This FOA is published for Information Purpose ONLY;
CDC is not soliciting for Applications

The following information has been changed:
p. 10 and 14, Approximate Total Supplemental Funding:
$500,000, Floor $100,00

Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

PPHF 2015: Immunization- Strengthening Surveillance for Diseases Among Newly-Arrived Immigrants and Refugees - financed solely by 2015 Prevention and Public Health Funds
CDC-RFA-CK12-1205PPHFSUPP15
Application Due Date: 07/23/2015

PPHF 2015: Immunization- Strengthening Surveillance for Diseases Among Newly-Arrived Immigrants and Refugees - financed solely by 2015 Prevention and Public Health Funds

CDC-RFA-CK12-1205PPHFSUPP15

TABLE OF CONTENTS

Part 1. Overview Information
Part 2. Full Text of the Announcement
- Section I. Funding Opportunity Description
- Section II. Award Information
- Section III. Eligibility Information
- Section IV. Application and Submission Information
- Section V. Application Review Information
- Section VI. Award Administration Information
- Section VII. Agency Contacts
- Section VIII. Other Information

Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title:

PPHF 2015: Immunization- Strengthening Surveillance for Diseases Among Newly-Arrived Immigrants and Refugees - financed solely by 2015 Prevention and Public Health Funds

Announcement Type:

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

Agency Funding Opportunity Number:

CDC-RFA-CK12-1205PPHFSUPP15

Catalog of Federal Domestic Assistance Number:

93.755

Key Dates:

Due Date for Application: **07/23/2015**

Additional Overview Content:

a. Eligible Applicants (select one): Limited

b. FOA Type (select one): Supplement/Cooperative Agreement. CDC substantial involvement in this program appears in the Activities Section above.

c. Approximate Number of Awards: 4-5

d. Total Project Period Funding: $500,000 (This amount is an estimate, and is subject to availability of funds.) This amount includes direct and/or indirect costs.

e. Average One Year Award Amount: $105,000 -$140,000

f. Number of Years of Award: 1

g. Approximate Date When Awards Will Be Announced: September 2015

h. Cost Sharing and /or Matching Requirements: Cost sharing or matching funds are not required for this program.

Executive Summary:

The purpose of this FOA is to assist current, eligible Strengthening Surveillance for Diseases Among Newly-Arrived Immigrants and Refugees awardees improve the efficiency, effectiveness, and/or quality of refugee immunization data practices by establishing or strengthening the capacity of awardees to submit data to, and retrieve data from, state Immunization Information Systems (IIS) in order to characterize and follow-up vaccination information of refugees at risk for vaccine preventable diseases.

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

1) Improving the Health of Immigrants, Refugees and Migrants.

2) Public Health at U.S. Ports of Entry. Operate CD

3) Keeping Americans Healthy During Travel and While Living Abroad.

4) Partnering to Improve US-Mexico Health. Example

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

This program is authorized under the Public Health Service Act, Sections 301 and 317(k)(1)[42 U.S.C. 242] and 247b(k)(1), as amended and the Patient Protection and Affordable Care Act (PL 111-148). This program is funded in part by 2014 Prevention and Public Health Funds (PPHF-2015).

Background

Background

Every year, approximately 70,000 refugees from over 100 birth countries resettle to the U.S.Unlike immigrants, U.S.-bound refugees are not required to have any vaccinations before arrival in the U.S. As a result, US-bound refugees have been impacted by numerous outbreaks of vaccine-preventable diseases, leading to illness and importation of these diseases into the United States. For example, in 2011, one case of measles in a refugee child led to identification of seven additional epidemiologically linked cases, including three cases among non-refugees (MMWR September 23, 2011 / 60(37);1281-1282). Over a third (37.7% in 2014) of newly-arriving refugees are children who are eligible for vaccine through the Vaccines for Children (VFC) program after arrival to the U.S. However, there is evidence that the foreign-born population remains under-vaccinated compared to U.S.-born—for tetanus, diphtheria, and acellular pertussis (Tdap), 15.5% vs 9.3%, respectively in 2012 (Am J Prev Med. 2014 Oct 6. pii: S0749-3797).

In December 2012, a vaccination program was implemented for US-bound refugees with partnership between the Division of Global Migration and Quarantine (DGMQ) of the Centers for Disease Control and Prevention (CDC), the Bureau of Population, Refugees and Migration (PRM) of the U.S. Department of State, and the International Organization for Migration (IOM). The program's goals are to introduce vaccinations early in the US Resettlement Program process, ensuring that refugees arrive to the U.S. protected against many of the common vaccine preventable diseases. The IOM currently administers vaccinations for refugees departing from six countries of asylum: Ethiopia, Kenya, Malaysia, Nepal, Thailand, and Uganda and provides documentation of vaccinations administered to the U.S.-bound refugee and to DGMQ, which has regulatory responsibility to provide overseas medical information to U.S. health departments.

This overseas immunization information is provided electronically by IOM to CDC/DGMQ;CDC then shares this information with state refugee health programs via DGMQ's Electronic Disease Notification (EDN) system.

The initial overseas migration health assessment is the first health examination by IOM for refugees in the US Refugee Admissions Program (USRAP); it is usually conducted 3-6 months before departure for the United States. Unless medically contraindicated (such as live-virus vaccination for persons with immunocompromising health conditions), the following vaccines are administered according to the recommended schedule—

- Diphtheria, tetanus, and pertussis (DTP)
- Hepatitis B
- Haemophilus influenzae type b (Hib)
- Measles, mumps and rubella (MMR)

- Oral polio virus (OPV)
- Pneumococcal conjugate 13 (PCV-13)
- Pentavalent (DTP, hepatitis B, Hib)
- Tetanus, diphtheria (Td)

This vaccination program aims to provide cost-effective public health interventions, improve refugee health, and limit the number of unnecessary vaccinations refugees require after their arrival.

U.S. Medical Examination and Post-Arrival Vaccination

CDC recommends refugees receive a medical examination and Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations 30-90 days after arrival in the United States. Both overseas and domestic immunization information may be available in state refugee health systems but is not consistently transferred into state immunization registries due to lack of appropriate linkages and various state-specific limitations.

CDC recommends that screening exam physicians, usually affiliated with the state or local refugee programs, review the refugees' overseas medical records, including vaccination records. Overseas vaccinations are documented on the refugee's Vaccination Documentation Worksheet (DS-3025), along with vaccinations administered by IOM at the initial health assessment or documented from health care providers whom IOM deems to be reliable and acceptable. The updated DS-3025 form is available in the IOM bag that the refugee carries, as well as in the EDN system. State and local refugee health clinics may gain access to EDN to view overseas vaccination information. In addition, refugees are instructed to bring all overseas exam paperwork to their post-arrival refugee screening, including vaccination records, although in practice this is done inconsistently.

There are a number of conditions that can result in missed opportunities for domestic refugee vaccination, or for unnecessary vaccination of refugees through federally funded programs like VFC. Overseas doses may not be transferred from EDN or refugee medical records into the state immunization registry, so refugees may receive unnecessary vaccines during future clinic visits if clinicians cannot review overseas doses and refugees cannot provide proof of immunizations. Further, clinicians may not be able to review refugee immunization records in state registry to identify potential gaps in immunizations Thus, the lack of linkages between refugee health systems and state immunization registries can lead to under-vaccination or to an increase in unnecessary vaccinations that duplicate costs.

Immunization Information Systems (IIS) and Health Level 7 (HL7)

Over 20% of US children by the age of two typically have seen more than one healthcare provider, resulting in scattered paper medical records. Immunization Information Systems (IIS) are confidential, population-based, computerized information systems containing data about children's immunizations. IIS consolidate immunizations given by multiple providers into one record and perform multiple functions that help not only providers and families, but also help public health programs to accurately assess their communities' immunization status. IIS further provide clinical decision support guidance to assist providers in interpreting an increasingly-complex immunization schedule. Since 1994, CDC has allocated funds to its immunization awardees for the development and implementation of IIS under section 317(a) of the Public Health Service Act. Since it began allocating funds for IIS, CDC has assisted in developing functional standards, setting performance goals, and monitoring IIS progress.

Increasingly, the preferred method for immunization providers to submit data to, and retrieve data from IIS, is through electronic messaging using the Health Level 7 (HL7) message protocol. This method has the advantage of eliminating double data entry on the provider side, and increasing the accuracy and completeness of data submitted to the IIS. Since 2010, CDC has supported IIS efforts to enhance interoperation with Electronic Health Records (EHR) systems through cooperative agreements funded first by the American Recovery and Reinvestment Act (ARRA), and later by the Prevention and Public Health Fund (PPHF) of the Affordable Care Act.

Identifying Refugee Vaccination Information in IIS

Currently, vaccination coverage and completion rates of refugees are difficult to characterize in state IIS since there are no refugee-specific linking fields. Also, names and date of birth are frequently shared by multiple refugees and have been shown to be poor linking fields; thus, selected awardees should negotiate with the IIS in their jurisdiction, to identify what field or fields can be used to properly identify refugee. The ability to identify refugee immunization doses in state IIS could also permit long term assessment of refugee immunization coverage and identification of potential disparities in coverage.

This FOA addresses the opportunity to improve overseas and domestic refugee vaccination information available in the state IIS as well as to establish or identify appropriate refugee-specific fields in order to characterize and follow-up vaccination information of refugees at risk for vaccine preventable diseases.

Purpose

The purpose of this announcement is to provide:

1. Assessment of coverage of ACIP recommended vaccines among resettled refugees.
2. Operational and infrastructure support for efforts to improve overseas and domestic refugee immunization information available in their respective state IIS,
3. Support to implement linking fields between refugee health programs and state IIS to allow for long-term identification and tracking of refugee immunizations, and
4. Assess coverage of ACIP recommended vaccines among resettled refugees.

The overarching objectives of the FOA are to:

1. Enhance domestic surveillance networks for communicable and non-communicable diseases among newly arrived refugees and/or immigrants

2. Establish a mechanism to exchange surveillance data about diseases in newly arrived refugees and/or immigrants and collaborate to prepare prevention and control plans

3. Establish epidemiologic projects to evaluate the impact of overseas health assessments, and preventive health programs, such as vaccinations and presumptive treatment programs, including treatment for parasitic diseases

The supplement objectives are to:

1. Enhance or establish linkage infrastructure to improve data transfer between state refugee health databases and state immunization registries

2. Establish linking fields to ensure ongoing identification of refugee vaccination records in the state immunization database to allow clinicians to have a more complete vaccination record for their refugee patients through their state immunization registries limiting the potential for re-vaccination or over-vaccination. This expansion will provide a stronger ability to assess vaccination coverage of refugees in the U.S.

Applications may include:

1. Refugee health program data system/IIS Interoperability infrastructure, including implementation of HL7 2.5.1 or other exchange technologies data transfer
2. Other software, hardware, or operational enhancements that specifically improve refugee health program capacity to transfer data into their state IIS
3. Establishment or Identification of a linkage field or fields to ensure identification of refugee vaccination records in respective state IIS

This funding is specifically targeted to

1. Improve the ability of state refugee health programs to interoperate/share data with their respective state IIS, and
2. Enable or improve the ability of refugee health programs to submit overseas and domestic immunization data to state IIS, and
3. Identify refugee immunization records in IIS.

Activities of the program will be in alignment with Healthy People 2020 goals for immunization and infectious diseases. These may include but are not limited to specific objectives: IID-1 Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases; IID-7 Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children; IID-10 Maintain vaccination coverage levels for children in kindergarten; IID-11Increase routine vaccination coverage levels for adolescents; IID-12 Increase the percentage of children and adults who are vaccinated annually against seasonal influenza; IID-13 Increase the percentage of adults who are vaccinated against pneumococcal disease; IID-15 Increase hepatitis B vaccine coverage among high-risk populations; IID-17 Increase the percentage of providers who have had vaccination coverage levels among children in their practice population measured within the past year; IID-18, 19, & 20 – Increasing the proportion of children, kindergarteners, and adolescents who have immunization records in fully operational, population-based immunization information systems; IID-24 Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections).

Program Implementation

Recipient Activities

Problem Statement:

Often, both overseas and domestic immunization information is available from refugee health program systems, EDN, paperwork carried by refugees, and/or in refugee screening provider records. However, this information, particularly overseas doses, is not consistently transferred into state IIS due to various state-specific limitations. Thus, missing vaccination information in state registries can result in unnecessary immunizations that duplicate costs to the Vaccines for Children (VFC) program. There is a need to establish successful data linkage between refugee health program systems and state IIS to improve provider access to refugee immunization records.

Currently, vaccination coverage and completion rates among refugees are difficult to characterize in state IIS since most states lack a way to indicate refugee status in the state IIS. Many refugees have common names and dates of birth, and these variables have been shown to be poor linking fields; thus, selected awardees should negotiate with the IIS in their jurisdiction, to identify what field or fields can be used to properly identify refugee. The ability to track refugees in the state IIS will permit refugee health programs and CDC to evaluate the success of current and future refugee immunization programs.

Outcomes:

The awardee is expected to achieve the following outcomes during the project period:

- Establish linkage infrastructure, with HL7 2.5.1 or other exchange technologies, to facilitate data transfer between state refugee health databases and state immunization registries
- Improve data transfer of refugee vaccines and doses administered overseas into state IIS: Increase the volume of refugee immunization submissions to the IIS
- Improve data transfer of vaccines and doses administered domestically in the U.S. at refugee health facilities into state IIS: Increase the volume of refugee immunization submissions to the IIS
- Improve timeliness of overseas and domestic refugee vaccination records availability in the IIS: Ensure the information on vaccines and doses is entered in a timely fashion to prevent unnecessary immunization doses.
- Establish or identify field or fields to properly identify refugee shared between the refugee health

program data system and the IIS that permits the tracking of refugee vaccination histories in state immunization registry

- Determine coverage of ACIP-recommended vaccines among refugees:

Strategies and Activities:

1a. Enhance or establish linkage infrastructure, with HL7 2.5.1 or other exchange technologies, to improve data transfer between state refugee health databases and state immunization registries,

1b. Employ software, hardware, or operational enhancements that specifically improve the refugee health program's capacity to transfer data into their state IIS.

1c. Improve of data transfer of vaccines and doses administered overseas into state IIS.

1d. Improve data transfer of vaccines and doses administered domestically in the U.S. at refugee health facilities into state IIS.

2. Establish a linking field or fields to ensure ongoing identification to ensure ongoing identification of refugee vaccination records in the state immunization database.

3. Assess coverage of ACIP recommended vaccines among refugees.

Project Logic Model

Strategies and Activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
1. Enhance or establish linkage infrastructure, with HL7 2.5.1 or other exchange technologies, to improve data transfer between state refugee health databases and state immunization registries	Improved ability for refugee health program to transfer data to state IIS	More complete data, available to more clinical users, supporting better clinical decisions regarding immunization. Improved ability to evaluate the efficacy of DGMQ's overseas vaccine program, and domestic refugee health programs	Increase in refugees receiving the correct immunizations domestically. Reduced re-administration of vaccines appropriately administered overseas Reduced importation of VPD. Improved ability to evaluate refugee
1a. Employ software, hardware, or operational enhancements that specifically improve the refugee health program's capacity to transfer data into their state IIS	Improved data processing efficiency and/or programmatic capacity to support data needs		
1b. Improve of data transfer of vaccines and doses administered overseasinto state IIS	Improved completeness, quality, and timeliness of overseas immunization data in state IIS		

1c. Improve data transfer of vaccines and doses administered domestically in the U.S. at refugee health facilities into state IIS	Improved completeness, quality, and timeliness of domestic immunization data in state IIS		vaccination coverage for longer periods post-arrival into the U.S.	
1. Establish a linking field or fields to ensure ongoing identification of refugee vaccination records in the state immunization database.	Improved ability to track refugee immunizations administered beyond the 30-90 days post arrival refugee medical screening program.		Reduced disruption of refugee resettlement due to VPD outbreaks.	
1. Assess coverage of ACIP recommended vaccines among resettled refugees.				

Collaborations –

With CDC funded programs: It is expected that the awardee will collaborate extensively with NCEZID/DGMQ/IRMHB on all activities outlined in the Project Description. Specific collaborative activities will include, but not be limited to:

1. Propose activities to be funded through this program.
2. Work jointly with CDC on the planning and implementation of activities in fulfillment of all aspects of this project.
3. Participate in a post-award meeting (to occur no later than 45 days after each Notice of Award) to share information, clarify expectations, and establish regular conference calls to discuss issues and report progress.
    1. **With organizations external to CDC:** N/A
    2. **Target Populations**: Refugee and Immigrants
4. Participate in regularly scheduled and/or ad hoc status conference calls with CDC.

Inclusion: Persons arriving as refugees, Special Immigrant Visa (SIV), asylees, parolees, etc.

Evaluation and Performance Measurement:

CDC Progress Measurement Strategy: CDC will evaluate progress on these activities through aggregation of the quarterly data submitted by awardees as described below in "Applicant Progress Measurement Plan."

Applicant Progress Measurement Plan:

Awardees will be asked to provide DGMQ with qualitative updates on a quarterly basis to monitor:

Specific software or tools adopted

- Operational methods implemented
- Infrastructure improvements implemented

Data on these progress elements will be collected through conference calls with selected awardees and/or through emailed reports not to exceed 1 page.

At the end of the project period, DGMQ may request the following quantitative measures as part of the

final report:

- Volume of overseas immunization transactions submitted to the IIS (Outcome #1)
- The proportion of refugee health program records that can be linked to immunization data from the IIS (Outcome #2)
- Quality measures, such as completeness of records and accuracy of key fields in IIS (Outcomes #1 and #2)
- Data on the total proportion of refugees vaccinated prior to U.S. domestic medical examination (overseas) (Outcome #1)
- Proportion of refugees vaccinated in the U.S. domestic medical examinations (Outcome #1)
- Vaccination completion rates among refugees(Outcome #3)
- The proportion of refugees with documented vaccines not meeting ACIP guidelines (Outcome #3)

Organizational Capacity of Awardees to Execute the Approach:

Applicant should provide a brief staffing plan describing the organization of project implementation staff, including where they will fit within applicant's overall organization, and a brief (one-to-two paragraph) description of the qualifications/experience of each individual designated to manage or implement this project, or each position to be hired or contracted with project funds. In the event new staff are to be hired or contracted, this section should also contain assurances from applicant's organization regarding their ability to hire or contract (as appropriate) within the time constraints of the project period.

Work Plan:

Work plan shall describe each outcome to be addressed by this plan, using the S.M.A.R.T. rubric to ensure that objectives are Specific, Measurable, Attainable, Realistic, and Time-based. Strategies and activities contemplated for each objective should be clearly linked to an outcome, and should likewise meet SMART criteria. Where appropriate, the personnel or resources that will be responsible for implementing or executing each strategy and activity should be identified. Include any necessary explanatory language to make clear how each strategy, activity, or purchase links to a desired outcome.

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

CDC Activities

CDC Program Support to Awardees:

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

1. Provide consultation, guidance and technical assistance, as needed, in support of activities implemented under this agreement. This could include expert technical assistance such as providing guidance and best practices to assess vaccination coverage in the IIS for refugees.
2. Assist the awardee with issues related to international review board (IRB) exemptions and data sharing agreements.
3. Review and approve the process used by the awardee to select key personnel and/or post-award subcontractors and/or subawardees to be involved in the activities performed under this agreement.
4. Review and approve the awardee's annual work plan and detailed budget.
5. Review and approve the awardee's monitoring and evaluation plan.

Section II. Award Information

Type of Award:	Cooperative Agreement CDC substantial involvement in this program appears in the Activities Section above.
Award Mechanism:	CDC-40810
Fiscal Year Funds:	2015
Approximate Total Supplemental Funding:	$500,000 This amount is subject to availability of funds. Includes direct costs.
Approximate Number of Awards:	5
Approximate Average Award:	$500,000 This amount is for a 12-month budget period, and includes direct costs.
Floor of Individual Award Range:	$100,000
Ceiling of Individual Award Range:	$140,000 This ceiling is for a 12-month budget period.
Anticipated Award Date:	
Budget Period Length:	12month(s)
Project Period Length:	1 year(s)
Competing Continuation Project Period Length:	0 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

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

Only CDC refugee health grantees under CDC-RFA-CK12-1205 are eligible to apply to ensure availability of the necessary infrastructure to perform the activities required and the experience needed to successfully complete the required functions.

Required Registrations

System for Award Management and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services.

The recipient is required to have the original DUNS identifier to apply for additional funds.

An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the System for Award Management (SAM) and maintain their SAM registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/portal/SAM/#1.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Other

Special Requirements

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

Maintenance of Effort

Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

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

Content and Form of Application Submission

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

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

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

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

- Maximum number of pages: 10. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

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The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

Project Narrative:

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

Headings for Project Narrative

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

Approach:

i. **Problem Statement:** Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant's response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description.)

ii. Purpose: Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Project Description.

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

In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they anticipate.

iv. Strategy and Activities: Applicants must provide a clear and concise description of the strategies and activities they will to use to achieve the project period outcomes. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project Description: Strategies and Activities section.)

1. **Target Populations:** Applicants must describe the specific target population(s) in their jurisdiction. Refer back to the CDC Project Description section – Approach: Target Population.

2. **Integration into Current Activities:** Applicant must describe how this additional funding will augment the refugee health surveillance activities associated with the *Strengthening Surveillance for Diseases Among Newly-Arrived Immigrants and Refugees* cooperative agreement award and augment

immunization status reporting.

vii. Organizational Capacity of Applicants to Implement the Approach: Applicant must address and describe the organizational capacity requirements as described in the CDC Project Description. If providing CVs/Resumes, organizational charts or letters of support as supporting materials, applicants must combine into one PDF file named "Organizational Capacity" and upload at www.grants.gov.

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

- Work Plan: (Not included in the Project Narrative 10 page limit, should not exceed 2 pages) Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.
- Budget and Justification: A line-item budget with clear and detailed explanation and justification for each cost element, for year one (1) only. If the recipients requests indirect costs in the budget, a copy of the indirect cost rate agreement is required as part of the budget PDF document uploaded to grants.gov. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The budget and justification will not be counted in the state page limit.
- Evidence of Organizational Capacity: CVs/Resumes, organizational charts or letters of support combined into one PDF file named "Organizational Capacity." No more than 4 should be uploaded per application

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

Other Attachments Forms

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

CDC Assurances and Certifications: *All applicants are required to sign and submit "Assurances and Certifications" documents indicated at*
http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html
Applicants may follow either of the following processes:

- *Complete the applicable assurances and certifications on an annual basis;~~,~~ name the file "Assurances and Certifications" and upload it as a PDF file at www.grants.gov*
- *Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx*
- *Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.* Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grant assurances/ (S(mj444mxct 51lnrv1hljjjmaa))/ 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.

Submission Dates and Times

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

Application Deadline Date

Due Date for Applications: 07/23/2015

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

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

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

- Sec. 503(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- (b) No part of any appropriate contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local

or tribal government in policymaking and administrative processes within the executive branch of that government.

- (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.
- Sec. 218. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.
- Sec 253. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Sec 738. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 739. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 433. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 434. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.
- Reimbursement of pre-award costs is not allowed.

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

Other Submission Requirements

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

Electronic Submission of Application:
Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Recipients can complete the application package off-line, and then upload and submit the application via the Grants.gov website. The recipient must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper

applications submitted without prior approval will not be considered.

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

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-CK12-1205PPHFSUPP15**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Maximum Points: 100

Capacity (40 points)

- Does the applicant document and demonstrate the ability to work with the state IIS program in order to implement proposed activities?
- Does the applicant possess adequate technical and facility resources to meet the project's goals?
- Does the applicant document and demonstrate the ability to address all relevant data security and confidentiality requirements as is needed for public health surveillance?

Integration (30 points)

- How well do the activities listed in the proposal integrate and build upon the jurisdiction's existing refugee surveillance system and state IIS?

Approach (20 Points)

- Do all the activities proposed specifically address at least one of the topics described in the "Project Description," that is, transfer of refugee vaccination information into state IIS, linkage of refugee program databases and IIS through common fields, or vaccination evaluation and assessment among refugees?
- Are the proposed activities adequate to carry out the proposed objectives?
- How complete and comprehensive is the approach for the entire project period?
- Are the activities proposed in the approach time phased, realistic, and specific?
- Do proposed activities appear sustainable beyond the 12 month project period?

Reporting (10 Points)

Does the applicant have a detailed and timely reporting plan?

Review and Selection Process

Review

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

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

Eligible applications will be jointly reviewed for responsiveness by National Center for Emerging and Zoonotic Infectious Diseases and PGO. Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section E. Application Review Information, subsection entitled “1. Criteria”. The objective review panel will consist of CDC employees from outside the funding division who will evaluate the technical merit of the application for the purpose of advising the awarding official. As part of the review process, the applicant will:

- Receive a written Summary Statement of the findings of the Objective Review Panel;
- Receive a vote of approval or disapproval and an approval score; and
- Receive a second, programmatic-level review by Division senior staff.

Selection

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

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

- Preference will be given to jurisdictions with significant refugee arrivals and awarded jurisdictions must have enough refugee arrivals from the pilot vaccination countries (Ethiopia, Kenya, Thailand, Malaysia, Nepal and Uganda) in an average year to provide meaningful and measureable data at the end of the one-year project period.
- Preference will be given to jurisdictions that show an agreement to collaborate with state IIS such as a Letter of Intent (LOI) from state IIS partners.

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

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

Anticipated Announcement and Award Dates

Section VI. Award Administration Information

Award Notices

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

Administrative and National Policy Requirements

Successful recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) 2 Part 215 or Part 92, as appropriate. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

Successful recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. For competing supplements, ARs remain in effect as published in the original announcement.

- 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
- AR-14 Accounting System Requirements
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-31 Research Definition

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over $25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

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 recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/ consortiums over $25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website: http:// frwebgate . access.gpo.gov / cgi-bin / getdoc.cgi ? dbname = 109_cong_bills&docid = f:s2590enr.txt.pdf.

Specific reporting requirements:

Section 220 – Prevention Fund Reporting Requirements

Responsibilities for Informing Sub-recipients:

- Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2014 PPHF fund purposes, and amount of PPHF funds.
- Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2014 PPHF funds. When a recipient awards 2014 PPHF funds for an existing program, the

information furnished to sub-recipients shall distinguish the sub-awards of incremental 2014 PPHF funds from regular sub-awards under the existing program.

- Reporting Requirements under Section 203 of the 2012 Enacted Appropriations Bill for the Prevention and Public Health Fund, Public Law 111-5:
- This award requires the recipient to complete projects or activities which are funded under the 2012 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.
- Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1- June 30 and July 1- December 31, and email such reports (in 508 compliant agreement no later than 20 calendar days after the end of each reporting period (i.e., July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

Additionally, funded recipients must provide CDC with an original, plus two hard copies of the following reports:

I. **Semi-annual progress report:** due 180 days before the end of the budget period and every 180 days thereafter until Prevention and Public Health Funds activities are complete. These reports will be publicly viewable. Semi-annual progress report reports should contain, at a minimum, the following:

a. Project overview

b. Work progress during previous six months

c. Status of implemented activities

d. Status of expenditure of funds

e. Summary of vaccination data reported during the period

Federal Financial Report (SF-425) and annual progress report, no more than 90 days after the end of the budget period and project period.

Final Performance and Financial Report: At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends. (CDC must include a page limit for the report with a maximum of 40 pages).

At a minimum, this report must include:

- Performance Measures (including outcomes)–Awardees must report progress on the outcomes described in the Logic Model.
- Applicant Progress Measurement Results–Awardees must report final progress measurement results for the project period as outlined in the section titled “Applicant Progress Measurement Plan”.
- Impact/ Results–Awardees must describe the effects or results of the work completed over the project period, including success stories.

These reports must be submitted to the attention of the Grants Management Specialist listed in the section entitled “Agency Contacts”.

Disclaimer: As of February 1, 2011, current Financial Status Report (FSR) requirements will be obsolete. Existing practices will be updated to reflect changes for implementation of the new Federal Financial Reporting (FFR) requirements.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Heather Burke, Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention

1600 Clifton Rd, MS E-03

Atlanta, GA 30333

Telephone: (404) 639-3408

Email: hdb9@cdc.gov

For **financial, grants management, budget assistance and general inquiries**, contact:

Sheila Edwards, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Telephone: 770.488.1644

Email: fyq5@cdc.gov

For **application submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K-98
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

Section VIII. Other Information

Other CDC funding opportunity announcements can be found at www.grants.gov.

The Paperwork Reduction Act of 1995 (PRA): Offerors are advised that any activities involving information collections (i.e., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements, etc.) from 10 or more non-Federal entities, including State and local governmental agencies, are subject to the conditions of the PRA. Under the PRA, a Federal agency sponsoring a standardized data collection or directly obtaining standardized or substantially similar information from ten or more persons or entities (other than Federal employees within the scope of their employment) in any 12-month period must obtain advance written approval from the Office of Management and Budget (OMB)." Regardless of form or format (oral, written, or electronically transmitted), responses of opinion or fact requested or required by or for CDC, except those specifically exempted or excluded, are subject to the provisions of the PRA and its implementing regulation, 5 CFR 1320 (Controlling Paperwork Burdens on the Public)."