you have questions, please send these via email to Elizabeth Dang at edang@cdc.gov. Submitted questions and responses will then be posted with the NOFO as an amendment.

Question 8: Is it too late to submit a letter of intent (LOI) for this NOFO?
Answer 8: No, it is not too late to submit an LOI. They were requested but not required. Thus, even if one does not submit a letter, one can still apply. The LOIs are more for the program to know how many applicants to expect for planning for the review process.

Question 9: Can an organization in another country apply for this funding?
Answer 9: This funding announcement is for work in the United States only.

Question 10: The health system that has been identified already screens patients for alcohol use using the AUDIT and this is reflected in the patient's EHR; however, brief interventions are not done by providers/clinic staff. Would this constitute implementation of SBI?
Answer 10: Page 13 of the Notice of Funding Opportunity states "The system selected should not have previously fully and successfully implemented alcohol SBI." Since the system identified has not implemented brief intervention, this means that yes, it would be an appropriate system to target for implementation of alcohol SBI.

Amendment to CDC-RFA-DD18-1802
Amendment 2: Additional Potential Applicant Questions and CDC Response (Q&As # 11-18) - April 30, 2018

Question 11: Is there a vision or expectation for the screening protocol to be employed? For example, would it be acceptable to use the single question alcohol screen and evidence-based protocol or would it be more advisable to use the USAUDIT / USAUDIT-C?
Answer 11: In the Strategies and Activities section of the NOFO, Strategy 2 on page 6 states, "Describe plans for how alcohol SBI protocols will be developed within primary care clinics within the selected health system, including establishing procedures for implementation of screening, brief intervention, patient follow-up, and referral of patients with severe problems." An applicant might not yet know what specific screening tool the identified health system will prefer. Thus, the applicant is to describe plans for how alcohol SBI protocols will be developed and implemented within the health system.

Question 12: On page 12 of the funding announcement, under the section Organizational Capacity of Recipients to Implement the Approach, it reads: "The primary care clinics implementing alcohol SBI must serve women reproductive age (18 to 44) and this population should represent at least 30% of the clinic patient population served." Does this mean that if a health system has 15 or more clinics participating in the application, that each clinic site should represent 30% of the clinic patient population served? Or can the 30% be reached collaboratively by the participating sites?
Answer 12: It can mean that overall, women of reproductive age should represent at least 30% of the clinic patient population served by the clinics participating in the project. It is not that each clinic individually must have at least 30%.

Question 13: The NOFO states that the ceiling for funding is $400,000 per year. Is this direct costs only or does this include indirect costs?
Answer 13: The $400,000 per year ceiling is the total cost, including indirect costs.

Question 14: Will recipients be expected to travel to attend annual grantee meetings and if so, should this be included in the proposed budget?
Answer 14: Yes, travel dollars should be included in the budget for one annual grantee meeting (2 project staff).

Question 15: Is there a particular Work Plan form that should be used or is there an example of a Work Plan template or grid?
Answer 15: There is not a specific work plan form. The applicant should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years that align with the strategies and activities, outcomes, and evaluation measures described in the NOFO logic model and narrative. The work plan should outline the main strategies of the NOFO and their related activities, related evaluation measure(s), who is responsible for each activity, and estimated activity completion date.

Question 16: It seems that the content of the Purpose, Outcomes, and Strategies sections are very specifically laid out in the NOFO. Should responses in these sections be almost identical in the application?
Answer 16: As outlined in the NOFO (page 6), the applicants should provide information on how the strategies and activities (as outlined in the logic model on page 4-5) will be implemented within the identified health system. The short-term outcomes outlined in the logic model should be achieved by the end of the project period (covers a four-year period). All short-term outcomes do not have to be achieved in Year 1 of the project. Responses to the Purpose, Outcomes, and Strategies sections should align closely with what is outlined in the NOFO but language does not need to be identical.

Question 17: The NOFO says "large health system" in numerous places. Is there a threshold or perhaps some indicator you would use to determine if a health system were large enough for this opportunity?
Answer 17: There are no specifications on the size of the health system. However, the health system must address the following criteria, as described in the Notice of Funding Opportunity:

- The system must have multiple clinics (preferably more than 15 over the period of performance) and be managed by a single umbrella organization.
- The clinics implementing alcohol SBI must be primary care settings offering women's health services such as family practice clinics, internal medicine clinics, or OB/GYN clinics.
- The primary care clinics implementing alcohol SBI must serve women of reproductive age (18 to 44 years) and this population should represent at least 30% of the clinic patient population served. However, all adult patients seen in the clinic—both males and females—should be provided alcohol SBI services.
- The applicant must include a **signed letter of commitment from the identified health system** responsible for carrying out the proposed strategies and activities. (That is in the case if the applicant were not the health system itself, for example, if a university were proposing to partner with a health system).

Question 18: One of the strengths of our proposed approach is the relative ease with which it can be incorporated within a given health system. We would like to be able to promote this model within multiple health systems in more of a high-reach, highly pragmatic approach. Is there any flexibility in the NOFO's requirement to focus on a single healthcare system?
Answer 18: As outlined in CDC-RFA-DD18-1802, applicants are required to identify a health

system with multiple primary care clinics that is managed by a single umbrella organization. Working with one system allows project staff to focus efforts on the development, adaptation, and refinement of SBI protocols and other implementation elements. Depending on grantee performance and availability of funding, there may be opportunities in subsequent project years to expand to other health systems.