Funding Opportunity Number:	CDC-RFA-MN17-1701
Funding Opportunity Title:	CDC Undergraduate Public Health Scholars Program (CUPS): A Public Health Experience to Expose Undergraduate and Graduate Students to Minority Health, Public Health and Health Professions
Program Office:	Office of the Director
Drafter:	Glynnis Taylor
FOA Analyst:	Brownie Anderson-Rana

Special Instructions:

Gray shaded text denotes standardized language that is required content in every announcement.

Gray shaded underlined text denotes optional standard language where users can opt to include certain text when appropriate.

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-MN17-1701. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

CDC Undergraduate Public Health Scholars Program (CUPS): A Public Health Experience to Expose Undergraduate and Graduate Students to Minority Health, Public Health and Health Professions

C. Announcement Type: New - Type 1

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

NOTE: This is NOT a solicitation for applications.

Amendment II. NOFO amended to update the following sections with Indirect cost information as indicated by red text.

Part I. Overview Information

Revised Funding Opportunity to include a cap of 8% on the Indirect Cost Rate based on

modified total direct costs, exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000.

iv. Funding Strategy

Part II, Section D. Application and Submission Information

12. Budget Narrative

17. Funding Restrictions

Part II, Section H. Other Information

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-MN17-1701

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

93.456

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/19/2017**
2. Due Date for Applications:	**06/19/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Informational conference call will be held on May 16, 2017 at 2:00pm EST. Prospective applicants wishing to participate should call 1-866-704-5034 (toll free), and enter passcode 4702291.

G. Executive Summary:

1. Summary Paragraph:

The Centers for Disease Control and Prevention's (CDC) Office of Minority Health and Health Equity (OMHHE) announces the fiscal year (FY) 2017 availability of approximately $3 million per year for five (5) years. These funds will be used to enhance CDC's ability to eliminate health disparities by supporting national public health workforce development for up to four (4) cooperative agreement awards. These awards will support summer programs for undergraduate and graduate students in public health careers and other health professions, including those from under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation.

Vulnerable populations are social groups who have an increased susceptibility to adverse health outcomes (e.g., due to social position). Evidence of this differential in vulnerability or increased risk includes but is not limited to premature mortality, comparative morbidity, decreased functional status, and diminished quality of life.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	4
d. Total Period of Performance Funding:	$13,750,335

e. Average One Year Award Amount: $686,267

f. Total Period of Performance Length: 5
g. Estimated Award Date: 08/15/2017
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.

Consistent with the cited authority for this announcement and applicable grants regulations, sources for cost sharing or matching may include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple sectors such as public health, transportation, education, health care delivery, and agriculture.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

CDC's mission involves collaborating to create the expertise, information, and tools that people and communities need to protect their health through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

Each of CDC′s component organizations undertakes these activities in conducting their specific programs. This Funding Opportunity Announcement (FOA) supports both the long-term investment in a well-trained public health and health care workforce and in the diversity and cultural competence of public health professionals. Data shows a need for a diverse public health workforce and greater representation of minority populations in key public health occupational categories. According to the Association of American Medical Colleges, while African Americans and Hispanics are the largest minority population, they are also the most severely underrepresented minorities in medicine. Today, African Americans, Hispanics, and Native Americans together make up 25% of the U.S. population. However, only 6% of practicing doctors come from these groups. According to the Institute of Medicine (IOM), diversity among health professionals improves access to care among racial and ethnic minorities, in regards to patient choice and satisfaction, patient-clinician communication, health care quality, and certain other healthcare processes and outcomes. In its report, "In the Nation's Compelling Interest, Ensuring Diversity in the Health Care Workforce," the IOM suggests that a sustained emphasis on increasing access to health careers among historically underrepresented populations is critically important to support growth and increased diversity in the overall public health workforce. One-third of the current public health workforce will be eligible to retire within five years and 20% of the current public health workforce in local health departments will be eligible

to retire within two years, creating a vacuum of adequately trained public health workers. Consequently, major shortfalls are anticipated among public health workers during the next decade. For more information on the public health workforce, see the FOA resources guide: www.cdc.gov/omhhe/.

For over thirty years, OMHHE has collaborated with educational institutions, including those serving underserved populations, to increase the knowledge, diversity, and skills of students in public health through internship and fellowship programs. The major outcome of this program is to increase awareness of preparation requirements and career opportunities for public health professionals among undergraduate and graduate students, particularly, but not limited to those from under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation.

b. Statutory Authorities

This program is authorized under Sections 207(f), 301 and 1704 of the Public Health Service Act, [42 U.S.C. Sections 209(f), 241, and 300u-3], as amended.

c. Healthy People 2020

This funding opportunity announcement (FOA) addresses the "Healthy People 2020" (HP2020) overarching goal to achieve health equity, eliminate health disparities, and improve the health of all groups.

d. Other National Public Health Priorities and Strategies

The performance goals of both CDC's Office of Minority Health and Health Equity and the Department of Health and Human Services' National Partnership for Action to End Health Disparities (NPA), include:
1. Awareness: Increase awareness of the significance of health disparities, their impact on the Nation, and the actions necessary to improve health outcomes for racial, ethnic, and other disparate populations.
2. Leadership: Strengthen and broaden leadership for addressing health disparities at all levels.
3. Health System and Life Experience: Improve health and healthcare outcomes for under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation.
4. Cultural and Linguistic Competency: Improve cultural and linguistic competency and the diversity of the health-related workforce.

To obtain information on the NPA's National Plan for Action, the following link has been provided: http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&;lvlid=11

e. Relevant Work

Relevant work to support the development of emerging public health professionals by the OMHHE includes past funding initiatives for programs such as Star Lab, Association of Minority Health Professions Schools, and Hispanic-Serving Health Professions Schools as well as the

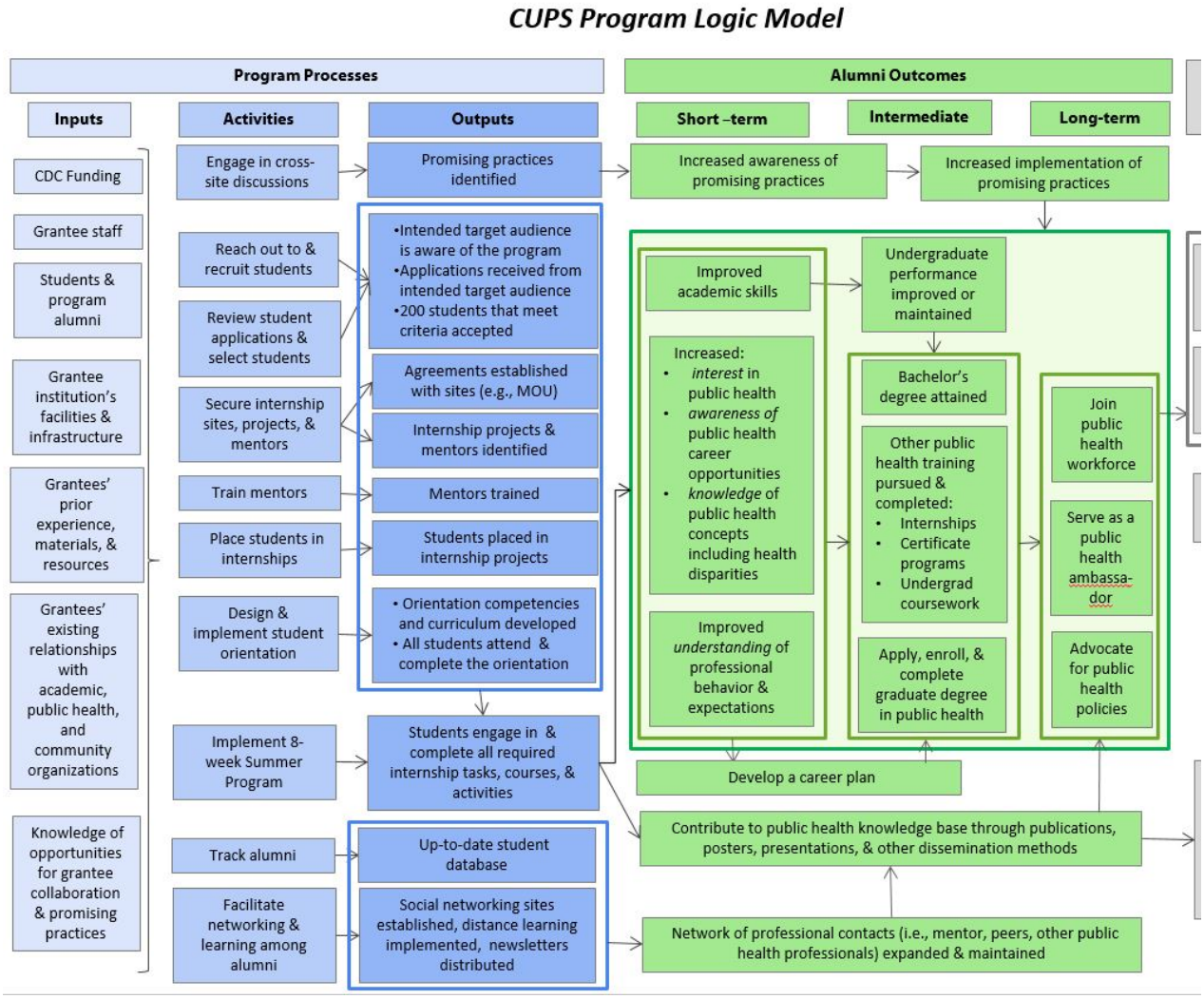
current Millennial Health Leadership Institute. Please see FOA number CDC-RFA-MN11-1101.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-MN17-1701 CDC Undergraduate Public Health Scholars Program (CUPS): A Public Health Experience to Expose Undergraduate and Graduate Students to Minority Health, Public Health and Health Professions



i. Purpose

The purpose of this FOA is to implement a national summer training program to introduce undergraduate and graduate students, including but not limited to those from under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation to public health, public health professions and biomedical sciences. The CUPS/FERGUSON program is

based on a common logic model developed to link distinct program and evaluation activities to common anticipated outcomes for the programs funded.

ii. Outcomes

Short-Term Outcomes: Short-term outcomes as depicted in the logic model above will be measured through both recipient and student outcomes.

Recipients will demonstrate:

• Increased awareness of promising practices

• Increased implementation of promising practices

Students will demonstrate:

• Improved academic skills in public health

• Increased interest in public health

• Increased awareness of public health career opportunities

• Increased knowledge of public health concepts, including health disparities

• Improved understanding of professional and behavioral expectations for public health professionals

Intermediate Term Outcomes:

• Students undergraduate performance is improved

• Students obtain bachelor's degree

• Students pursue other health training (e.g., internships, certificate programs)

The logic model presented above is a general model that describes the activities and intended outcomes of all three categories. Presented below are the recipient activities separately for each category. Note that while all three categories draw on the same logic model, not all activities in the logic model apply to all three categories.

iii. Strategies and Activities

Applicants will need to submit separate applications for each Category in which they are applying. In order to apply for Category C, applicants must apply for Category A only. Applicants applying for Category B, must apply for Category A only.

Applicants have the option of applying as follows:

- Category A only
- Category A and Category B or
- Category A and C.

Recipient Activities Category A:

Engage in cross-site discussions

- Participate in collaborative meetings and discussions with CDC and other recipients supported by this funding opportunity announcement.

Reach out to and support activities to recruit students

- Recruit rising undergraduate juniors, seniors, and those who have just completed their undergraduate degree.

Review student applications and select students

- Select undergraduate students (in total 200), including those from under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation

Secure Internship sites, projects and mentors

- Identify and secure signed written agreements (e.g., Memorandum of Understanding (MOU)) for student placements with public health agencies, community-based health organizations, research institutions, and/or other appropriate settings.

Train Mentors

- Recruit, train, orient and support mentors/preceptors at the placement sites.

Place Students in internships

- Orient, place, mentor and follow-up with those students selected.

Design and implement student orientation

- Participate with CDC in developing an orientation agenda for students.
- Provide transportation and lodging for selected students, training site counselors, coordinators and project directors to attend the orientation.

Implement 8-week summer program

- The recipient will participate with CDC in developing a core set of internship competencies common to public health performance expectations as defined by the Association of Schools and Programs of Public Health (ASPPH). For more information on the ASPPH Undergraduate Competencies, please follow the link at: http://www.aspph.org/educate/models/undergraduate-learning-outcomes/.
- Design and implement a summer public health experiential placement program for undergraduate students, including those from under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation.
- Provide a stipend to each student.

Track alumni

- Utilize electronic systems for immediate tracking of students during the course of the program.

Facilitate networking and learning among alumni

Recipient Activities Category B: Dr. James A. Ferguson Emerging Infectious Diseases Fellowship Program (Ferguson)

One applicant will be funded to conduct the Dr. James A. Ferguson Emerging Infectious Diseases Graduate Fellowship Program to implement the following activities under this category:

Reach out to and support activities to recruit students

- Announce the program to academic institutions, and public health organizations, including those serving under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation, using a variety of targeted approaches and mechanisms.
- Recruit graduate students, including those from under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation, in medicine, public health, veterinary medicine, dentistry, and pharmacy (approximately 20 per year).

Review student applications and select students

Secure internship sites, projects and mentors

Train mentors

Place students in internships

Design and implement student orientation

Implement 8-week summer program

- Provide a stipend to each student.
- Work with CDC to orient, place, and track progress of the Ferguson students in 8-week assignments overseen by CDC mentors.
- The recipient will participate with CDC in developing a core set of fellowship competencies common to infectious diseases fellowship training and assessment activities.
- Design and facilitate in-service public health training activities for completion during the 8-week assignment.
- Utilize electronic systems for immediate follow-up and tracking of students during the course of the program.

Track alumni

- Maintain contact with students who have completed the fellowship and provide follow-up activities that sustain and support the students' interest in public health after the

fellowship has ended (e.g., facilitate knowledge of post-doctoral opportunities, identify career options, and as needed, assist with career planning).

Facilitate networking and learning among alumni

Recipient Activities Category C:

Engage in cross-site discussions

- Provide logistical and administrative support for the planning and conduct of cross-site collaborative meetings, including written summaries of actions taken and planned during the meetings.
- Utilize electronic means of communication to share information and link the activities of multi-state grantees.
- Participate in a multi-site program monitoring and evaluation effort in collaboration with CDC and the Student Coordination Center (SCC).

Reach out to and support activities to recruit students

- Develop informational materials (newsletter) to highlight the benefits and successes of the Program.

1. Collaborations

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

Recipients will participate in all CDC-sponsored meetings. Recipients are expected to cooperate with each of the other awardees funded under this award in the development of coordinated national activities of program promotion, student data collection and program data analysis.

b. With organizations not funded by CDC:

Recipients are encouraged to establish collaborative partnerships with academic and public health organizations where students would be placed to develop and implement the program at the state and local level. Recipients are expected to establish relationships with local academic institutions, public health agencies, civic organizations (e.g.: Parent Associations) and student organizations to ensure program service activities are available, accessible and found appropriate locally and for the intended audiences. Recipients are expected to establish mechanisms to allow for stakeholder involvement in the design and implementation of the program whenever possible.

2. Target Populations

Students who have completed two-years of accredited undergraduate and graduate (Ferguson) study and are interested in minority health, including students from under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation.

a. Health Disparities

Recipients will contribute to the reduction in health disparities and improve social determinants of health through student training on health disparities and encouragement of future training and work in public health.

iv. Funding Strategy

Indirect Cost Rate Amendment:

Indirect Cost Rate cap of 8% on modified total direct costs, exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Core to the evaluation and performance measurement strategy is a set of process and outcome measures that the recipients will report to track if activities have been implemented correctly and if the intended outcomes have been achieved. The measures presented below are general ones and placeholders. Post award, we will work with the awardees in each category to refine these general measures so they are relevant to their specific program.

PROCESS MEASURES: Note that the process measures for the general activities in the logic model are based on the outputs presented in the logic model.

Activity	**Placeholder Process Measure**
Engage in cross-site discussions	A report of promising practices
Reach out to and support activities to recruit students	Number of applications received from intended target audience
Review student applications and select students	Number of students meeting criteria accepted
Secure internship sites, projects and mentors	Existence of agreements with established sites (e.g., Memorandum of Understanding (MOU))
Train mentors	Number of mentor training sessions
Place students in internships	Number of internship projects and mentors
Design and implement student orientation	Development of student orientation competencies and curriculum Number of students who attend and complete orientation
Implement summer program	Number of programs implementing summer program
Track alumni	Existence of up-to-date student database
Facilitate networking and learning among alumni	Number of social network sites Number of distance learning sessions

Outcome	**Placeholder Process Measure**

Grantees have increased awareness of promising practices	A cross-site report of promising practices
Grantees have increased implementation of promising practices	Grantees demonstrate use of promising practices
Students have improved academic skills in public health	Pre-test/post-test performance on public health concepts
Students have increased interest in public health	Feedback from both mentor and student mentees regarding interest in public health Feedback from students regarding relationship of project experience and program activities to their interest in public health
Students have increased awareness of public health career opportunities	Feedback from students regarding awareness of public health public health career opportunities
Students have increased knowledge of public health concepts, including health disparities	Pre-test/post-test performance on public health concepts
Students have improved understanding of professional and behavioral expectations for public health professionals	Feedback from students regarding understanding of professional and behavioral expectations for public health professionals
Students undergraduate performance is improved	Student's transcript Academic advisor report
Students obtain bachelor's degree	The percentage of students obtaining a bachelor's degree post program participation
Students pursue other health training (e.g., internships, certificate programs)	The percentage of students who are accepted into public health training programs post program completion
Students join public health workforce	The percentage of students reporting enrollment in public health program at follow-up

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance

measurement planning processes.

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

The narrative must include a description of the organizational infrastructure developed to support, implement and sustain the program. Included in the body of the narrative is an explanation of the relationship between the program, the proposed activities and the intent of the award. The description must outline the technical capacity of the existing or proposed staff to implement the proposed program. The description must also include the organizational capacity to collect, store, manage and make available the program data collected as a result of the execution of the award.

The applicant must document specialized technical expertise and demonstrated capacity to successfully support a national undergraduate public health internship program:

Specialized Technical Expertise:

• Capacity to address minority health and health disparity issues

• Public Health Competency Framework - in accordance with ASPPH benchmarks

• Program performance evaluation techniques

• Professional mentorship models

• Online public health education techniques

• Individual level data collection, management and analytical methods to track students during the

project period.

Demonstrated Capacity:

• The applicants must have ongoing, established working relationships with local and state public health institutions, and community-based organizations (locally based as well as non-governmental organizations [NGO's] supporting them) that specialize in implementing public health programs within their respective communities. These sites must be equipped and able to accept a student for an 8–10 week summer practicum in the summer of calendar year 2018

• The applicants must also have an existing database of program monitoring and outcome data for approximately 1,000 students that were compiled over the years of 2011 through 2016.

The applicants must also have successfully completed 5 years of experience in the following:

- Promoting similarly situated programs to more than 30,000 students
- Program monitoring
- Program evaluation
- Student follow up communication.

d. Work Plan

The work plan must describe four (4) components to meet this objective: 1) student recruitment/selection; 2) mentor selection/training; 3) student orientation/placement; and 4) student follow-up activities. The work plan must have goals, objectives, and timeline for accomplishment. Applicants should submit separate work plans for each category.

Component 1 Student Recruitment/Selection: The selected grantee(s) will recruit a total of approximately 200 undergraduate students interested in minority health and other allied health professions per year. The recruitment strategy should use a national (contiguous United States as well as US territories and Commonwealth) multidisciplinary and participatory process that includes the involvement of local academic and public health institutions and organizations, as well as minority associations and groups. The target audience for selection is: Junior and senior undergraduate students who have successfully completed a minimum of two (2) years (or equivalent) of undergraduate study and are currently enrolled in a four (4)-year accredited college or university. Recent college graduates having received their four (4)-year degree from an accredited college or university within twelve (12) months are also eligible. Note: Current or future enrollment in a graduate public health degree program is not a requirement for acceptance.

Component 2 Mentor Selection/Training: Applicants must describe in detail how learning opportunities are provided to students through identification of appropriate public health professional mentors. Areas may include those of: biostatistics, environmental health, epidemiology, health education, health policy, health communication, nutrition, health promotion, microbiology, occupational safety and health, behavioral health, and public health practice. The applicant should describe how they will recruit a cadre of effective senior-level mentors to enhance students' experience and ensure that students receive support throughout the assignment period. The applicant must describe the common performance expectations of the mentors and how these align with ASPPH public health competencies. The applicant must also describe the

steps taken to ensure that mentors are appropriately prepared and supported to consistently adhere to performance expectations, and how they will assess and document adherence to these expectations. An instructionally sound and CDC-approved experiential program should result in measurable increases in skills, attitudes and knowledge. Learning objectives, instructional strategies, and assessment methods must be included in the proposal. References on the design of an appropriate orientation program appear in the application reference packet. To access the contents of the Application Reference Packet, link to the following website: CDC National Undergraduate Public Health Scholars Program, http://www.cdc.gov/minorityhealth/programs.html

Component 3 Student Orientation/Placement: Applicants must describe how they will provide administrative and logistical oversight to the placement sites. The applicant must describe how they will place students in appropriate locations, such as, but not limited to; CDC, state and local health departments, community-based health organizations, research settings, as well as University-affiliated hospitals and community health centers. Placements must also involve the student in substantive public health projects or activities. The placement must allow an opportunity for the student to learn through structured educational presentations, seminars and workshops how public health work is conducted and the various requirements needed to begin and advance in a public health career. Note: Funded grantees are expected to establish formal written agreements with the locations where students are placed in order to ensure adherence to the components of the program plan and performance expectations. The applicant, however, must be the lead organization that provides direct and ongoing oversight and services at each of the locations of the proposed activities where such agreements are established.

Component 4 Student Follow Up Activities: The applicant should describe how communications with the students are sustained and enhanced during and after completion of the internship activities. Applicant should describe how they will establish an electronic system that maintains a database of students participating in the program to ensure the capacity to communicate with the student's post-completion of the summer program. Communication after completion of the program should continue beyond the graduation date. Examples of post-graduate engagement are those that use a variety of communication technologies, peer-based and participatory networks.

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes

within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

CDC's priority performance measures will be focused on the qualitative aspects of the grantees' programs, specifically the components of a high-quality internship and mentorship experience, and the business processes that support them, CDC will:

• Track learning competencies for student interns during the four years of program implementation.
• Track strategies employed by grantees to target a national, college-age audience.
• Monitor program implementation through tracking students' learning and mentoring experiences.
• Collect data to identify potential challenges with staff, mentors and/or students, and how they might be overcome.
• Collect follow-up data from students who have completed the program at 6, 12, and 24 months.
• Collect program monitoring and evaluation data to track performance outcomes.
• Require grantees to submit cleaned and de-identified data to conduct monitoring activities on applicants, mentors and practicum sites to conduct monitoring activities. Grantees must also submit relevant documentation regarding data cleaning methods.
• Audit grantees' data.

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

As part of the cooperative agreement, technical assistance is provided throughout the grant award cycle. Technical assistance can be provided in a variety of forms including, but not limited to: technical consultation, training, and technology transfer. The intent of the technical assistance is to ensure the increase in the capacity of the grant awardee, appropriateness of the project strategies and successful completion of the awarded project.

Also in a cooperative agreement, CDC staff are substantially involved in the design, implementation and evaluation of program activities, above and beyond routine grant monitoring.

CDC Activities will include:

- In collaboration with grantees, CDC participates in the development of learning competencies and placement requirements for each grantee.
- CDC participates in the implementation of a one week orientation as part of the required intern activities for the students recruited across all sites and grantees funded under Category A and B.
- Assists in identifying mentors at CDC.

- Provides office space for the summer students and fellows placed at CDC.
- Convenes annual meetings with grantees to facilitate collaboration and information sharing.
- Provides guidance and technical assistance to grantees in carrying out this program.
- Conducts on-site program monitoring visits to provide technical assistance to improve the design, implementation and performance evaluation of grantee activities.
- Convenes regular grantee communication and collaborative program planning activities.

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: U50

Special Cooperative Investigations/Assessment of Control/Prevention Methods.

3. Fiscal Year: 2017

4. Approximate Total Fiscal Year Funding: $2,750,067

5. Approximate Period of Performance Funding: $13,750,335

This amount is subject to the availability of funds.

Estimated Total Funding: $13,750,335

6. Approximate Period of Performance Length: 5 year(s)

7. Expected Number of Awards: 4

8. Approximate Average Award: $686,267 Per Budget Period

9. Award Ceiling: $850,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $550,000 Per Budget Period

11. Estimated Award Date: 08/15/2017

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the

federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

CDC will consider any application requesting an award higher than the ceiling as non-responsive and it will receive no further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

Consistent with the cited authority for this announcement and applicable grants regulations, sources for cost sharing or matching may include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple sectors such as public health, transportation, education, health care delivery, and agriculture.

5. Maintenance of Effort

Maintenance of Effort (MOE) is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify &	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

		update information under DUNS number		
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper

application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

Due Date for Letter of Intent: **05/19/2017**

b. Application Deadline

Due Date for Applications: **06/19/2017** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

Informational conference call will be held on May 16, 2017 at 2:00pm EST. Prospective applicants wishing to participate should call 1-866-704-5034 (toll free), and enter passcode 4702291.

5. CDC Assurances and Certifications

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

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

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g.,

equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.
Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

The purpose of a Letter of Intent (LOI) is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI is requested, but not required. LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Glynnis Taylor

Centers for Disease Control and Prevention, Office of Minority Health and Health Equity, Office of the Director

2900 Woodcock Boulevard

Atlanta, Georgia 30341

Telephone Number: 770-488-1387

Fax: 770-488-8140

Email address: gld1@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

Abstract Summary" text box at www.grants.gov.

10. Project Narrative

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either

internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

11. Work Plan

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

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the

Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Indirect Cost Rate Amendment:

Funds are to be used for recruitment, orientation, training, placement, mentorship and follow-up tracking of undergraduate and graduate students. Funds are not to be used for research. Indirect Cost are limited to 8% on modified total direct costs, exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000.

13. Funds Tracking

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

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.

- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Recipients may not use funds for research.

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

Amendment to the Indirect Cost Rate:

Funds are to be used for recruitment, orientation, training, placement, mentorship and follow-up tracking of undergraduate and graduate students. Funds are not to be used for research. Indirect Cost are limited to 8% with a base of modified total direct costs, exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the

public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

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

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

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

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

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

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

Get_Started%2FGet_Started. htm

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

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

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

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

E. Review and Selection Process

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

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach Maximum Points:35

Applicants will need to submit separate applications for each Category in which they are applying. In order to apply for Category C, applicants must apply for Category A only. Applicants applying for Category B, must apply for Category A only.

Applicants have the option of applying as follows:

- Category A only
- Category A and Category B
- Category A and C.

For applicants applying to Category A only or Category A and Category B:

Evaluate the extent to which the applicant:

- Describes outreach activities to recruit students throughout the U.S. and U.S. territories with an interest in minority health, including those from under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation (4 points)
- Describes the systems used to allow students to apply via paper application or online application (2 points)
- Describes procedures for student selection, including selection criteria and structured interviews (2 points)
- Describes the criteria for the selection of project site(s) for hosting and coordinating a student practicum (5 points)
- Describe the selection and training procedures for mentors that contribute to program outcomes (5 points)
- Describes how it will work with other sites and CDC as a participant in a national program (2 points)
- Provides letters of agreement between its organization and each of the placement site organizations that will provide access to students for recruitment, student placements, and access to mentors (5 points)
- Describes the major components of a site-specific program and program competencies that are consistent with ASPPH competencies and CDC program outcomes (5 points)
- Describes how it will maintain contact and follow up with students after completion of the program (5 points)

Category C applicants must apply for Category A as well.

For applicants applying to Category C:

Evaluate the extent to which the applicant:

- Describes how it will develop informational materials to highlight the benefits of the program (10 points)
- Describes how it will provide logistical and administrative support for the planning and conduct of cross-site collaborative meetings (10 points)
- Describes how it will utilize electronic communication to share information across multiple funded grantees (15 points)

ii. Evaluation and Performance Measurement — Maximum Points:35

For applicants applying to Category A only or Category A and Category B:

Evaluate the extent to which the applicant:

- Describes how it will track student activities throughout the program (5 points)
- Describes how it will track the quality of the placement, students' experiences, and the mentoring provided (5 points)
- Describes plans for ensuring data on students, projects and mentors are submitted to CDC in accordance with CDC guidelines (10 points)
- Describes data variables and metrics it will utilize to determine the educational and/or career choices of students who have completed the program (5 points)
- Describes available data sources and systems used to collect and manage data (5 points)
- Describes clear tracking and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation and reporting of project activities (5 points)

Category C applicants must apply for Category A as well.

For applicants applying to Category C:

Evaluate the extent to which the applicant:

- Describes an evaluation plan that examines the effectiveness of various communication strategies among the funded recipients (20 points)
- Describes an evaluation plan that examines the success of informational materials for student recruitment (15 points)

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

For applicants applying to Category A only or Category A and Category B:

Evaluate the extent to which the applicant:

- Demonstrates how the proposed program supports existing or previous efforts to increase student interest, including interest from under-represented and underserved populations and students from other vulnerable populations such as physical disability, low English proficiency, gender identity and sexual orientation in public health or

interest in biomedical sciences (10 points)
- Demonstrates its capacity to assist students in progressing toward careers in public health or biomedical science (5 points)
- Describes the qualifications of its program staff in providing academic and career advice (5 points)
- Provides a staff plan that clearly defines the roles of all proposed staff (3 points)
- Demonstrates the ability to conduct intended program activities within 60 days of the award (3 points)
- Demonstrates existing relationships with local and state public health institutions (2 points)
- Demonstrates conducting existing program for at least 5 years (2 points)

Category C applicants must apply for Category A as well.

For applicants applying to Category C:

Evaluate the extent to which the applicant:

- Demonstrates its ability to electronically communicate among other funded recipients and host a secure repository for funded recipients to upload and share documents (15 points)
- Describes the ability of their staff to provide logistical and administrative support (5 points)
- Describes the ability of their staff to conduct cross-site collaborative meetings (5 points)
- Demonstrates its capacity to produce informational materials that benefit the program (5 points)

Budget

c. Phase III Review

Phase III Review Amendment:

Pre-Decisional Site Visits: The final step of the review process will be conducted during a pre-decisional site visit (PDSV). Applicants applying for funding will be selected to receive a PDSV based on scores from the Objective Review process. For highly-ranked applications from institutions not previously funded by the Office, where necessary, pre-decisional site visits may be used to confirm the capacity to execute the program activities as described in the proposal prior to selection. During PDSVs, CDC staff will meet with appropriate project management and staff, which may include representatives of governing bodies, executive directors, program managers, etc. The PDSV (1) will facilitate a technical review of the application and discussion of the proposed program; (2) further assess an applicant's capacity to implement the proposed program; and (3) identify unique programmatic conditions that may

require further training, technical assistance, or other CDC resources.

Final funding determinations will be based on application scores from the Objective Review, in addition to scores from the PDSV. Applications will be funded in order by score and rank determined by the review panel.

Review of risk posed by applicants.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal

programs or activities.

2. Announcement and Anticipated Award Dates

The selected awardees will be notified by August 15, 2017.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

The following Administrative Requirements (AR) apply to this project:

Generally applicable ARs:

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business

- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

ARs applicable to awards related to conferences:

- AR-20: Conference Support
- AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit organizations)

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

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

3. Reporting

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

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

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. 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
Payment Management System (PMS) Reporting	Quarterly reports due January 30, 2017; April 30, 2017; July 30, 2017; October 30, 2017; January 30, 2018.	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

• Other information requested as determined by the CDC program.

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**

    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

The carryover request must:

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

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

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

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

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of

performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

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

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

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

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign

Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Glynnis Taylor, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Office of Minority Health and Health Equity

Office of the Director

4770 Buford Highway, MS K-77

Atlanta, GA 30341

Telephone: (770) 488-1387
Email: gld1@cdc.gov

Grants Staff Contact

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

Rhonda Burton, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Office of Financial Resources (OFR)

2920 Brandywine Road, MS E-01

Atlanta, GA 30341

Telephone: (770) 488-1381
Email: bgr2@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

Indirect Cost Rate Amendment:

Funds are to be used for recruitment, orientation, training, placement, mentorship and follow-up tracking of undergraduate and graduate students. Funds are not to be used for research. Indirect Cost are limited to 8% modified total direct costs, exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000.

Page Limit Amendment:

Project Narrative Section

A maximum of 20 pages for Category A and up to five (5) pages for each additional Category you are applying for. The additional content should only address the approach section of the

FOA for the category in question.

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal

programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official

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

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

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

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

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts

directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear,

consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Page Limit Amendment:

A maximum of 20 pages for Category A and up to five (5) pages for each additional Category you are applying for. The additional content should only address the approach section of the FOA for the category in question.

Phase III Review:

Pre-Decisional Site Visits: The final step of the review process will be conducted during a pre-decisional site visit (PDSV). Applicants applying for funding will be selected to receive a PDSV based on scores from the Objective Review process. For highly-ranked applications

from institutions not previously funded by the Office, where necessary, pre-decisional site visits may be used to confirm the capacity to execute the program activities as described in the proposal prior to selection. During PDSVs, CDC staff will meet with appropriate project management and staff, which may include representatives of governing bodies, executive directors, program managers, etc. The PDSV (1) will facilitate a technical review of the application and discussion of the proposed program; (2) further assess an applicant's capacity to implement the proposed program; and (3) identify unique programmatic conditions that may require further training, technical assistance, or other CDC resources.

Final funding determinations will be based on application scores from the Objective Review, in addition to scores from the PDSV. Applications will be funded in order by score and rank determined by the review panel.