

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Supporting and Maintaining the Surveillance System for Chronic Kidney Disease in the United States
CDC-RFA-DP16-1604
Application Due Date: 02/29/2016

Supporting and Maintaining the Surveillance System for Chronic Kidney Disease in the United States

CDC-RFA-DP16-1604

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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-DP16-1604. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Supporting and Maintaining the Surveillance System for Chronic Kidney Disease in the United States

C. Announcement Type: New - Type 1

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

This funding opportunity announcement (FOA) solicits non-research cooperative agreement applications to build upon previous developmental work in chronic kidney disease (CKD) surveillance to continue developing, supporting, and improving the current CKD Surveillance System in the United States http://www.cdc.gov/ckd/surveillance.

D. Agency Funding Opportunity Number:

CDC-RFA-DP16-1604

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

93.833

F. Dates:

1. Due Date for Letter of Intent (LOI):	**01/15/2016**
Is a LOI:	Recommended but not Required

A letter of intent (LOI) is requested but optional. Submit the LOI by email or mail (i.e., sent by US mail or private carrier) directly to:

Nilka Ríos Burrows, MPH, MT (ASCP)

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Diabetes Translation

4770 Buford Highway NE, Mailstop F75

Telephone: 770-488-1057

Email: nrios@cdc.gov

Although the LOI is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate and plan the review of submitted applications.

2. Due Date for Applications:	**02/29/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

This funding opportunity announcement (FOA) solicits non-research cooperative agreement applications for the following two components:

- Component A: To build upon previous developmental work in chronic kidney disease (CKD) surveillance to continue developing, supporting, and improving the current CKD Surveillance System in the United States http://www.cdc.gov/ckd/surveillance. This is a comprehensive surveillance system that resides in a website application and integrates existing CKD data from multiple US data sources such as national surveys and registries, health care administrative data, and large cohort studies. This surveillance system will enable the government and others to monitor trends in the burden of CKD and its risk factors over time and also monitor trends in Healthy People 2020 objectives related to CKD prevention and control.
- Component B: To provide computer support and technical management, update, and enhance the currently functional and interactive website application of the CKD Surveillance System http://www.cdc.gov/ckd/surveillance. The website will be used to 1) document the burden of CKD and its risk factors in the United States population over time, 2) disseminate timely and accurate CKD surveillance data and trends, 3) track the progress of efforts to achieve Healthy People 2020 objectives to prevent, detect, and manage CKD, and 4) provide the means for evaluating, monitoring, and implementing quality improvement efforts by both federal and nonfederal agencies.

Applicants are required to submit one application for both Component A and Component B of this FOA. Up to two applicants will receive the award for Component A, and one of the recipients of Component A will also be funded for Component B. An application requesting funds for

Component A only or Component B only will not be considered.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	3
d. Total Project Period Funding:	$6,000,000
e. Average One Year Award Amount:	$600,000

Average annual funding for Component A is $500,000 each for two awardees, and average annual funding for Component B is $200,000 for one awardee. One of the recipients of the award for Component A will receive the award for Component B.

f. Number of Years of Award:	5
g. Estimated Award Date:	09/30/2016
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

Executive Summary

This funding opportunity announcement (FOA) solicits non-research cooperative agreement applications for the following two components:

- Component A: To build upon previous developmental work in chronic kidney disease (CKD) surveillance to continue developing, supporting, and improving the current CKD Surveillance System in the United States http://www.cdc.gov/ckd/surveillance. This is a comprehensive surveillance system that resides in a website application and integrates existing CKD data from multiple US data sources such as national surveys and registries, health care administrative data, and large cohort studies. This surveillance system will enable the government and others to monitor trends in the burden of CKD and its risk factors over time and also monitor trends in Healthy People 2020 objectives related to CKD prevention and control.
- Component B: To provide computer support and technical management, update, and enhance the currently functional and interactive website application of the CKD Surveillance System http://www.cdc.gov/ckd/surveillance. The website will be used to 1) document the burden of CKD and its risk factors in the United States population over time, 2) disseminate timely and accurate CKD surveillance data and trends, 3) track the progress of efforts to achieve Healthy People 2020 objectives to prevent, detect, and manage CKD, and 4) provide the means for evaluating, monitoring, and implementing quality improvement efforts by both federal and nonfederal agencies.

Applicants are required to submit one application for both Component A and Component B of this FOA. Up to two applicants will receive the award for Component A, and one of the recipients of Component A will also be funded for Component B. An application requesting funds for Component A only or Component B only will not be considered.

A. Funding Opportunity Description

1. Background

a. Overview

Kidney diseases are the ninth leading cause of death in the United States. More than 10% of US adults—more than 20 million people— may have CKD, and most of them are not aware of their condition. The range of CKD extends from microalbuminuria (the leakage of excess protein into the urine as a result of kidney damage) to end stage renal disease (ESRD) (that is, the final stage of CKD characterized by kidney failure and requiring dialysis or transplantation for survival). CKD is a serious and growing problem. The number of new cases of ESRD in the US population has more than doubled since 1990 and it is expected to continue to grow with the increasing prevalence of diabetes, a major risk factor that accounts for nearly half of all new cases of ESRD. However, preventing CKD and its complications is possible by managing risk factors and treating the disease to slow its progression and reduce the risk of complications.

In recognition of the growing problem of kidney disease, Congress passed legislation —the Labor, Health and Human Services, and Education (L/HHS/Ed) and Related Agencies Appropriation Bill, 2006 Conference Report —to develop capacity and infrastructure at CDC for a kidney disease surveillance, epidemiology, health economics, and health outcomes evaluation program. The program, known as CDC's CKD Initiative, is designed to provide public health strategies for promoting kidney health. These strategies seek to prevent and control risk factors for CKD, raise awareness, promote early diagnosis, and improve outcomes and quality of life for those living with CKD. Current activities include surveillance and epidemiology, state-based demonstration projects, and health outcomes and economic studies in partnership with other government agencies, universities, and national organizations.

Staff from CDC's CKD Initiative in the Division of Diabetes Translation (DDT), Epidemiology and Statistics Branch, in collaboration with partners, established and implemented the CKD Surveillance System http://www.cdc.gov/ckd/surveillance to keep track of CKD and its risk factors in the US population over time. This comprehensive system allows the federal government and others to document and monitor trends in the burden of CKD and its risk factors over time, track progress in preventing, detecting, and managing CKD and in achieving the Healthy People 2020 CKD objectives. It also provides the means for evaluating, monitoring, and implementing programmatic and quality improvement efforts by both federal and nonfederal agencies.

This FOA will build upon the previous developmental work in CKD surveillance to continue developing, supporting, and improving the CKD Surveillance System with CKD indicators and up-to-date data and trends, and to assist CDC, prevention researchers, policy makers, medical practitioners, and states to develop and evaluate programs and policies that better prevent, detect, and manage CKD.

In particular, this FOA solicits non-research cooperative agreement applications for the following two components:

- Developing, supporting, and improving the CKD Surveillance System in the United States (Component A), and
- Maintaining, updating, and enhancing the currently functional and interactive CKD Surveillance System website application (Component B).

b. Statutory Authorities

Section 317(k)(2) of the Public Health Service Act (PHS Act), 42 U.S.C. 247b(k)(2), Section 301(a) of the PHS Act, 42 U.S.C. 241(a).

c. Healthy People 2020

This funding opportunity aligns with the Healthy People 2020 focus area of CKD and its risk factors, complications, disability, and mortality. Additional information is available at http://www.healthypeople.gov/2020/topics-objectives/topic/chronic-kidney-disease.

d. Other National Public Health Priorities and Strategies

The purpose and outcomes of the FOA support and align with the following strategic goals and core functions of CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and of CDC's Division of Diabetes Translation (DDT):

NCCDPHP/DDT Government Performance Results Act (GPRA) goals and objectives:

- **Strategic Goal 2:** Advance Scientific Knowledge and Innovation
  - **Objective E:** Improve laboratory, surveillance, and epidemiology capacity
- **Strategic Goal 3:** Advance the Health, Safety, and Well-Being of the American People
  - **Objective D:** Promote prevention and wellness across the life span

DDT core function, strategic goal, and priority:

Core function: Surveillance

- **Strategic Goal 2:** Prevent complications, disabilities, and burden associated with diabetes

Priority C: Conduct surveillance and applied research to identify and prioritize effective approaches and targeted sub-populations for diabetes prevention and control.

More information about this and other performance measures can be found in the CDC fiscal year (FY) 2012 Online Performance Appendix at the following Internet address: http://intranet.cdc.gov/od/ppeo/docs/FinalOPA_CDC_FY2012.pdf

e. Relevant Work

Staff from CDC's CKD Initiative in the Division of Diabetes Translation, Epidemiology and Statistics Branch, in collaboration with partners, established and implemented the CKD Surveillance System in the United States which currently resides in a website application http://www.cdc.gov/ckd/surveillance.

Highlights of the CKD Surveillance System website application include:

- Interactive website that allows the user to view surveillance data on CKD prevalence and incidence, awareness, and healthcare consequences, among other topics, and by different characteristics (for example, by age and by sex) for which data are available.
- Data from different sources, including national surveys (e.g., National Health and Nutrition Examination Survey), electronic health record systems (e.g., US Department of Veterans Affairs), claims data (e.g., Centers for Medicare & Medicaid Services and US Renal Data System), and longitudinal studies (e.g., Atherosclerosis Risk in Communities and Renal Reasons for Geographic and Racial Differences in Stroke).
- Special section to monitor progress in achieving Healthy People 2020CKD objectives. This system provides data that can be used to monitor progress on 10 of the 14 CKD and kidney failure objectives in Healthy People 2020.
- Special sections on the burden of risk factors for CKD, including diabetes, obesity, hypertension, cardiovascular disease, smoking, and acute kidney injury, and on special populations, including children and adolescents with kidney disease.
- Ability to download the graphs and data tables.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

CDC's CKD Initiative provides public health strategies for promoting kidney health in collaboration with many partners. These strategies seek to prevent and control risk factors for CKD, raise awareness, promote early diagnosis, and improve outcomes and quality of life for those living with CKD. This FOA will build upon the previous developmental work in CKD surveillance to continue supporting, updating, and growing the current CKD Surveillance System in the United States http://www.cdc.gov/ckd/surveillance. Strategies and activities to build upon this previous work are described in the Strategies and Activities section below. The CKD Surveillance System will enable the government and others to monitor trends in the burden of CKD and its risk factors over time as well as to monitor and evaluate trends towards achieving the Healthy People 2020 CKD objectives. It will also assist CDC, prevention researchers, policy makers, medical practitioners, and states to develop and evaluate programs and policies that better prevent, detect, and manage CKD.

In addition to developing, supporting, and improving the CKD Surveillance System (Component A), one of the recipients of this award will also be funded to provide computer support and technical management, update, and enhance the currently functional and interactive website application of the CKD Surveillance System http://www.cdc.gov/ckd/surveillance (Component B). This website is used to 1) document the burden of CKD and its risk factors in the United States population over time, 2) disseminate timely and accurate CKD surveillance data and trends, 3) track the progress of efforts to achieve Healthy People 2020 objectives to prevent, detect, and manage CKD, and 4) provide the means for evaluating, monitoring, and implementing quality improvement efforts by both federal and nonfederal agencies. The website application resides in the NCCDPHP server at CDC, conforms to CDC information technology (IT) requirements, and is accessible to both internal and external CDC users.

Logic Model with strategies, activities, and outcomes to accomplish during the project period:

Strategies and Activities: Component A	Short-term Outcomes	Long-term Outcomes
• SUPPORT and EVALUATION: Support, update, and grow the existing surveillance system for CKD with up-to-date data and trends. • Collaborate with programs internal and external to CDC to establish data sharing agreements for access to data relevant to CKD surveillance. • Identify, assess, and add CKD indicators to the surveillance system as data sources allow and as the science evolves and emerges. • Focus surveillance data efforts on social determinants of health and populations that are disproportionately affected by CKD and on sources that provide CKD estimates at various geographic levels. • Develop an evaluation plan to identify gaps in surveillance data and future needs, and a plan to integrate the CKD surveillance system with other established surveillance systems.	• Improved breadth and scope of CKD surveillance data in the United States. • Established programmatic and quality improvement efforts by both federal and nonfederal agencies.	• System is the largest comprehensive collection of CKD data in the United States. • Continued support of the CDC's CKD Surveillance Project by internal and external stakeholders.
• DISSEMINATION: Publish and disseminate CKD surveillance findings and develop practical tools (e.g., risk calculators, screening tools, Web applications) to improve identification of the population at risk for CKD. • HEALTHY PEOPLE: Provide data management, analyses, and reports to monitor progress in achieving the Healthy People 2020 CKD objectives. • SUSTAINABILITY: Provide written documentation of data sources, data sets, and data analyses to allow CDC to maintain and modify the Web application in the future.	• Increased visibility of the CKD Surveillance System website by internal and external stakeholders. • Raised awareness among health providers of CKD and its risk factors, and promotion of early diagnosis and treatment. • Documented progress on Healthy People 2020 CKD objectives.	• Influence patient care recommendations. • Improve identification of the population at risk and improved care and outcomes for people living with CKD. • Informed Healthy People 2030 CKD objectives.
Strategies and Activities: Component B	Short-term Outcomes	Long-term Outcomes
• SUPPORT: Provide computer support and technical management of the CKD Surveillance System website application. • Work in collaboration with the CDC IT program in performing CKD Web updates and in conforming to CDC IT requirements.	• Timely and accurate dissemination of CKD surveillance data and trends for public health action.	• Internal and external stakeholders view site as the reliable and first-rate resource to monitor CKD burden and CKD prevention and control efforts in the United States.
• EVALUATION: Enhance the usability of the website application and the user experience, and provide feedback and evaluation of the website application. • Stay up-to-date with the latest developments in computer software and IT. • SUSTAINABILITY: Provide written user documentation of the system to allow CDC to maintain and modify the Web application in the future.	• Improved user experience of the CKD Surveillance System website application.	

i. Purpose

This FOA will build upon the previous developmental work in CKD surveillance to continue developing, supporting, and improving the CKD Surveillance System with CKD indicators and up-to-date data and trends, and to assist CDC, prevention researchers, policy makers, medical practitioners, and states to develop and evaluate programs and policies that better prevent, detect, and manage CKD.

ii. Outcomes

Outcomes to accomplish during the project period:

Short-term Outcomes:

- Improved breadth and scope of CKD surveillance data in the United States.
- Established programmatic and quality improvement efforts by both federal and nonfederal agencies.
- Increased visibility of the CKD Surveillance System website by internal and external stakeholders.
- Heightened awareness among health providers of CKD and its risk factors, and promotion of early diagnosis and treatment.
- Documented progress on Healthy People 2020 objectives related to CKD prevention and control.
- Timely and accurate dissemination of CKD surveillance data and trends for public health action.
- Improved user experience of the CKD Surveillance System website application.

Long-term Outcomes:

- System is the the largest comprehensive collection of CKD data in the United States.
- Continued support of the CDC's CKD Surveillance Project by internal and external stakeholders.
- Influence patient care recommendations, informed by data from the CKD Surveillance System.
- Improve identification and targeting of the population at high risk for CKD for preventive, clinical, and public health interventions, and improved care, outcomes, and quality of life for people living with CKD.
- Appropriate and relevant Healthy People 2030 CKD objectives, informed by data from the CKD Surveillance System.
- Internal and external stakeholders view the site as the reliable and first-rate resource to monitor CKD burden and CKD prevention and control efforts in the United States.

iii. Strategies and Activities

Recipient Activities (Component A)

- Establish goals and objectives that are realistic, measurable, and time-oriented for the project.
- Support, update, and expand, in collaboration with the recipient of Component B, the existing CKD Surveillance System website with up-to-date data and trends for CKD, its risk factors, health consequences, and processes of care.
- Collaborate with CDC programs (e.g., CDC's National Center for Health Statistics) and with organizations external to CDC, such as other federal or state government agencies, academic institutions, and non-profit and international organizations.
- Establish data sharing agreements with appropriate federal and public and private partners for access to data relevant to CKD surveillance.Identify and rigorously assess CKD indicators as data sources allow and as the science evolves and emerges.
- List, update, and add to the existing CKD Surveillance System possible measures and indicators of CKD burden (e.g., incidence, awareness, prevalence, risk factors, consequences, and costs), social determinants of health, geographic indicators, and CKD in special and vulnerable populations.
- Focus surveillance data efforts on target populations that are disproportionately affected by CKD and identify surveillance and information needs to help address disparities in CKD.
- Publish and disseminate surveillance findings on burden and trends of CKD in the United States, risk factors, preventive practices, social determinants of health, and disparities in the population with CKD.
- Develop practical tools such as risk calculators, screening tools, or Web applications to improve identification and targeting of the population at high risk for CKD for preventive, clinical, and public health interventions.
- Develop an evaluation plan of CKD surveillance content to identify gaps in surveillance data and future information needs.
- Develop and implement a comprehensive plan to integrate data sources into the existing functional CKD surveillance system and to integrate this CKD surveillance system with other established surveillance systems.
- Provide data management, analyses, and reports to monitor progress in achieving the Healthy People 2020 CKD objectives and inform the process in developing Healthy People 2030 CKD objectives.
- Provide written documentation of data sources, data sets, and data analyses (e.g., coding and computer programs) to allow CDC to maintain the surveillance system in the future.
- Ensure adequate staffing and oversight in support of the project.

Recipient Activities (Component B)

In collaboration with the recipient of Component A:

- Provide computer support and technical management of the CKD Surveillance System website application http://www.cdc.gov/ckd/surveillance. Technical management includes developing plans for programming and creating databases and Web systems, coordinating system designs including interfaces, business rules, and security models, and testing and deployment.
- Work in collaboration with the CDC IT program in performing uploads of CKD surveillance data and Web updates.
- Conform to CDC IT requirements, Web templates (including responsive design), and security clearances. All applications will exist within NCCDPHP- and CDC-supported Internet infrastructure and must conform to all performance, reliability, stability, and security standards.
- Enhance the usability of the website application and the user experience.
- Provide feedback and evaluation (e.g., detailed requirements analyses, website analytics, usability testing) of the website application to ensure that program and user needs are identified and met through the application.
- Stay up-to-date with the latest developments in computer software and IT.
- Provide written user documentation of the system (e.g., project requirements, system overview and architecture, database specifications, programs and system components) to allow CDC to maintain and modify the Web application in the future.

1.Collaborations

The applicant needs to provide evidence of demonstrated partnerships, access to data and data use agreements for the proposed or existing collaborations to address the goals, objectives, and intent of the FOA.

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

The applicant needs to collaborate with CDC programs (e.g., CDC's National Center for Health Statistics) for access to data relevant to CKD surveillance.

b. With organizations not funded by CDC:

The applicant needs to 1) collaborate with organizations external to CDC, such as other federal or state government agencies, academic institutions, and non-profit and international organizations for access to data relevant to CKD surveillance, 2) establish data sharing agreements with appropriate federal and public and private partners for data access, and 3) provide evidence of demonstrated partnerships, and data access and data use agreements for the proposed or existing collaborations to address the goals, objectives, and intent of the FOA.

Applicants 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 Paperwork Reduction Act of 1995 (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)."

2. Target Populations

The applicant needs to demonstrate a wide reach for surveillance data among minority, vulnerable, and at-risk populations for CKD or other chronic diseases, including tribal populations, veteran populations, and medically underserved populations.

1) Provide evidence of prior work in this area.

2) Demonstrate established collaborations with institutions (e.g., Indian Health Service, Department of Veterans Affairs, federally-qualified health centers) that serve populations that are disproportionately affected by CKD or other chronic diseases.

3) Develop a plan for a) obtaining access to CKD-relevant surveillance data from such institutions, b) incorporating such data into the CKD Surveillance System, and c) identifying surveillance and information needs to help address population disparities in CKD.

a. Inclusion

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

Applicants are required to apply for both Component A and Component B of this FOA. Up to two applicants will receive the award for Component A.

Component A: To build upon previous developmental work in chronic kidney disease (CKD) surveillance to continue developing, supporting, and improving the current CKD Surveillance System in the United States http://www.cdc.gov/ckd/surveillance.

One of the recipients of Component A will also be funded for Component B.

Component B: To provide computer support and technical management, update, and enhance the currently functional and interactive website application of the CKD Surveillance System http://www.cdc.gov/ckd/surveillance.

Average annual funding for Component A is $500,000, and average annual funding for Component B is $200,000.

An application addressing Component A only or Component B only will not be considered.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Strategies and Activities: Component A	Performance Measure
• SUPPORT and EVALUATION: Support, update, and expand the existing surveillance system for CKD with up-to-date data and trends. • Collaborate with programs internal and external to CDC to establish data sharing agreements for access to data relevant to CKD surveillance. • Identify, assess, and add CKD indicators to the surveillance system as data sources allow and as the science evolves and emerges. • Focus surveillance data efforts on social determinants of health and populations that are disproportionately affected by CKD and on sources that provide CKD estimates at various geographic levels. • Develop an evaluation plan to identify gaps in surveillance data and future needs, and a plan to integrate the CKD surveillance system with other established surveillance systems. • DISSEMINATION: Publish and disseminate CKD surveillance findings and develop practical tools (e.g., risk calculators, screening tools, Web applications) to improve identification of the population at risk for CKD.	• SUPPORT AND EVALUATION: Preserve the viable and functional CKD Surveillance System website http://www.cdc.gov/ckd/surveillance. • Document an increase in the number of CKD surveillance topics and indicators to show the expansion and growth of the CKD Surveillance System website. • Provide feedback on CKD surveillance content, gaps in surveillance data, and future data and information needs. • DISSEMINATION: Document an increase in the number of publications to disseminate the CKD surveillance findings.

• HEALTHY PEOPLE: Provide data management, analyses, and reports to monitor progress in achieving the Healthy People 2020 CKD objectives. • SUSTAINABILITY: Provide written documentation of data sources, data sets, and data analyses (e.g., coding and computer programs) to allow CDC to maintain and modify the Web application in the future.	• Document from media and Web outlets and from professional newsletters the impact of CKD surveillance data on policy decisions or recommendations that involve CKD care and prevention, particularly as they relate to at-risk or vulnerable populations. • HEALTHY PEOPLE: Provide data analysis reports as requested for Healthy People 2020 progress review in achieving CKD objectives. • SUSTAINABILITY: System documentation upon request.
Strategies and Activities: Component B	
• SUPPORT: Provide computer support and technical management of the CKD Surveillance System website application. • Work in collaboration with the CDC IT program in performing CKD Web updates and in conforming to CDC IT requirements. • EVALUATION: Enhance the usability of the website application and the user experience, and provide feedback and evaluation of the website application. • Stay up-to-date with the latest developments in computer software and IT. • SUSTAINABILITY: Provide written documentation of the system to allow CDC to maintain and modify the Web application in the future.	• SUPPORT AND EVALUATION: Preserve the viable and functional CKD Surveillance System website http://www.cdc.gov/ckd/surveillance. • Monitor and document an increase in the number of visits (i.e., hits) to the website to demonstrate increased visibility and acceptability of the CKD Surveillance System website. • SUSTAINABILITY: System documentation upon request.
Short-term Outcomes: Component A	
• Improved breadth and scope of CKD surveillance data in the United States. • Established quality improvement efforts by both federal and nonfederal agencies. • Increased visibility of the CKD Surveillance System website by internal and external stakeholders. • Raised awareness among health providers of CKD and its risk factors, and promotion of early diagnosis and treatment. • Documented progress on Healthy People 2020 CKD objectives.	• Document an increase in the number of CKD surveillance topics and indicators to show the expansion and growth of the CKD Surveillance System website. • Monitor and document an increase in the number of visits (i.e., hits) to the website to demonstrate increased visibility and acceptability of the CKD Surveillance System website. • Provide data analysis reports as requested for Healthy People 2020 progress review in achieving CKD objectives.
Short-term Outcomes: Component B	
• Timely and accurate dissemination of CKD surveillance data and trends for public health action. • Improved user experience of the CKD Surveillance System website application.	• Document from media and Web outlets and from professional newsletters the impact of CKD surveillance data on policy decisions or recommendations that involve CKD care and prevention, particularly as they relate to at-risk or vulnerable populations. • Monitor and document an increase in the number of visits (i.e., hits) to the website to demonstrate increased visibility and acceptability of the CKD Surveillance System website.
Long-term Outcomes: Component A	
• System is the largest comprehensive collection of CKD data in the United States. • Continued support of the CDC's CKD Surveillance Project by internal and external stakeholders. • Influence patient care recommendations, • Improve identification of the population at risk and improved care and outcomes for people living with CKD. • Informed Healthy People 2030 CKD objectives.	• Document an increase in the number of CKD surveillance topics and indicators to show the expansion and growth of the CKD Surveillance System website. • Monitor and document an increase in the number of visits (i.e., hits) to the website to demonstrate increased visibility and acceptability of the CKD Surveillance System website. • Document from media and Web outlets and from professional newsletters the impact of CKD surveillance data on policy decisions or recommendations that involve CKD care and prevention, particularly as they relate to at-risk or vulnerable populations. • Provide data analysis reports as requested for

	Healthy People 2020 progress review in achieving CKD objectives.
Long-term Outcomes: Component B	
• Internal and external stakeholders view site as the reliable and first-rate resource to monitor CKD burden and CKD prevention and control efforts in the United States.	• Monitor and document an increase in the number of visits (i.e., hits) to the website to demonstrate increased visibility and acceptability of the CKD Surveillance System website.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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).

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).

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

c. Organizational Capacity of Awardees to Implement the Approach

Applicants need to demonstrate the capability to:

- Analyze and manage data related to CKD or other chronic diseases
- Publish and disseminate CKD or other chronic disease surveillance findings
- Establish partnerships and data sharing and access agreements
- Manage and support a collaborative multi-center project for updating and maintaining a national surveillance system

And ensure adequate staffing and oversight in support of the project:

- Is there sufficient staff to accomplish the program goals?
- Do the staff members have appropriate experience?
- Are the staff roles clearly defined?
- Does the team bring complementary and integrated expertise to the project?
- Does the team have experience with chronic disease surveillance systems and interactive websites?
- Does the team have extensive, demonstrable experience in managing, integrating, and analyzing large datasets containing kidney disease or other chronic disease information?
- Does the team include members with expertise in kidney diseases or other related chronic diseases, biostatistics, epidemiology, and Web development?

d. Work Plan

Applicants need to develop a work plan for Components A and B that outlines the plans to carry out the strategies and activities and the evaluation and performance measurements to achieve the project period outcomes:

- How complete and comprehensive is the plan for the entire project period? To what extent will they accomplish the program goals of supporting and maintaining the CKD Surveillance System in the United States? Provide detailed timeline including realistic and measurable milestones for the proposed project activities.
- Does the application include a comprehensive plan to improve and update the CKD Surveillance System website?
- Are the proposed methods feasible and adequate to carry out the proposed objectives?
- Does the plan include quantitative process and outcome measures? Describe the plans for producing reports, such as interim progress reports, final reports, technical reports, as well as professional presentations and publications that will be produced collaboratively with CDC.
- Does the proposed project benefit from collaborative agreements? Provide evidence of demonstrated partnerships, and data access and data use agreements for the proposed or existing collaborations to address the goals, objectives, and intent of the FOA.

Applicants must clearly identify the outcomes that they expect to achieve by the end of the budget period and the end of the project period, and outline the workplan into project period and budget period outcomes.

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

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

Monitoring may also include the following activities:

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

Other activities deemed necessary to monitor the award, if applicable.
These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.
Or recurring monitoring meetings with the awardees.

f. CDC Program Support to Awardees (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)
In collaboration with the recipients of Component A and B:

CDC Activities

- CDC staff will act as consultants for this project.
- Provide consultation and guidance on all phases of the project.
- Provide expert advice on developing and maintaining surveillance systems.
- Provide relevant surveillance findings and public health recommendations related to the project.
- Follow up on the recommendations resulting from this project to continue developing, updating, and improving the CKD Surveillance System.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism: U58

3. Fiscal Year: 2016

Estimated Total Funding: $1,200,000

4. Approximate Total Fiscal Year Funding: $1,200,000

This amount is subject to the availability of funds.

5. Approximate Project Period Funding: $6,000,000

6. Total Project Period Length: 5 year(s)

7. Expected Number of Awards: 3

8. Approximate Average Award: $600,000 Per Budget Period

Average annual funding for Component A is $500,000 each for two awardees, and average annual funding for Component B is $200,000 for one awardee. One of the recipients of the award for Component A will receive the award for Component B.

This amount is subject to the availability of funds.

9. Award Ceiling: $700,000 Per Budget Period

Award ceiling for Component A is $500,000. Award ceiling for Component B is $200,000. Two awards will be made for Component A. One of the recipients of the award for Component A will receive the award for Component B.

10. Award Floor: None

11. Estimated Award Date: 09/30/2016

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses
Small businesses
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

Government Organizations:

Local governments or their bona fide agents
Territorial governments or their bona fide agents in 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.
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Other:

Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

- Research institutions
- Hospitals

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application.

Foreign organizations are not eligibe to apply.

Applicants are required to apply for both Component A and Component B of this FOA. Up to two applicants will receive the award for Component A, and one of the recipients of Component A will also be funded for Component B. Award ceiling for Component A is $500,000, and award ceiling for Component B is $200,000. An application requesting funds for Component A only or Component B only will not be considered.

The award ceiling for each component under Section B. Award Information is $700,000. CDC will not consider any application requesting an award higher than the specified amount. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet 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-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process 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 (CRR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not 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 www.fsd.gov/US Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. 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: **01/15/2016**

A letter of intent (LOI) is requested but optional. Submit the LOI by email or mail (i.e., sent by US mail or private carrier) directly to:

Nilka Ríos Burrows, MPH, MT (ASCP)

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Diabetes Translation

4770 Buford Highway NE, Mailstop F75

Telephone: 770-488-1057

Email: nrios@cdc.gov

Although the LOI is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate and plan the review of submitted applications.

b. Application Deadline

Due Date for Applications: **02/29/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://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.

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

Is a LOI: Recommended but not Required

The LOI should include the following information:

- Descriptive title of the proposed project.
- Name, address, and telephone number of the Principal Investigator or the Project Director.
- Names of other key personnel.
- Participating institutions.
- Number and title of this funding opportunity.

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

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.

D.10 Project Narrative

If applying for a single component: maximum of 20 pages, single spaced, 12 point font, 1-inch margins, and number all pages.
If applying for more than one component: maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages allowed per component for Project Narrative subsections that may be specific to each component.
Text should be single spaced, 12 point font, 1-inch margins, and number all pages.
Page limits include work plan; content beyond specified limits will not be reviewed.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

Applicants must file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.]

Applicants 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 Paperwork Reduction Act of 1995 (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)."

2. Target Populations

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

The applicant needs to demonstrate a wide reach for surveillance data among minority, vulnerable, and at-risk populations for CKD or other chronic diseases, including tribal populations, veteran populations, and medically underserved populations.

1) Provide evidence of prior work in this area.

2) Demonstrate established collaborations with institutions (e.g., Indian Health Service, Department of Veterans Affairs) that serve populations that are disproportionately affected by CKD or other chronic diseases.

3) Develop a plan for a) obtaining access to CKD-relevant surveillance data from such institutions, b) incorporate such data into the CKD Surveillance System, and c) identify surveillance and information needs to help address population disparities in CKD.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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. See Section E (pages 4

and 5) at http://www. hhs.gov/ asfr/ogapa/ aboutog/ogpoe/ gpd2-02.pdf. 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, 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).

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

The applicant must provide:

- Evidence of institutional support
- Demonstrable experience in surveillance for CKD or other chronic diseases in the US population
- Evidence of an established infrastructure in building a national surveillance system for CKD or other chronic diseases in the United States
- Demonstrable experience in establishing new or enhancing existing partnerships with respected organizations serving the target population.
- Demonstrable experience in managing a website for federal projects or other projects.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curriculum Vitas/Resumes
- Organizational Charts
- Letters of Support/MOAs/MOUs
- Additional subcontractor materials as necessary (if applicable)

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

- Curriculum Vitas/Resumes
- Organizational Charts
- Letters of Support/MOAs/MOUs
- Additional subcontractor materials (if applicable)

There is no limit to the number of allowable electronic attachments uploaded per application.

11. Work Plan

Included in the Project Narrative Page limits:

Multiple components: maximum of 15 pages for the base and up to 4 additional pages per component)
Single component: maximum of 20 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.

Applicants must clearly identify the outcomes that they expect to achieve by the end of the budget period and the end of the project period, and outline the workplan into budget period and project period outcomes.

12. Budget Narrative

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

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

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http:// www.cdc.gov /grants /interested in applying_ /application resources.html .
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed. Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it atwww.grants.gov.

Applicants are required to submit one application for both Component A and Component B. However, a separate budget and narrative must be submitted for each Component:

- Include a budget plan that is linked to activities and milestones.
- Provide a staffing plan that defines the roles, responsibilities and qualifications of team and expected contributions of key/collaborative partners.

An applicant under Component A may request a project period of up to five years and a total budget of up to $500,000 including direct and indirect costs each year. Under Component B, the applicant may request a project period of up to five years and a total budget of up to $200,000 including direct and indirect costs each year.

To be considered for Component B, applicants must provide a statement of submission of application for Component A. This should include the principal investigator (PI) name and title of the application. An application addressing Component A only or Component B only will not be considered.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.
Tobacco Policies:

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

Nutrition Policies:

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

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm
http://www. thecommunityguide.org/ tobacco/index.html
http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16a. 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). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees 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.

16b. 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.

16c. 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 grantee 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 grantee did not pay any taxes during the reporting period.]
2) Quarterly Report: The grantee 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. grantee 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 grantee must include this reporting requirement in all applicable subgrants and other subagreements.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- 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 awardees.
- 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.

- 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.

No other funding restrictions apply.

18. Other Submission Requirements

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

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

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Applicant User Guide, Version 1.1, page 102.
http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8

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

remain unresolved and electronic submission is not possible, applicants may e-mail 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, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach ii. Evaluation and Performance Measurement iii. Applicant's Organizational Capacity to Implement the Approach

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.

Approach	Maximum Points: 45

A. Approach (45 points): The applicant will be evaluated on the extent that 1) the description of the relevant background information includes the context of the problem (See CDC Background), 2) the outcomes are consistent with the purpose of this FOA, and 3) the strategies and activities build upon the previous developmental work in CKD surveillance to continue developing, supporting, and improving the current CKD Surveillance System in the United States.

1. Background and Purpose (5 points)
2. Outcomes (15 points)
3. Strategies and Activities (25 points)

Evaluation and Performance Measurement	Maximum Points: 30

B. Evaluation and Performance Measurement Plan (including the work plan) (30 points): The applicant will be evaluated on the extent that the plan is feasible to implement the strategies and activities and to achieve the budget period and the project period outcomes consistent with this FOA.

- How complete and comprehensive is the plan for the entire project period? To what extent will they accomplish the program goals of supporting and maintaining the CKD Surveillance System in the United States? Provide a detailed timeline including realistic and measurable milestones for the proposed project activities.
- Does the application include a comprehensive plan to improve and update the CKD Surveillance System website?
- Are the proposed methods feasible and adequate to carry out the proposed objectives?
- Does the plan include quantitative process and outcome measures? Describe the plans for producing reports: interim progress reports and a final report, as well as technical reports, professional presentations, and publications that will be produced collaboratively with CDC.
- Does the proposed project benefit from collaborative agreements? (e.g., demonstrated partnerships, and data access and data use agreements for the proposed or existing collaborations to address the goals, objectives, and intent of the FOA)

Applicants Organizational Capacity to Implement the Approach	Maximum Points: 25

C. Applicant's Organizational Capacity to Implement the Approach (25 points): The applicant will be evaluated on the extent that their organizational capacity supports the purpose of this FOA and the successful implementation of the proposed strategies and activities to achieve the outcomes.

- Is there sufficient staff to accomplish the program goals?
- Do the staff members have appropriate experience?
- Are the staff roles clearly defined?
- Does the team bring complementary and integrated expertise to the project?
- Does the team have experience with chronic disease surveillance systems and interactive websites?
- Does the team have extensive, demonstrable experience in managing, integrating, and analyzing large datasets containing kidney disease or other chronic disease information?
- Does the team include members with expertise in kidney diseases or other related chronic diseases, biostatistics, epidemiology, and

Web development?

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

c. Phase III Review

As determined by the review panel, the applications will be funded in order by score and rank. CDC will provide justification for any decision to fund out of rank order. The two applications with the highest score and rank for Component A will be selected for funding. Of these two applications, the application with the highest score and rank for Component B will be selected for funding.

Anticipated award date: 9/30/2016

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC PGO. The NOA shall be the only binding, authorizing document between the awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.
Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.
Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

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

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

Applicants 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 Paperwork Reduction Act of 1995 (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)."

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

3. Reporting

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

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

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	No later than120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No

Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award. 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.

Awardee 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 FOA 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 FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, 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 awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

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

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

The Annual Performance Report (APR) serves as the continuation application each year. The awardee must submit the APR via www.grants.gov no later than 120 days before the end of the budget period.

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

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

Submit the information to the Grants Management Specialist in the Grants Staff Contact section.

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

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

When submitting the report, the applicant must include a copy of the workplan showing the evaluation and performance measurements in achieving the project period outcomes.

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:

- http://frwebgate. access.gpo.gov/ cgi-bin/getdoc.cgi ?dbname= 109_ cong_ bills &docid=f:s2590enr .txt.pdf,
- https://www. fsrs.gov/documents /ffata_ legislation_ 110_ 252.pdf
- http://www.hhs.gov /asfr/ogapa/aboutog /Grants%20Management %20Information/ ffata_ guidelines.html.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:
Nilka Rios Burrows, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE
Mailstop F75
Atlanta, GA 30341
Telephone: (770) 488-1057
Email: nrios@cdc.gov

Grants Management Office Information

For **financial, awards management, or budget assistance,** contact:
Kathy Raible, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Rd
Mailstop E09
Atlanta, GA 30341
Telephone: (770) 488-2045
Email: kcr8@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: pgotim@cdc.gov

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

For international FOAs:

- SF424
- SF424A
- Letters of Support
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

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

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 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 FOA; awardees must comply with the ARs listed in the FOA. 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).
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period.Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations

(that is, Indian entities other than federally recognized Indian tribal governments).
Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.
Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.
Outcome: The results of program operations or activites; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Plain Writing Act of 2010: Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.
Glossary of acronyms used throughout the FOA:

ACA Affordable Care Act

AOR Authorized Organization Representative

APR Annual Performance Report

CDC Centers for Disease Control and Prevention

CFDA Catalog of Federal Domestic Assistance

CFR Code of Federal Regulations

CKD Chronic Kidney Disease

DA Direct Assistance

D&B Dun and Bradstreet

DDT Division of Diabetes Translation

DUNS Data Universal Numbering System

e-grant Electronic Grant

eRA Electronic Research Administration

ESRD End-stage Renal Disease

FFATA Federal Funding Accountability and Transparency Act

FFR Federal Financial Reporting

FOA Funding Opportunity Announcement

FON Funding Opportunity Number

FY Fiscal Year

GMO Grants Management Officer

GMS Grants Management System

GPRA Government Performance Results Act

HHS (Department of) Health and Human Services

HP Healthy People

IT Information Technology

L/HHS/Ed Labor, Health and Human Services, and Education
LOI Letter of Intent
NA Not applicable
NCCDPHP National Center for Chronic Disease Prevention and Health Promotion
NOA Notice of Award
PDF Portable Document Format
PGO Procurement and Grants Office
PMS Payment Management System
PRA Paperwork Reduction Act
RFA Request for Applications
SAM System for Award Management
SF Standard Form
TIMS Technical Information Management Section
USC US Code