

Centers for Disease Control

Center for Global Health

Support for Global Immunization Activities in Complex Settings
CDC-RFA-GH18-1848
Application Due Date: 05/14/2018

Signature _____ Date _____

Support for Global Immunization Activities in Complex Settings
CDC-RFA-GH18-1848
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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-GH18-1848. 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:

Support for Global Immunization Activities in Complex Settings

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)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-GH18-1848

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

93.185

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**05/14/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

N/A

G. Executive Summary:

1. Summary Paragraph:

Purpose: Strengthen immunization program capacity development in fragile states and priority countries needed to achieve Global Vaccine Action Plan target. This includes achieving and sustaining polio eradication in Nigeria, Afghanistan and Pakistan and achieving measles/rubella elimination in priority countries of India, Nigeria, Pakistan, Indonesia, Ethiopia, and Democratic Republic of Congo (DRC) between 2018 and 2023. This funding opportunity also supports control of other vaccine preventable diseases (VPDs) and post-eradication sustaining efforts.

Strategies:

- Sustain and strengthen essential global immunization program capacity in fragile states (polio) and priority countries (other VPDs);

- Develop and implement a tactical approach to strengthen national immunization program capacity in fragile states and priority countries.

Outcomes:

- Development, dissemination and uptake of immunization-related guidelines, tools, and/or policies for community volunteers;
- Improved immunization workforce technical capacity, performance, and development;
- Improved access to polio, measles, rubella and tetanus vaccines in inaccessible areas;
- Improved community linkage to routine immunization services in urban, hard-to-reach, and disenfranchised communities;
- Improved measles/rubella and tetanus supplemental immunization activity (SIA) quality;
- Improved event-based and VPD surveillance reporting through community informants for polio, measles/rubella, tetanus, and other priority diseases.

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

d. Total Period of Performance Funding: $0
There is no project period ceiling; however, the estimated amount is $30,000,000

e. Average One Year Award Amount: $6,000,000

f. Total Period of Performance Length: 5
g. Estimated Award Date: 07/01/2018
h. Cost Sharing and / or Matching Requirements: N

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

The U.S. Congress provides funds to CDC for programmatic support to sustain and strengthen essential global, regional, and national immunization program capacity needed to control, eliminate, and eradicate vaccine-preventable diseases (VPDs). The success of the Global Polio Eradication Initiative has brought the world to the cusp of eradicating polio. Estimated global measles deaths decreased by 79% from 546,000 in 2000 to 90,000 in 2016; along with decreases in pneumonia and diarrhea, the decline in measles deaths is among the three main contributors to the decline in overall child mortality during this time period. Use of new and underutilized vaccines along with continued use of measles vaccine is estimated to save 23.3 million lives from 2011 to 2020 in low-income countries. Measles vaccine now saves over a

million lives each year. However, more work is needed to achieve the global immunization agenda highlighted in the Global Vaccine Action Plan (GVAP), 2011-2020 to prevent the 15% to 22% of child deaths globally that are vaccine-preventable. In addition, although polio, measles and rubella have been successfully eliminated from the Western Hemisphere, and other once common infections such as diphtheria, tetanus, pertussis, meningococcus, pneumococcus, Haemophilus influenzae type b and rotavirus rarely occur in the United States, Americans remain at risk for VPDs as long as they persist anywhere in the world. The US Government is compelled to ensure that American children, and children across the globe, are protected from these dangerous yet easily preventable diseases.

The purpose of this cooperative agreement is to support the recipient in collaboration with CDC, to sustain and strengthen immunization program capacity in fragile states and priority countries needed to:

- Achieve the globally agreed goals of GVAP (including polio eradication, global and regional elimination targets for measles, rubella, and neonatal tetanus, and national and subnational vaccination coverage targets)
- Achieve the 2030 Sustainable Development Goal (SDG) target to end vaccine-preventable disease deaths of children under 5 years of age
- Reduce chronic disease and cancer deaths from VPDS
- Prevent, detect, and respond to VPD outbreaks

To achieve these targets, high quality country-led national immunization program capacity, linked to strong health systems, is needed to provide vaccination services, integrated laboratory and epidemiological disease surveillance, and immunization information systems. In addition, global and regional immunization program capacity to sustain and strengthen high quality country-led immunization programs, and to prevent, detect and respond to VPD outbreaks that cross borders.

A key step to build and strengthen immunization program capacity is to strategically use the strengths of both health system strengthening efforts and disease-specific efforts. Disease-specific efforts depend on strong immunization programs as an integral part of a well-functioning health system. In particular, this cooperative agreement will focus on developing and implementing a strategic approach to achieve and sustain polio eradication in Nigeria, Afghanistan and Pakistan and to reach both the national and subnational vaccination coverage targets. Additionally, this cooperative agreement will focus on, the measles and rubella elimination targets in India, Nigeria, Pakistan, Indonesia, Ethiopia, and DRC, as committed to in the GVAP. These seven countries alone represent 50% of the globe's undervaccinated children.

b. Statutory Authorities

Section 307 of the PHS Act (42 U.S.C. 242); section 317(k)(1) and (2) of the PHS Act (42 U.S.C. 247b(k)(1) and (2).

c. Healthy People 2020

This NOFO supports multiple priorities of Healthy People 2020, including:

- Immunization and Infectious Diseases
- Global Health

d. Other National Public Health Priorities and Strategies

This NOFO will support the US Government endorsed Global Polio Eradication Initiative (GPEI) and the Global Vaccine Action Plan (GVAP), 2011-2020. In addition, this NOFO will support CDC's Global Health Strategy, which focuses on: 1) improving the health and well-being of people around the world; 2) improving capabilities to prepare for and respond to infectious diseases, other emerging health threats and public health emergencies; and, 3) maximizing the potential of CDC's global programs to achieve public health impact.

e. Relevant Work

CDC is supporting the work of IFRC through the secondment of a medical officer to the IFRC office in Geneva. In addition, CDC supports ongoing GPEI activities in the three remaining endemic countries of the world, - Afghanistan, Nigeria, and Pakistan - through the cooperative agreement CDC-RFA-GH16-1721 with the International Federation of the Red Cross and Red Crescent (IFRC); and in Afghanistan through cooperative agreements with the United Nations Children's Fund (UNICEF) under CDC-RFA-GH13-1302 and the World Health Organization (WHO) under CDC-RFA-GH13-1301. This cooperative agreement will build on the efforts of WHO and UNICEF by addressing communities that are not accessed through their efforts. In addition, this cooperative agreement builds on work performed under CDC's cooperative agreement CDC-RFA-GH16-1719 with IFRC.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 1: Sustain and strengthen essential global and regional immunization program capacity in fragile states (polio) and priority countries (other VPDs) **1. Support polio eradication** **2. Support social mobilization**	**1. Development, dissemination and uptake of immunization-related guidelines, standards, tools, and/or policies for community volunteers** 2. Developed workforce capable of providing technical assistance and operational support for	1. Global interruption of wild poliovirus and vaccine-derived poliovirus **2. Rapid detection and response of VPD outbreaks** **3. Improved and sustained vaccination delivery** 4. Evidence used by	1. Polio eradicated globally **a. Polio-endemic countries meet progress targets to achieving polio eradication** 2. Measles and rubella/CRS eliminated globally **a. Measles mortality**

activities to improve the quality of routine immunization and measles, rubella, and tetanus supplemental immunization activities **3. Support country ownership and advocacy for immunization** **4. Develop strategic partnerships with WHO, UNICEF, Civil Society Organizations and other partners at regional and country levels** **5. Increase vaccine demand, ensure equitable access to and utilization of vaccines among children** Strategy 2: Develop and implement a tactical approach to strengthen national immunization program capacity in fragile states and priority countries **1. Support community-based surveillance with early detection and response to outbreaks of polio, measles, rubella, neonatal tetanus, cholera, meningitis and other priority vaccine preventable**	immunization program activities 3. Strengthened data management of immunization data systems **4. Improved immunization workforce technical capacity, performance and development** **5. Improved access to polio, measles/rubella, and tetanus vaccines in inaccessible areas** **6. Improved community linkage to routine immunization services in urban, hard to reach, and disenfranchised communities** **7. Improved event-based and VPD surveillance reporting through community informants for priority diseases including polio, measles/rubella, neonatal tetanus, meningitis, cholera, and other priority diseases** **8. Improved quality and outcome of measles/rubella, polio, and tetanus SIAs** 9. Increase in evidence base needed to address immunization program challenges 10. Increased involvement of MoH,	regions and countries to improve immunization policy and practices 5. Increased ownership/leadership from sub-national and local health staff on VPD eradication, surveillance, and routine immunization activities 6. Sustained support for immunization and VPD surveillance institutions' policies and practices **7. Improved surveillance indicators for measles/rubella and AFP** **8. Improved vaccine coverage and equity** **9. Improved access to vaccine during humanitarian emergencies** 10. Improved demand for routine immunization services as a result of targeted outreach to urban, hard-to-reach, and disenfranchised communities	**is reduced compared to year 2000** b. Absence of measles outbreaks during humanitarian emergencies. c. MCV1 and MCV2 district level coverage is maintained at herd immunity standards **d. Improved surveillance indicators for measles/rubella and AFP** 3. Elimination of maternal and neonatal tetanus 4. **Global operational capacity for rapid detection and response to outbreaks and humanitarian crisis is integrated into UN cluster system** 5. Greater reliance on demand-driven routine immunization and less reliance on campaigns to reach EPI targets in hard to reach urban and/or disenfranchised communities

diseases	NGOs, and other partners in activity planning and implementation		

i. Purpose

This Notice of Funding Opportunity (NOFO) will support efforts to sustain and strengthen global, regional, and national immunization program capacity needed to:

- Achieve the globally agreed goals of the Global Vaccine Action Plan (including polio eradication, global and regional elimination targets for select VPDs including measles and rubella, and neonatal tetanus;
- Achieve the 2030 Sustainable Development Goal (SDG) target to end VPDs of children under 5 years of age;
- Reduce chronic disease and cancer deaths from VPDs; and
- Prevent, detect and respond to VPD outbreaks

ii. Outcomes

Short-Term Outcomes

- Development, dissemination and uptake of immunization-related guidelines, standards, tools, and/or policies for community volunteers
- Improved immunization workforce technical capacity, performance and development
- Improved access to vaccines in inaccessible areas
- Improved measles/rubella, and tetanus SIA quality
- Improved community linkage to routine immunization services in urban, hard to reach, and disenfranchised communities
- Improved event-based and VPD surveillance reporting through community informants for priority diseases including polio, measles/rubella, CRS, maternal and neonatal tetanus, meningitis, cholera, and other priority diseases

Intermediate Outcomes

- Rapid detection and response of VPD outbreaks
- Improved and sustained vaccination delivery
- Improved surveillance indicators for measles/rubella and AFP
- Improved vaccine coverage and equity
- Improved access to vaccine during humanitarian emergencies
- Improved demand for vaccines and vaccination services
- Improved demand for routine immunization services as a result of targeted outreach to urban, hard-to-reach, and disenfranchised communities

Long-term Outcomes

- Polio-endemic countries meet progress targets to achieving polio eradication

- Measles mortality is reduced compared to year 2000
- Improved surveillance indicators for measles/rubella and AFP
- Global operational capacity for rapid detection and response to outbreaks and humanitarian crisis is integrated into UN cluster system

iii. Strategies and Activities

Strategy 1: Sustain and strengthen essential global and regional immunization program capacity in fragile states (polio) and priority countries (other VPDs)

1. Support polio eradication through:
   a. Polio campaign and monitoring activities in low-performing districts by recruiting and training country Red Cross Society volunteers who will serve as social mobilizers and work in teams to vaccinate children <5 years of age against polio in high-risk districts of polio-endemic countries and at-risk neighboring countries;
2. Support social mobilization activities to improve the quality of routine immunization and measles, rubella, and tetanus supplemental immunization activities by:
   a. Providing logistical and technical support for system strengthening and workforce development projects;
   b. Integrate tetanus vaccination with polio and measles SIAs as well as house-to-house and routine immunization activities especially in hard-to-reach areas
3. Support country ownership and advocacy for immunization by;
   a. Promoting increased domestic resources for immunization programs, and
   b. Advocating for increased awareness of national immunization program resource needs and financing mechanisms among civil society;
4. Develop strategic partnerships with WHO, UNICEF, Civil Society Organizations, ICCs and other partners at regional and country levels by:
   a. Conducting monitoring and evaluation of programs/projects in collaborations with partners;
   b. Facilitating information sharing between ministries of health and non-governmental organizations;
5. Increase vaccine demand, ensure equitable access to and utilization of vaccines among children by:
   a. Identifying and addressing community and health-sector barriers to vaccine access;
   b. Minimizing missed vaccination opportunities and facilitating catch-up for vaccinations;
   c. Linking planning, delivery, and vaccination monitoring with other health-related interventions

Strategy 2: Develop and implement a tactical approach to strengthen national immunization program capacity in fragile states and priority countries

1. Support community-based surveillance with early detection and response to outbreaks of polio, measles, rubella, tetanus, cholera, meningitis and other priority diseases
   a. Train community health workers and volunteers in identification and reporting of maternal and neonatal tetanus and fever/rash (measles and rubella), and CRS

1. Collaborations

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

Recipient is expected to collaborate with the following groups and to explain how each of these collaborations might assist the recipient in achieving the NOFO outcomes:

- CDC's Global Immunization Division (GID);
- UNICEF country teams;
- WHO regional and country teams;
- CDC subject matter experts in other Centers and Offices (required when applicable);
- CDC staff in affected countries (required when applicable);
- CDC Incident Command leadership and staff (required when applicable)

b. With organizations not funded by CDC:

Recipient may collaborate with other organizations external to CDC as deemed necessary to achieve project outcomes. The recipient should explain how each of these collaborations might assist the recipient in achieving the NOFO outcomes. Organizations include: Ministries of Health (and Finance when needed),
Bill and Melinda Gates Foundation (BMGF), USAID, GAVI, Lions, Medicines Sans Frontier (MSF), Rotary International, National Red Cross/Crescent Societies; National polio programs including Emergency Operations Centers where applicable and/or other organizations.

2. Target Populations

Children under five years of age in the six priority countries for measles activities: India, Nigeria, Pakistan, Indonesia, Ethiopia, and Democratic Republic of Congo and the polio-endemic countries of Nigeria, Afghanistan and Pakistan. May include older age groups that are identified as having immunity gaps to polio due to inaccessibility and insecurity in their geographic areas. For rubella and CRS, pregnant women are the high risk group, so ensuring immunity prior to pregnancy or reduced risk of exposure among this group will be critical. Approximately 40 countries have not introduced rubella vaccine into their national program.

a. Health Disparities

The NOFO requires recipient to collaborate with local Red Cross/Red Crescent Societies who will utilize local volunteers to conduct outreach to underserved communities in low-performing districts: special mobile teams will track and vaccinate (oral polio vaccine only) children under five years of age among migrant and hard-to-reach communities of Nigeria, Pakistan and Afghanistan and countries with populations experiencing wild poliovirus or vaccine derived polio virus outbreaks, as well as the six measles priority countries. The teams will develop and maintain registers of children in these communities to track their vaccination status and ensure they are adequately immunized against polio. The use of volunteers from within the underserved community will assure language does not impede inclusion.

Federal disability rights laws apply to foreign assistance programs. Funded programs consider including people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.), and ensure to best of their ability that persons with disabilities are not discriminated against in hiring processes, and that facilities and

communications are accessible.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The purpose of evaluation and performance measurement is to help CDC recipients: (1) Monitor the extent to which activities were successfully completed; (2) Demonstrate progress toward achieving program outcomes (e.g., Were outcomes of interest achieved?); and (3) Inform decisions about future programming that drive continuous program improvement for more efficient and effective program performance (e.g., What and how could things be improved?).

An Evaluation and Performance Measurement Plan (EPMP) is required as part of this NOFO to measure NOFO accomplishments. The primary objective of the EPMP implementation is to determine the progress of activities under this NOFO and indicate how they relate to the desired outcomes. The results will be used for program improvement, accountability and reporting, and for sharing with partners and other stakeholders. The EPMP framework describes the desired activities, outcomes and performance measures and how CDC will work with the recipient to support achievement of these. Proposed performance measures for activities and outcomes described in the logic model are listed in the tables below and should be considered for inclusion into the EPMP.

Table 1: Proposed Performance Measures for Activities		
Activity/strategy	**Performance measure (process)**	**Potential data sources***
Support polio eradication	· Describe type and frequency of assistance provided to countries during the reporting period to achieve Global, Regional and National immunization goals including polio eradication. · Number of IFRC-supported human resources providing support to member countries globally in the reporting period.	Quarterly reports; Teleconference minutes; Human resources data
Support social mobilization activities to improve the quality of routine immunization and measles, rubella, and tetanus supplemental	· Describe type, frequency and location of social mobilization support to countries during supplemental immunization activities.	Quarterly reports; Teleconference minutes

immunization activities		
Support country ownership and advocacy for immunization	· Describe support and advocacy activities to countries and any plans for sustainability · Describe most significant change/s in country ownership and advocacy for immunization which have resulted from IFRC support in the reporting period · Change in number of countries which have a functioning NITAG	Quarterly reports; Teleconference minutes
Develop strategic partnerships with WHO, UNICEF, Civil Society Organizations and other partners at regional and country levels	· Describe the nature and type of new partnerships created to facilitate activities under the GPEI, M&RI and control of other VPDs · Describe most significant change/s which have resulted from newly developed partnerships in the reporting period	Quarterly reports; Teleconference minutes
Increase vaccine demand, ensure equitable access to and utilization of vaccines among children	· Describe type and importance of new economic and financial evidence generated during the reporting period. · Provide examples of use of this evidence.	Quarterly reports; Teleconference minutes
Support community-based surveillance with early detection and response to outbreaks of polio, measles, rubella, neonatal tetanus cholera, meningitis and other priority diseases	· Describe the nature and type of support provided to improve community-based surveillance activities · Number of community members trained to identify and report VPD cases · Change in the number of countries or sub-national areas that have functional community-based surveillance · Number of VPD cases identified by community-based surveillance · Number of VPD outbreaks in the reporting period & number/% of these detected within required timeframe/s	Quarterly reports; community-based surveillance data summary reports; case investigation reports; outbreak investigation reports

**Sources of data for performance measures may include existing data sources, such as administrative immunization coverage data provided through existing channels like the*

WHO/UNICEF Joint Reporting Form, or may include new data sources, such as quarterly update reports to CDC. Relevant data sources from the sub-national, national, regional or global level should be specified, as appropriate, in the Evaluation and Performance Measurement Plan (EPMP). As such, reporting frequency of measures will vary. Recipients should specify reporting frequency as quarterly or annually in the EPMP.

Table 2: Proposed Performance Measures for Outcomes			
Outcomes	**Performance Measures**		**Potential Data Sources***
	Process Measures	***Outcome Measures***	
Short Term Outcomes			
1. Development, dissemination and uptake of immunization-related guidelines, standards, tools, and/or policies for community volunteers	· Drafts of guidelines, standard, tools or policies for community volunteers · Approval by in-country leadership of final version of documents	· Community volunteers have access to immunization-related guidelines, standards, tools, and/or policies · Increased number of staff trained on new immunization-related guidelines, standards, tools, and/or policies	· Tracking document of dissemination of final versions of documents; · Monthly/quarterly reports
2. Developed workforce capable of providing technical assistance and operational support for immunization program activities	· Analysis of workforce performance outcomes, needs and gaps · Intervention designed to meet identified needs · Implementation plan with monitoring and evaluation plan and tools · Monitoring and evaluation dissemination and use of finding	· Increased number of staff performing adequately based on identified workforce performance priorities by demographics · Specific performance outcomes and learning objectives met	· Pre- and post-test intervention scores · Reports, tools, monitoring and evaluation reports and other documents describing processes and outcome measures
3. Strengthened data management of	· Describe factors affecting accuracy of	· Number of fragile countries with	· JRF

immunization data systems	numerator data at national and subnational levels, and any changes in these.	availability of quality data for a) VPD surveillance and b) routine immunization coverage data.	· Data quality reviews
4. Improved immunization workforce technical capacity, performance and development	· Workforce performance outcomes and competencies identified · Identify training needs through performance and needs analysis; · Develop strategy, intervention or training curricula; · Conduct new and/or refresher training of staff; · Supervision plans modified to incorporate capacity, performance, development, and monitoring elements	· Increased number of staff trained in routine immunization and/or supplemental immunization activities incorporating workforce improvement strategies	· Strategy, implementation and evaluation documents; · Pre- and post-test training scores by staff demographics (i.e. number of staff trained, local vs. sub-national vs national level staff, etc.); · Monthly/quarterly reports
5. Improved access to polio, measles/rubella, and tetanus vaccines in inaccessible areas	· Updated microplans that identify inaccessible areas and their needs; · Implement measures to improve vaccine access (e.g. improved cold chain and mobile outreach strategies and tailoring of immunization services)	· Increased access to vaccines through routine immunization and/or SIAs	· Monthly/quarterly reports; · Administrative immunization coverage; · Rapid convenience assessments; · Post-campaign coverage survey
6. Improved community linkage to routine immunization services in urban, hard-	· Updated microplans that identify urban, hard-to-reach, and disenfranchised	· Increased targeted outreach to urban, hard-to-reach, and disenfranchised	· Monthly/quarterly reports; · Administrative

to-reach, and disenfranchised communities	communities with low access to routine services; · Implement improvement measures	communities delivering standardized information and services	immunization coverage
7. Improved event-based and VPD surveillance reporting through community informants for priority diseases including polio, measles/rubella, neonatal tetanus, meningitis, cholera, and other priority diseases	· Assess and identify weaknesses in surveillance areas; · Conduct new and/or refresher event- and case-based VPD surveillance training · Train community health workers and volunteers in identification and reporting of maternal and neonatal tetanus	· Increased number of VPD cases identified through community informants · Improved detection and response to priority diseases · Improved surveillance indicators for polio, measles, rubella, and neonatal tetanus	· Pre- and post-test training scores; · VPD Surveillance databases (Country-specific, WHO MR database, etc.)
8. **Improved quality and outcome of measles/rubella and polio SIAs**	· Up-to-date microplans · High vaccine coverage during SIA at sub-national level and in high-risk areas	· Increased routine immunization coverage	· Rapid convenience monitoring reports; · SIA technical reports; · Post-campaign coverage survey
9. Increase in evidence base needed to address immunization program challenges			
10. Increased involvement of MoH, NGOs, and other partners in activity planning and implementation			
Intermediate Term Outcomes			
1. Global interruption of wild poliovirus and vaccine-derived			

poliovirus			
2. Rapid detection and response of VPD outbreaks	· Community informants work with MoH staff to identify VPD cases within recommended disease reporting timeframe	· Increased number of disease cases identified through community informants	· VPD surveillance database (Country-specific, WHO MR database, etc.)
3. Improved and sustained vaccination delivery	· Updated microplans that identify improved vaccine access for hard-to-reach areas (e.g. mobile outreach strategies) · Improve vaccine delivery infrastructure (i.e. cold chain and vaccine stock in health facilities)	· Increased access to vaccines through routine immunization and/or SIAs	· Monthly/quarterly reports; · Administrative immunization coverage; · Cold chain assessments; · Post-campaign coverage survey
4. Evidence used by regions and countries to improve immunization policy and practices			
5. Increased ownership/leadership from sub-national and local health staff on VPD eradication, surveillance, and routine immunization activities			
6. Sustained support for immunization and VPD surveillance institutions' policies and practices			
7. Improved surveillance indicators for measles/rubella and AFP	· Weaknesses in surveillance indicators identified; · Conduct new and/or refresher case-based VPD surveillance training · Train community	· Increased number of VPD cases identified through community informants · Improved detection and response to priority diseases	· Pre- and post-test training scores; · VPD Surveillance databases (Country-specific, WHO MR database, etc.)

	health workers and volunteers in identification and reporting of maternal and neonatal tetanus		
8. Improved vaccine coverage and equity	· Updated microplans that identify improved vaccine coverage and equity in urban, hard-to-reach, and disenfranchised communities; · Implement measures to improve vaccine coverage and equity	· Increased access to vaccines through routine immunization and/or SIAs · Improved vaccine coverage in urban, hard-to-reach, and disenfranchised communities	· Monthly/quarterly reports; · Administrative immunization coverage; · Post-campaign coverage survey
9. Improved access to vaccine during humanitarian emergencies	· Identify strategies used in previous humanitarian emergencies to ensure vaccine access; · Update strategies as needed to allow for new/innovative improvements; · Draft vaccine access plans for fragile states and priority countries; · Approval of vaccine access plans	· Availability of vaccine access plans for fragile states and priority countries; · Increased number of staff aware of vaccine access plan during humanitarian emergencies	· Tracking document of dissemination of final version of plans; · Monthly/quarterly reports
10. Improved demand for routine immunization services as a result of targeted outreach to urban, hard-to-reach, and disenfranchised communities	· Identify demand barriers in urban, hard-to-reach, and disenfranchised communities · Identify strategies for mobilizing key community stakeholders to support routine immunization or campaign efforts	· Demand barrier analyses produced · Stakeholders engaged · Increased number of routine immunization services used by affected communities	· Rapid qualitative research · Administrative coverage data

Long Term Outcomes			
1. Polio eradicated globally **a. Polio-endemic countries meet progress targets to achieving polio eradication**	· Updated microplans that identify inaccessible areas and their needs; · Implement measures to improve vaccine access (e.g. improved cold chain and mobile outreach strategies and tailoring of immunization services)	· Increased access to vaccines through routine immunization and/or SIAs; · Reduced number of polio cases in polio-endemic countries; · Polio-free status attained in polio-endemic countries; · Polio-elimination status maintained in polio-free countries	· Monthly/quarterly reports; · Administrative immunization coverage; · Rapid convenience assessments; · Post-campaign coverage survey
2. Measles and rubella/CRS eliminated globally **a. Measles mortality is reduced compared to year 2000** b. Absence of measles outbreaks during humanitarian emergencies. c. MCV1 national level coverage is maintained at herd immunity standards **d. Improved surveillance indicators for measles/rubella and AFP**	a. Updated microplans that identify inaccessible areas and their needs · Implement measures to improve vaccine access (e.g. improved cold chain and mobile outreach strategies and tailoring of immunization services d.Weaknesses in surveillance indicators identified; · Conduct new and/or refresher case-based VPD surveillance training · Train community health workers and volunteers in identification and reporting of maternal and neonatal tetanus	a. Increased access to vaccines through routine immunization and/or SIAs; · Reduced number of measles; · Measles-control status attained in measles-endemic countries d.Increased number of VPD cases identified through community informants · Improved detection and response to priority diseases	a. Monthly/quarterly reports; · Administrative immunization coverage; · Rapid convenience assessments; · Post-campaign coverage survey d. Pre- and post-test training scores; · VPD Surveillance databases (Country-specific, WHO MR database, etc.)
3. Elimination of maternal and neonatal tetanus	· Integration of tetanus SIAs with other polio and/or MR SIAs	· Increase in two doses or more of tetanus toxoid	Vaccination coverage data based on (SIA TT2+ coverage; country

	especially in hard-to-reach areas · Integration of tetanus vaccination for women of childbearing age during house-to-house visits and activities for routine vaccination with polio and MR especially in hard-to-reach areas	vaccine (TT2+) coverage in SIAs · Increase in TT2+ coverage in routine immunization	estimates of routine TT2+ coverage; WHO/UNICEF databases and estimates for TT2+ coverage)
4. **Global operational capacity for rapid detection and response to outbreaks and humanitarian crisis is integrated into UN cluster system**	· Guidelines or recommendations drafted for rapid detection and response to outbreaks and humanitarian crisis for UN cluster system; · Identify training needs through needs analysis; · Develop strategy, intervention or training curricula	· Increased number of staff trained in rapid detection and response to outbreaks and humanitarian crisis	· Strategy, implementation and evaluation documents; · Pre- and post-test training scores by staff demographics; · Monthly/quarterly reports
5. Greater reliance on demand-driven routine immunization and less reliance on campaigns to reach EPI targets in hard to reach urban and/or disenfranchised communities	· Communities reached with minimum package of information and services · Percent having valid health / immunization cards for eligible aged children	· Percent of children reached through routine vs campaign outreach services · Universal intention to vaccinate for all vaccines offered within the setting	· Coverage surveys · Administrative coverage data

**Sources of data for performance measures may include existing data sources, such as administrative immunization coverage data provided through existing channels like the WHO/UNICEF Joint Reporting Form, or may include new data sources, such as quarterly update reports to CDC. Relevant data sources from the sub-national, national, regional or global level should be specified, as appropriate, in the Evaluation and Performance Measurement Plan (EPMP). As such, reporting frequency of measures will vary. Recipients should specify reporting frequency as quarterly or annually in the EPMP.*

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 eligible applicant must clearly describe their demonstrated experience and collaboration in the following areas:

- Collaboration in public health programs with priority country national governments;
- Collaboration with multiple polio eradication and measles/rubella elimination partners including BMGF, USAID, WHO, UNICEF, Rotary, Gavi and others;
- Collaboration with movement partners ARCS, NRCS, and other country-specific Red Cross society volunteers who will negotiate for safe access in insecure areas;
- Demonstrated accomplishments in designing and implementing public health action and programs in complex settings;
- Demonstrated capacity to mobilize sufficient culturally competent personnel to

achieve outcomes;
- Ability to manage financial reporting, budget management and administration, personnel, as well as management of grants and contracts.

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project period and a high-level work plan for subsequent years.

No specific work plan format is required, as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO.

A sample work plan format is presented below.

Project Period Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6			

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.

CDC Grant Monitoring Activities

Throughout the five-year NOFO period, CDC will engage in the following monitoring activities:

- Monthly calls to review program progress, determine needs for technical assistance, and review administrative actions
- Annual site visits to review programmatic progress and to plan for the following budget period; site visits will include a review of recipient program and financial reporting systems
- Technical review of annual workplans and budgets, with written feedback provided to the recipient
- Review of financial and programmatic reports submitted by the recipient

CDC Approaches for Performance Measurement:

Throughout the five-year NOFO period, CDC will work with the recipient to conduct program monitoring and evaluation of activities as needed. This includes:

- To conduct process and outcome evaluations of the funded activities.
    - Process Evaluation: Process evaluation will assess the extent to which the agreed NOFO activities have been implemented as planned. Limitations, barriers, and key success factors of the implementation will be explored. It is expected that this evaluation will be conducted during Years 2-3.
    - Outcome Evaluation: Outcome evaluation will be conducted to determine whether the funded activities are leading to the expected outcomes. It is expected that this evaluation will be conducted during Years 3-4.
- To finalize the evaluation protocols and plan for implementation at the designated timeframe, a system for collecting data over time to answer evaluation questions should be established during program implementation.
- To ensure that all evaluations are consistent with established frameworks and program specific requirements. Submission of Non-research Determination (NRD) CDC-ADS for

ethical clearance is required. CDC will assist the submission process.
- To report the evaluation findings to relevant stakeholders and will make these publically available in order to enhance the utilization of the findings to improve program effectiveness, and continued program improvement upon completion of the award.

CDC will provide technical assistance to the recipient to ensure that the following practices consistent with the established evaluation standards and are integrated with all evaluation activities:

- Engage stakeholders
- Clearly state evaluation questions, purpose, and objectives
- Use appropriate evaluation design, methods, and analytical techniques
- Address ethical considerations and assurances
- Identify resources and articulate budget
- Construct data collection and management plans
- Ensure appropriate evaluator qualifications and evaluation independence
- Monitor the planning and implementation of an evaluation
- Produce quality evaluation reports
- Disseminate results
- Use findings for program improvement and sustainability

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

CDC will provide technical assistance to the recipient to ensure that the following practices are consistent with the established evaluation standards and are integrated with all evaluation activities:

- Engage stakeholders
- Clearly state evaluation questions, purpose, and objectives
- Use appropriate evaluation design, methods, and analytical techniques
- Address ethical considerations and assurances
- Identify resources and articulate budget
- Construct data collection and management plans
- Ensure appropriate evaluator qualifications and evaluation independence
- Monitor the planning and implementation of an evaluation
- Produce quality evaluation reports
- Disseminate results
- Use findings for program improvement and sustainability.

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: U2G

3. Fiscal Year: 2018
4. Approximate Total Fiscal Year Funding: $6,000,000
5. Approximate Period of Performance Funding: $0

This amount is subject to the availability of funds.
There is no project period ceiling; however, the estimated amount is $30,000,000

Estimated Total Funding: $30,000,000
6. Approximate Period of Performance Length: 5 year(s)
7. Expected Number of Awards: 1

8. Approximate Average Award: $6,000,000 Per Budget Period

9. Award Ceiling: $0 Per Budget Period

This amount is subject to the availability of funds.
There is no award ceiling; however, the estimated amount is $6,000,000

10. Award Floor: $0 Per Budget Period

11. Estimated Award Date: 07/01/2018
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: Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

2. Additional Information on Eligibility

Single – International Federation of Red Cross/Red Crescent Societies (IFRC)

Eligibility is limited to the International Federation of the Red Cross and Red Crescent (IFRC)

3. Justification for Less than Maximum Competition

The International Federation of Red Cross and Red Crescent Societies (IFRC) is one of three arms of the International Red Cross and Red Crescent Movement, the world's largest humanitarian network whose mission includes protecting life and health in conflict countries and other emergencies. Each of the three arms performs a critical role. The second arm is the International Committee of the Red Cross (ICRC) which, as the custodian of the Geneva Conventions, ICRC has a permanent mandate under international law to undertake humanitarian activities in conflict settings. The third arm is the National Societies such as American Red Cross Society and Afghan Red Crescent Society; which come together as members of IFRC. The National Societies are a network of community-based volunteers who support the public authorities in their own countries as independent auxiliaries to the government in the humanitarian field. The community-based volunteers provide local knowledge and culturally competent expertise, which provides unparalleled access to communities. IFRC comprises 190 member Red Cross and Red Crescent National Societies, a secretariat in Geneva and more than 60 country offices strategically located to support activities around the world. IFRC acts as the official representative of its member societies at the global level, promotes cooperation among National Societies and strengthens their capacity to carry out effective humanitarian assistance. Through its network of societies, IFRC has unparalleled community access and provides critical health services and activities in areas which are otherwise inaccessible to CDC due to security restrictions. In the current cooperative agreement CDC-RFA-GH16-1721, through their national societies and in coordination with National Emergency Operations Centers, IFRC is successfully recruiting and training local volunteers who are currently serving as social mobilizers and vaccinators for polio campaigns, in those insecure provinces and districts of polio-endemic countries of Afghanistan, Nigeria, and Pakistan. In this same agreement, IFRC and CDC are carrying out critical immunization activities in Cameroon and the Central African Republic because of their positions bordering Nigeria.

In a different CDC/CGH/Global Immunization (GID) cooperative agreement, the funded partner is collaborating with the IFRC South Sudan Country Office, because of their on the ground capacity and access, where GID would not otherwise be able to deliver life-saving immunization activities.

The next cooperative agreement seeks to utilize IFRC's unique expertise, skills and access to countries inaccessible to CDC, to continue polio eradication activities as well as to deliver measles and other life-saving vaccine preventable disease interventions in priority countries -- such as (a) the six priority countries for measles/rubella activities; India, Nigeria, Pakistan, Indonesia, Ethiopia and Democratic Republic of Congo; (b) the polio-endemic countries (Nigeria, Afghanistan and Pakistan); and (c) vulnerable countries bordering the endemic countries. Furthermore, IFRC's current activities support an important recommendation made by the Polio Independent Monitoring Board, established by the World Health Assembly, for a stronger focus to reach the chronically unreached. These current activities represent the basic

foundation of the proposed activities in the new NOFO: efforts can continue to be strengthened in Afghanistan, Pakistan and Nigeria. In addition, experience in social mobilization delivered in fragile states to support vaccine preventable disease (VPD) efforts, such as measles, in priority countries is an important component of the new NOFO.
IFRC previously received single-source approval April 2016 for their current activities under CDC-RFA-GH16-1721.

Disapproval would mean a lost opportunity to access chronically unreached children through immunization campaigns in Nigeria, Afghanistan and Pakistan; thereby putting those countries at increased risk of virus circulation as well as reintroducing the polio virus to neighboring countries, their regions and a global reintroduction. Disapproval and not having access to these chronically unreached children in the last reservoirs of the virus will delay the worldwide eradication of polio at an additional cost estimated as $800 million USD annually. Endemic virus circulation in Pakistan, Nigeria and Afghanistan would increase and lead to exportations to currently polio-free countries, even to industrialized countries with pockets of under-immunized populations. In addition, disapproval would prevent efforts to deliver other life-saving vaccines including measles/rubella in these priority countries.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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)	Same day but can take 8 weeks to be fully registered and approved	Register early! Log into grants.gov and check AOR status until it shows you have

		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	in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	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: **N/A**

b. Application Deadline

Due Date for Applications: **05/14/2018** , 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

N/A

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

A Letter of Intent (LOI) is not requested or required as part of the application for this NOFO.

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:40

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

- How well does the applicant describe an overall strategy, activities and outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model? (8 points)
- How well does the applicant describe strategies and activities that are achievable, appropriate and evidence-based to achieve the outcomes of the project? (8 points)
- To what extent does the applicant include plans to implement specific strategies to address noted challenges to achieving the long-term goals of this NOFO? (8 points)
- How well does the applicant show that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes? (8 points)
- To what extent does the applicant present a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC? (8 points)

ii. Evaluation and Performance Measurement — Maximum Points:30

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

- To what extent does the applicant demonstrate the ability to collect data on the process and outcome performance measures indicated by CDC in the project description, and provide timely and complete reporting? (10 points)
- To what extent does the applicant describe clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities, as well as to address necessary adjustment of program activities based on monitoring information? (10 points)
- To what extent does the applicant describe how how evaluation and performance measurement will contribute to developing an evidence base for immunization programs that lack a strong effectiveness evidence base? (5 points)
- To what extent does the applicant demonstrate a system able to generate financial and program reports to show timely disbursement of funds, and progress towards achieving the outcomes of the project? (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:30

- How well does the applicant demonstrate experience collaborating in public health programs with priority country national governments? (5 points)
- How well does the applicant demonstrate experience collaborating with multiple polio

eradication and measles elimination partners including BMGF, USAID, WHO, Rotary, GAVI and others? (5 points)

- How well does the applicant demonstrate accomplishments in addressing and implementing public health program needs in complex settings, including demonstrated capacity to mobilize sufficient culturally competent personnel to achieve outcomes? (5 points)
- To what extent are key staff involved in the project qualified to provide leadership, technical and management expertise required for effective and efficient program implementation? (Reference Key Staff Curriculum Vitae) (5 Points)
- To what extent does the applicant provide a staffing plan, organizational chart, and project management structure that will be sufficient to meet the goals of the proposed project, and which clearly defines staff roles? (5 points)
- To what extent does the applicant demonstrate the ability to manage financial reporting, budget management and administration of personnel, as well as management of grants and contracts? (5 points)

Budget

The budget will not be scored but will be reviewed. CDC programs must assess whether the budget aligns with the proposed work plan. For additional guidance, applicants should check with the CIO extramural program office, GMO, or GMS.

c. Phase III Review

Only 1 application is expected for this single eligibility single award NOFO. Should additional applications be received, they will be deemed non-responsive and will not be reviewed.

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

July 01, 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.

- AR-8: Public Health System Reporting Requirements
- 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-15: Proof of Non-profit Status
- AR-25: Data Management and Access

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
Data on Performance Measures	CDC program determines. Frequency will depend on specific measures agreed upon in performance measurement plan, but at least semi-annually	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 July 30, 2018; October 30, 2018; January 30, 2019; April 30, 2019; July 30, 2019.	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.

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

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.

Performance Measure Reporting will be required semi-annually; specific measures for reporting will be determined in the agreed-upon Performance Measurement plan, to be finalized within 6 months of award.

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:

Sandy Templeton, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Center for Global Health/Global Immunization Division

1600 Clifton Road NE, Bldg 24, MS A-04

Atlanta, GA 30329-4027

Telephone: (404) 718-8795

Email: ynd3@cdc.gov

Grants Staff Contact

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

Dionne Bounds, Grants Management Officer, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd., MS K75

Atlanta, GA 30341

Telephone: (404) 488-2082
Email: vhv5@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
- Organizational Chart

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	
AFP	Acute flaccid paralysis
ATSDR	Agency for Toxic Substances Disease Registry
BMGF	Bill and Melinda Gates Foundation

CDC	U.S. Centers for Disease Control and Prevention
CGH	Center for Global Health
CIO	CDC Center, Institute, and Offices
CRS	Congenital Rubella Syndrome
CoAg	Cooperative Agreement
EPMP	Evaluation and Performance Measurement Plan
EPI	Expanded Program for Immunization
GID	Global Immunization Division
GPEI	Global Polio Eradication Initiative
GVAP	Global Vaccine Action Plan
HHS	US Department of Health and Human Services
ICC	International Coordinating Committee
JRF	WHO/UNICEF Joint Reporting Form
MCV1	1st dose of Measles containing vaccine
MCV2	2nd dose of Measles containing vaccine
M&RI	Measles and Rubella Initiative
NITAG	National Immunization Technical Advisory Groups
NGO	Non-Governmental Organization
OMB	US Office of Management and Budget
SIA	Supplemental Immunization Activity, i.e. vaccination campaign
SDG	Sustainable Development Goal
TT2+	two doses or more of tetanus toxoid vaccine
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VPD	Vaccine-preventable diseases
WHO	World Health Organization