

Centers for Disease Control

National Center on Birth Defects and Developmental Disabilities

Reaching Healthcare Professionals in the Prevention of Fetal Alcohol Spectrum Disorders through National Professional Organizations

CDC-RFA-DD18-1803

Application Due Date: 06/13/2018

Reaching Healthcare Professionals in the Prevention of Fetal Alcohol Spectrum Disorders through National Professional Organizations

CDC-RFA-DD18-1803

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DD18-1803. 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:

Reaching Healthcare Professionals in the Prevention of Fetal Alcohol Spectrum Disorders through National Professional Organizations

C. Announcement Type: New - Type 1

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

Amendment 1: Date for Informational Conference Call and Due Date for Applications have been changed. All changes are in red type.

Amendment 2: "Potential Applicant Questions and CDC Responses" - Questions and answers have been listed in Section I (following the Glossary). All additions are in red type.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD18-1803

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

93.073

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**06/13/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

Due date for applications has been amended to June 13, 2018.

3. Date for Informational Conference Call:

An informational call for potential applicants will take place April 27, 2018 at 2:00 p.m. U.S. Eastern Time, Toll-Free**:** 855-644-0229, Conference ID: 4434827#.

G. Executive Summary:

1. Summary Paragraph:

The purpose of this NOFO is to promote prevention of fetal alcohol spectrum disorders (FASDs) through national medical societies and professional organizations with active health

professional memberships relevant to settings serving pregnant women and women of reproductive age. Activities will include assessing and promoting member awareness of risky alcohol use, including any alcohol use during pregnancy, building/expanding champions networks to support awareness activities and dissemination of resources, development and implementation of recertification requirements, promoting use of science-based messages, and clinical guidelines and policies that support implementation of alcohol screening and brief intervention (SBI). By the end of the project period recipients are expected to achieve the following short-term outcomes: increased knowledge about risky alcohol use, including any alcohol use during pregnancy, increased awareness of the importance of talking with patients about risky alcohol use, increased uptake of online courses, expanded champions networks, recertification requirements that include content related to alcohol/alcohol SBI/alcohol-exposed pregnancies, increased use of CDC communication products by members and patients, and increased use of alcohol SBI by members in their practice settings. Applicants must target one professional specialty—obstetrics and gynecology, nursing, family practice, social work, or medical assisting—on a national scale.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	5
d. Total Period of Performance Funding:	$5,000,000
e. Average One Year Award Amount:	$250,000
f. Total Period of Performance Length:	4
g. Estimated Award Date:	08/30/2018
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program.

Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Risky alcohol use can result in a wide range of negative health and social consequences and over time, can result in serious medical conditions, such as hypertension, liver disease, and various types of cancer. Prenatal alcohol exposure can result in fetal alcohol spectrum disorders in the developing baby and is associated with other poor birth outcomes, such as miscarriage,

stillbirth, preterm birth, and sudden infant death syndrome. The term fetal alcohol spectrum disorders (FASDs) encompasses several diagnoses which represent a range of physical, mental, behavioral, and/or learning disabilities that can occur in an individual who was exposed to alcohol before birth. FASDs are the leading preventable cause of birth defects and developmental disabilities and are completely preventable if a baby is not exposed to alcohol *in utero*.

Although few estimates of the prevalence for the full range of FASDs are available, experts estimate that up to 1 in 20 U.S. school children might have FASDs. In addition, alcohol use among pregnant women continues to be a serious health concern. Recent data show that 10.2% of pregnant women report alcohol use and 3.1% of pregnant women report binge drinking in the past 30 days.

This NOFO is intended to increase healthcare professionals' use of alcohol screening and brief intervention as a routine part of care, decrease risky alcohol use among women of reproductive age, including any alcohol use by pregnant women, and improve health outcomes, including those of women and their families.

Thus, this NOFO seeks to inform and educate members of national professional medical societies/organizations who work in primary care settings serving women, particularly pregnant women and women of reproductive age. These healthcare professionals are in a unique position to intervene with patients experiencing both acute and chronic health conditions caused or exacerbated by risky alcohol use. It is critical for healthcare professionals to understand how risky alcohol use affects their patients' health, how to discuss risky alcohol use and its related harms with patients, and how to guide patients in reducing or stopping their risky use.

In 2014 CDC funded CDC-RFA-DD14-1403 *Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through National Partnerships* to provide training, emphasize primary prevention of FASDs and promote practice and system level changes among members of national medical professional societies/organizations.

This NOFO builds on these efforts to promote FASD prevention through national medical societies/professional organizations with active health professional memberships relevant to settings serving pregnant women and women of reproductive age.

b. Statutory Authorities

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

c. Healthy People 2020

This program addresses the Healthy People 2020 focus area of Maternal, Infant, and Child Health. Relevant objectives include MICH-11.1, increase abstinence from alcohol among pregnant women from 89.4% to 98.3%; MICH-11.2, increase abstinence from binge drinking among pregnant women from 95% to 100%; MICH-16.4, increase the proportion of women delivering

a live birth who did not drink alcohol prior to pregnancy from 51.3% to 56.4%; and MICH-25, reduce the occurrence of fetal alcohol syndrome (FAS).

d. Other National Public Health Priorities and Strategies

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

e. Relevant Work

CDC currently funds and works with medical societies and professional organizations (i.e. American College of Obstetricians and Gynecologists; American Academy of Family Physicians; American Association of Medical Assistants; National Association of Nurse Practitioners in Women's Health; American College of Nurse-Midwives; Association of Women's Health, Obstetric and Neonatal Nurses; and National Association of Social Workers) under CDC-RFA-DD14-1403 *Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through National Partnerships.* These organizations have focused their work on issues involving alcohol education and medical practice, and prevention of alcohol-exposed pregnancies.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	**Short-term Outcomes**	**Long-Term Outcomes**
Assess member knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy Promote member awareness of risky alcohol use, including any alcohol use	**Increased knowledge about risky alcohol use, including any alcohol use during pregnancy** **Increased awareness of the importance of talking to patients about risky alcohol use, including any alcohol use during pregnancy**	Healthcare professionals provide alcohol screening and brief intervention as a routine part of care Decrease in risky alcohol use, including any alcohol use during pregnancy

during pregnancy Build/expand champions networks to support awareness activities and dissemination of resources Develop and implement re-certification requirements with content related to alcohol/alcohol screening and brief intervention (SBI)/alcohol-exposed pregnancies (AEP) Promote use of science-based messages by members through testing and dissemination of CDC communication products Promote clinical guidelines and policies that support implementation of alcohol SBI	**Increased uptake of online training courses** **New/expanded champions networks** **Recertification requirements include content related to alcohol/alcohol screening and brief intervention (SBI)/alcohol-exposed pregnancies (AEP)** **Increased use of CDC communication products by members and patients** **Increased use of alcohol SBI by members in their practice settings**	Improved health outcomes, including health of women and their families

i. Purpose

This NOFO promotes prevention of FASDs through national medical societies and professional organizations with active health professional memberships relevant to settings serving pregnant women and women of reproductive age. It will do this by promoting member awareness of risky alcohol use, including any alcohol use during pregnancy, building/expanding champion networks, developing and implementing recertification requirements, promoting use of science-based messages, and promoting clinical guidelines and policies that support implementation of alcohol screening and brief intervention.

ii. Outcomes

By the end of this project period the recipients are expected to achieve all of the short-term outcomes as follows:

- Increased knowledge about risky alcohol use, including any alcohol use during pregnancy
- Increased awareness of the importance of talking to patients about risky alcohol use, including any alcohol use during pregnancy
- Increased uptake of online training courses
- New/expanded champions networks
- Recertification requirements include content related to alcohol/alcohol screening and brief intervention (SBI)/alcohol-exposed pregnancies (AEP)
- Increased use of CDC communication products by members and patients
- Increased use of alcohol SBI by members in their practice settings

iii. Strategies and Activities

The recipient is expected to implement the following strategies and activities during the project period.

- Assess medical specialty/professional organization members' knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy
    - Assess members' knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy
- Promote medical specialty/professional organization members' awareness of risky alcohol use, including any alcohol use during pregnancy
    - Expand the concept of alcohol as a medical issue (rather than solely as a behavioral/addiction issue) to healthcare professionals
- Build/expand champions networks to support awareness activities and dissemination of resources
    - Develop and implement a plan for building or enhancing an existing champions network to support awareness activities and dissemination of resources
- Develop and implement re-certification requirement with content related to alcohol/alcohol screening and brief intervention (SBI)/alcohol-exposed pregnancies (AEP)
    - Ensure recertification requirement includes the topic of risky alcohol use, including any alcohol use during pregnancy
- Promote use of science-based messages by medical specialty/professional organization members through testing and dissemination of CDC communication products
    - Collaborate with CDC’s FAS program to pilot test newly developed CDC communication products
    - Collaborate with CDC’s FAS program to disseminate CDC communication products through organization’s membership and champions networks

- Promote clinical guidelines and policies that support implementation of alcohol SBI
    - Promote alcohol screening and brief intervention (SBI) as an effective and low-cost clinical intervention aimed at reducing alcohol-exposed pregnancies and harms associated with risky alcohol use

1. Collaborations

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

Recipient will collaborate with other CDC-funded FAS efforts including:

- DD18-1801: Promoting Resources for Fetal Alcohol Spectrum Disorders Awareness and Prevention
- DD18-1802: Implementing Alcohol Screening and Brief Intervention in Healthcare Systems Providing Women's Health Services

b. With organizations not funded by CDC:

Applicants are encouraged to work with non-funded organizations who work with women of reproductive age, as appropriate.

Applicants who propose to work with a professional specialty outside their organizational structure should include a Memorandum of Agreement (MOA) from the professional specialty organization. The MOA should describe their history of working collaboratively to achieve similar outcomes and commitment to collaborate with the applicant to conduct the activities of this NOFO if funded. Applicants should name it "MOA", and upload it as a PDF file at www.grants.gov.

2. Target Populations

Applicants must target one professional specialty—obstetrics and gynecology, nursing, family practice, social work, or medical assisting—on a national scale.

Achievement of the intended outcomes will benefit pregnant women and their families.

a. Health Disparities

The applicant should consider providing information on how they will ensure that activities of this NOFO include diverse members of their professional specialty and those that work with underserved populations (i.e., people with disabilities, rural populations, tribal populations, sexual and gender minorities, non-English speaking populations, and people with limited health literacy skills).

iv. Funding Strategy

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The evaluation and performance measuring strategy will be used to assess the performance of the overall project and each recipient individually. Findings from the evaluation and performance strategy will encourage continuous program improvement and determine whether the program inputs are appropriate for achieving the desired outputs and outcomes, whether the program is effectively reaching the target audiences, and other methods of assessing program effectiveness. Evaluation findings and performance measures across recipient sites will be shared and disseminated by CDC.

Further details on program evaluation activities are described below. Included are examples of process measures that recipients should accomplish annually. CDC and recipients will have 6 months after award to discuss and finalize measures. These specific process measures are subject to change based on funding, number of recipients, and identified needs.

Strategy 1: Assess medical specialty/professional organization members' knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol during pregnancy.

Example process measures include:

- Number and percentage of members included in assessments
- Measures of member knowledge, attitudes, practices, and training needs regarding risky alcohol use, including any alcohol use during pregnancy

Related Short-Term Outcomes:

- Increased knowledge about risky alcohol use, including any alcohol use during pregnancy

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Strategy 2: Promote medical specialty/professional members' awareness of risky alcohol use, including any alcohol use during pregnancy.

Example process measures include:

- Documentation of a plan to promote member awareness of risky alcohol use, including any alcohol use during pregnancy, including promotion of the CDC *Collaborative for Alcohol-Free Pregnancy* online training courses found at www.cdc.gov/FASDTraining
- Number of members completing online training courses
- Documentation of completion of activities in member organization promotion plan

Related Short-Term Outcomes:

- Increased knowledge about risky alcohol use, including any alcohol use during pregnancy
- Increased awareness of the importance of talking to patients about risky alcohol use, including any alcohol use during pregnancy
- Increased uptake of online training courses

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Strategy 3: Build/expand champions networks to support awareness activities and dissemination of resources.

Example process measures include:

- Number of champions networks
- Geographic location of champion networks
- Champion networks with a work plan to guide activities

Related Short-Term Outcomes:

- New/expanded champions networks

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Strategy 4: Develop and implement recertification requirements with content related to alcohol/alcohol screening and brief intervention (SBI)/alcohol-exposed pregnancies (AEP).

Example process measures include:

- Documentation of content addressing risky alcohol use, including any alcohol use during pregnancy, in recertification requirements
- Documentation of content addressing alcohol screening and brief intervention (SBI) in recertification content
- Documentation of content addressing alcohol-exposed pregnancies (AEP) in recertification content

Related Short-Term Outcomes:

- Recertification requirements include content related to alcohol/alcohol screening and brief intervention (SBI)/alcohol-exposed pregnancies (AEP).

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Strategy 5: Promote use of science-based messages by members through testing and dissemination of CDC communication products.

Example process measures include:

- Number of members participating in pilot testing of CDC communication products
- Number of CDC communication products disseminated through membership

- Documentation of members use of CDC communication products

Related Short-Term Outcomes:

- Increased use of CDC communication products by members and patients

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Strategy 6: Promote clinical guidelines and policies that support implementation of alcohol SBI.

Example process measures include:

- Development of a plan to promote clinical guidelines and policies that support implementation of alcohol SBI
- Implementation of a plan to promote clinical guidelines and policies that support implementation of alcohol SBI

Related Short-Term Outcomes:

- Increased use of alcohol SBI by members in their practice settings

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

- Conduct the activities of the cooperative agreement, through documentation of previous relevant experience.
- Identify and recruit qualified personnel, including credentials and appropriate experience to fill key positions and begin project activities in a timely fashion.
- Describe all project staff, regardless of their funding source. Descriptions should include professional title, relevant qualifications and experience, percentage of time devoted to the project, as well as the portion of their salary to be paid by the cooperative agreement
- Position descriptions for proposed project staff
- Identify adequate office space for the project.

Each applicant must identify and target only one of the professional specialties—obstetrics and gynecology, nursing, family practice, social work, or medical assisting. All applicants must either have the capacity to reach their selected specialty or must propose to work with one of these professional specialties outside of their organizational structure. To achieve national coverage, the organization should have regional or state offices or chapters and demonstrate how these chapters work together to reach members across the nation.

Applicants proposing to work with a professional specialty outside of their organizational structure as described in the Collaborations section, should refer to the professional specialty that your partner organization has within its mission the capacity to reach on a national basis. Documentation of the organization's mission statement, structure and its processes for ensuring that local, state and national members' needs are addressed should be provided.

Applicants that represent the professional specialty they are aiming to reach should provide documentation of their organization's mission statement, structure and its processes for ensuring local, state and national members' needs are addressed.

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

d. Work Plan

The applicant should provide a **detailed work plan for the first year of the project** and a **high-level work plan for the subsequent years.**

- Assess medical specialty/professional organization members' knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy.
    - Conduct an assessment of members' current knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy
        - Review existing, or develop new assessments of member knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy
        - If assessments aren't available or require updating, develop and implement a plan for assessing member knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy
        - Document baseline measures to be used to assess changes in members' knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy
- Promote medical specialty/professional organization members' awareness of risky alcohol use, including any alcohol use during pregnancy.
    - Expand the concept of alcohol as a medical issue (rather than solely as a behavioral/addiction one) to health care professionals
        - Based on the results of the assessment of member knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy, develop and implement a plan for promoting member awareness of risky alcohol use, including any alcohol use during pregnancy
        - The plan should include the following at a minimum
            - Baseline measures of members' knowledge, attitudes, and practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy
            - Strategies and activities, timelines, and responsible persons for reaching members, including through champions networks
            - Plans for inclusion of members in the development and implementation of the plan
            - Emphasize promotion and use of the CDC *Collaborative for Alcohol-Free Pregnancy* online training courses found at www.cdc.gov/FASDtraining, and related resources
            - Process measures for assessing the impact of the plan
            - Number/percentage of members to be reached
            - Expected outcomes
- Build/expand champions networks to support awareness activities and dissemination of

resources.
    - Develop and implement a plan for building or enhancing an existing champions network to support awareness activities and dissemination of resources
        - Develop plans to assess the needs of a champions network if one exists, as well as application of lessons learned from similar past efforts
        - Develop plans to develop a champions network if one does not currently exist
        - At a minimum plans should
            - Ensure that new or existing champions networks have a national reach and include local, state and regional networks
            - Describe strategies for engaging and communicating with members of champions networks
            - Describe expected outcomes
- Develop and implement re-certification requirement with content related to alcohol/alcohol screening and brief intervention (SBI)/alcohol-exposed pregnancies (AEP).
    - Review existing re-certification requirements around the topic of risky alcohol use, including any alcohol use during pregnancy
        - Develop and implement a plan for reviewing any existing recertification plan with content related to risky alcohol use, including any alcohol use during pregnancy, alcohol screening and brief intervention (SBI), and alcohol-exposed pregnancies
            - Plan should include the following, at a minimum
                - Strategies and activities for inclusion of members in getting existing content updated or new content added
                - Timelines and responsible persons
                - Plans for ensuring that content is science-based and consistent with the purposes of this NOFO
    - If content related to risky alcohol use, including any alcohol use during pregnancy, is not included in existing re-certification requirements, develop and implement a plan for the inclusion of content
            - Plan should include the following, at a minimum
                - Strategies and activities for inclusion of members in getting new content added
                - Timelines and responsible persons
                - Plans for ensuring that content is science-based and consistent with the purposes of this NOFO
- Promote use of science-based messages by members through testing and dissemination of CDC communication products.
    - Collaborate with CDC's FAS program to pilot test newly developed CDC communication products
        - Identify a process for ensuring that members participate in pilot testing of newly developed CDC communication products
    - Collaborate with CDC's FAS program to disseminate CDC communication products through organization's membership and champions networks
        - Describe plans to ensure dissemination of CDC communication products

through the applicant organization's membership and champion networks
        - Plans should include the following, at a minimum
            - Strategies and activities to achieve the broadest reach possible among members
            - Strategies and activities that include organization's members
            - Strategies and activities that include champion networks
            - Plans to measure impact of dissemination activities
            - Timelines and responsible person(s)
- Promote clinical guidelines and policies that support implementation of alcohol SBI.
    - Promote alcohol screening and brief intervention (SBI) as an effective and low-cost clinical intervention aimed at reducing alcohol-exposed pregnancies and harms associated with risky alcohol use
        - Describe any past or existing efforts to promote alcohol screening and brief intervention (SBI) with members and lessons learned from these efforts
        - Develop and implement a plan to promote the use of alcohol screening and brief intervention (SBI) by members
        - At a minimum, plans should
            - Build upon lessons learned from any existing or past efforts, or similar efforts
            - Describe strategies to achieve the broadest reach possible among members
            - Describe expected outcomes
            - Include timelines and responsible persons
            - Emphasize the use of CDC's *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*, USPSTF guidelines, screening instruments, etc.
    - Develop and disseminate through membership clinical guidelines and policies on implementing alcohol SBI
        - Describe any past or existing efforts to promote clinical guidance and policies on alcohol screening and brief intervention (SBI) with members and lessons learned from these efforts
        - Develop and implement a plan to promote the use of clinical guidance and policies on alcohol screening and brief intervention (SBI) by members
        - Develop and implement a plan to support policy change within organizations through the development or revision of policy statements endorsing member adoption of alcohol SBI.
        - At a minimum, plans should
            - Build upon lessons learned from any existing or past efforts, or similar efforts
            - Describe strategies to achieve the broadest reach possible among members
            - Describe expected outcomes

- Include timelines and responsible persons
- Emphasize the use of CDC's *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*, USPSTF guidelines, screening instruments, etc.

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

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

Technical assistance will be provided throughout the project period through the commitment of personnel and resources to provide subject matter expertise, and guidance on work plan development, program planning, capacity building, evaluation and performance measurement. Information on practices, lessons learned, and evaluation results will be shared among recipients through a yearly grantee meeting, conference calls, and related activities.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program

Support to Recipients Section.

2. Award Mechanism: U84

Cooperative Agreements for Fetal Alcohol Syndrome Prevention Research Programs

3. Fiscal Year: 2018

4. Approximate Total Fiscal Year Funding: $1,250,000

5. Approximate Period of Performance Funding: $5,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $5,000,000

6. Approximate Period of Performance Length: 4 year(s)

7. Expected Number of Awards: 5

8. Approximate Average Award: $250,000 Per Budget Period

9. Award Ceiling: $250,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $200,000 Per Budget Period

11. Estimated Award Date: 08/30/2018

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

The award ceiling for this NOFO is $ 250,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

3. Justification for Less than Maximum Competition

NA

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program.

Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov***.

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

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

		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	obtain a DUNS number and SAM account before applying on grants.gov)	

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **06/13/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due date for applications has been amended to June 13, 2018.

Date for Information Conference Call

An informational call for potential applicants will take place April 27, 2018 at 2:00 p.m. U.S. Eastern Time, Toll-Free**:** 855-644-0229, Conference ID: 4434827#.

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents

indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

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

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is not requested or required as part of the application package for this NOFO.

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

a. Background

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

b. Approach

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

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

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

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

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

should be directed to:

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

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

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

13. Funds Tracking

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

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

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

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

18. Data Management Plan

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

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

19. Other Submission Requirements

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

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

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

b. Phase II Review

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

requirements.

i. Approach — Maximum Points:35

The extent to which the applicant:

- (5 points) Documents a clear need for the proposed program activities, including the public health problem of risky alcohol use, including any alcohol use during pregnancy, and the role healthcare professionals can play in promoting awareness of this risk and advancing alcohol screening and brief intervention to reduce risky alcohol use, including any alcohol use during pregnancy.
- (7 points) Describes an overall strategy and activities consistent with the CDC Project Description and logic model that includes plans to build on existing experience and lessons learned.
- (5 points) Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model.
- (5 points) Describes strategies and activities that are achievable, appropriate to achieve the short-term outcomes of the project, and evidence-based (to the degree practicable).
- (8 points) Presents a work plan that aligns with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.
- (5 points) Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes.

ii. Evaluation and Performance Measurement — Maximum Points:30

The extent to which the applicant:

- (10 points) Shows/affirms their ability to collect data on the process and outcome performance measures specified by the CDC in the project description and presented by the applicant in their approach.
- (10 points) Describes clear monitoring and evaluation procedures, including the responsible person(s) and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- (10 points) Describes how performance measurement and evaluation findings will be reported, and demonstrate the outcomes of the NOFO and for continuous program quality improvement.

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

The extent to which the applicant

- (10 points) Demonstrates relevant experience and organizational capacity to carry out the strategies and activities described within the NOFO, through descriptions of
    - Previous relevant experience around the topic of risky alcohol use,

including any alcohol use during pregnancy
    - Experience supporting or developing champions networks and their outcomes
    - Experience promoting or supporting health practitioners and systems implementation of alcohol SBI or a similar clinical intervention and their outcomes
    - Experience developing and implementing re-certification requirements
    - Experience promoting science-based messaging around the topic of risky alcohol use, including any alcohol use during pregnancy
    - Understanding of their members' knowledge, attitudes, practices, and training needs around the topic of risky alcohol use, including any alcohol use during pregnancy

- (10 points) Identifies the professional specialty—obstetrics and gynecology, nursing, family practice, social work, or medical assisting—that their organization has within its mission the capacity to reach on a national basis, or proposes to work with. Provides a description of their members, and their regional, state offices, and/or chapter structure, and how they work together to meet member needs. Also includes a mission statement and organizational chart of the national organizational structure as attachments.
    - If proposing to work with a professional specialty—obstetrics and gynecology, nursing, family practice, social work, or medical assisting—outside their organizational structure, provides a Memorandum of Agreement (MOA) from the organization that describes their history of working collaboratively to achieve similar outcomes and commitment to collaborate with the applicant to conduct the activities of this NOFO if funded.
- (5 points) Identifies and describes all project staff regardless of their funding source. Descriptions demonstrate personnel are qualified and have the needed credentials and appropriate experience to carry out the project activities. Descriptions should include professional title, relevant qualifications and experience, a sufficient percentage of time devoted to the project, as well as the portion/percentage of their salary to be paid by the cooperative agreement; CVs/resumes of proposed staff must be provided.
- (5 points) Provides position descriptions for proposed project staff that demonstrate understanding of the NOFO activities and appropriate roles and responsibilities for the position.
- (2 points) Identifies and describes adequate office space for the project and space for project activities as appropriate.
- (3 points) Describes a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles, and includes an organizational chart.

Budget

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

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

- consistent with the proposed work plan

If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

c. Phase III Review

Applications may be funded out of rank order to ensure diversity across national medical specialty organization type/professional organizations (obstetrics and gynecology, nursing, family practice, social work, medical assisting).

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to

future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

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

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

Generally applicable ARs:

- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements

- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-34: Language Access for Persons with Limited English Proficiency

Organization-specific ARs:

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

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.

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

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

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a 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:

Catherine Hutsell, MPH, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy., NE MS E-86

Atlanta, GA 303401

Telephone: 404.498.3825
Email: czh2@cdc.gov

Grants Staff Contact

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

Barbara Primas, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
CDC Office of Financial Resources

2920 Brandywine Rd. MS E-14

Atlanta, GA 30341

Telephone: 770.488.5796

Email: BPrimas@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Resumes/CVs

Position Descriptions

Mission Statement

Organizational Charts

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Letters of support/commitment

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of

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

NOFO-specific Glossary and Acronyms

Amendment to CDC-RFA-DD18-1803
Amendment 2: Potential Applicant Questions and CDC Response – May 15, 2018

Question 1: Are non-U.S. institutions eligible to apply for this funding?
Answer 1: This Notice of Funding Opportunity (NOFO) is for work in the United States only.

Question 2: Does the $250,000 per budget period ceiling include indirect costs?
Answer 2: Per the NOFO for CDC-RFA-DD18-1803 in the Award Information section, the $250,000 award ceiling includes both direct and indirect costs.

Question 3: Are we required to develop our own logic model?
Answer 3: No, applicants are not to develop their own logic model. Applicants' proposed activities should be in alignment with the NOFO logic model.

Question 4: Are we required to use the CDC online trainings referenced in the NOFO?
Answer 4: Yes, as described in the NOFO, promotion of the CDC online trainings is required. Development of new trainings is not an activity to be funded by this NOFO. In addition, see #5 below.

Question 5: Can we propose to develop new materials and/or new trainings, for example, if they are needed for recertification requirements?
Answer 5: Development of new materials and new trainings are not part of this NOFO. However, if development of new materials and/or new trainings is proposed, the applicant must provide a strong justification for doing so, for example, meeting Maintenance of Certification (MOC) or recertification requirements.

Question 6: To measure uptake of the CDC training modules, will CDC be tracking learner specialty or any other information? Or will grantees need to design another way to track this information?
Answer 6: CDC is limited in the information we can collect from people who take the online courses. We can provide the number of people who have taken a particular course, but no information about them. For those who choose to apply for continuing education we can obtain limited information about them as follows: a) education level, b) work setting, and c) primary professional role. This information can be provided to awardees on a quarterly basis.

Question 7: Do recertification requirements include continuing education?
Answer 7: We recognize that recertification requirements vary among national professional membership organizations and thus they may or may not include continuing education. Applicants should describe how they plan to meet the intent of this activity. In addition, see #8 below.

Question 8: If our professional organization has Maintenance of Certification (MOC) requirements but not recertification requirements, is that acceptable?
Answer 8: Yes, MOC is acceptable in lieu of "recertification".

Question 9: Is there a definition of a champion(s) network?
Answer 9: No, there is not a definition of champion(s) network as it depends on how each national professional membership organization defines their network. Applicants should describe how their champion(s) network is/will be defined and how it will best meet the needs of the professional organizations' members.

Question 10: If the applicant organization is the national professional membership organization (one of the 5 disciplines), is a Memorandum of Agreement (MOA) required?
Answer 10: No, a MOA is required only if the applicant organization is not a national professional membership organization representing one of the 5 disciplines.

Question 11: Does "recertification" refer to recertifying for your specific practice area, such as recertifying as family physician or recertifying as a family nurse practitioner?
Answer 11: Yes

Question 12: The recertification boards for our target population do not currently "require" specific content, i.e., they say something like, "100 hours CE content relevant to your role or specialty area" and then leave it up to the certificants to make the case that their CE content is relevant; we are wondering, given this context, whether it would be responsive to promote our content to the certificants (versus the recertifiers)?

Answer 12: Ensure you have addressed the requirements on page 13 of the NOFO regarding developing a plan for inclusion of alcohol related content in recertification requirements. You may want to identify any barriers you anticipate and how you plan to address them. We understand that not all national professional membership organizations operate the same way and thus applicants should describe how they will address the unique challenges faced by the organization to best meet the intended outcome.

Question 13: For the recertification piece, how many members would this need to reach? Does this need to be widely available and tracked for our membership? Or would a select group of members participating in a Maintenance of Certification (MOC) part IV activity suffice?
Answer 13: How many people you aim to reach through recertification/MOC should be based on what is realistic and appropriate given how your recertification/MOC process works. Your application should justify your plans in this regard including how they meet the intent of the NOFO.

Question 14: I interpret eligibility as a university can be prime so long as we have an MOU from at least one national professional organization in our selected discipline. So if our university is the applicant we can include subs for organization A and organization B and explain how we will work in concert to accomplish the goals. Is this correct?
Answer 14: This NOFO is open competition.As noted in the Organizational Capacity of Recipients to Implement the Approach section of the NOFO on page 11:

"Each applicant must identify and target only one of the professional specialties—obstetrics and gynecology, nursing, family practice, social work, or medical assisting." (Underlining added.)

"All applicants must either have the capacity to reach their selected specialty or must propose to work with one of these professional specialties outside of their organizational structure." (Underlining added.)

From the Review and Selection Process, Phase II Review, Applicant's Organizational Capacity to Implement the Approach section, (evaluation criteria that objective reviewers will use) page 30:

"If proposing to work with a professional specialty—obstetrics and gynecology, nursing, family practice, social work, or medical assisting—outside their organizational structure, provides a Memorandum of Agreement (MOA) from the organization that describes their history of working collaboratively to achieve similar outcomes and commitment to collaborate with the applicant to conduct the activities of this NOFO if funded." (Underlining added.)

Thus, a) both national professional membership organizations and universities are eligible applicants; b) regardless of who the applicant is, only one professional specialty type can be targeted; and c) if the applicant is not a national professional membership organization, the applicant can propose to work with, and must submit an MOA from one national professional membership organization only. This does not preclude sub-awards or partnerships with other national professional membership organizations within the same discipline. However, there should still be one lead national professional membership organization from whom an MOA is provided, unless the applicant is the national professional membership organization.

Question 15: Is this funding specific only to the National professional societies or are you also expecting that the other organizations, for example, a university, would submit in collaboration with the National professional societies?

Answer 15: This NOFO is open competition.

As noted in the Organizational Capacity of Recipients to Implement the Approach section of the NOFO on page 11:

"Each applicant must identify and target only one of the professional specialties—obstetrics and gynecology, nursing, family practice, social work, or medical assisting." (Underlining added.)

"All applicants must either have the capacity to reach their selected specialty or must propose to work with one of these professional specialties outside of their organizational structure." (Underlining added.)

From the Review and Selection Process, Phase II Review, Applicant's Organizational Capacity to Implement the Approach section, (evaluation criteria that objective reviewers will use) page 30:

"If proposing to work with a professional specialty—obstetrics and gynecology, nursing, family practice, social work, or medical assisting—outside their organizational structure, provides a Memorandum of Agreement (MOA) from the organization that describes their history of working collaboratively to achieve similar outcomes and commitment to collaborate with the applicant to conduct the activities of this NOFO if funded." (Underlining added.)

Thus, a) both national professional membership organizations and universities are eligible applicants; b) regardless of who the applicant is, only one professional specialty type can be targeted; and c) if the applicant is not a national professional membership organization, the applicant can propose to work with, and must submit an MOA from one national professional membership organization only. This does not preclude sub-awards or partnerships with other national professional membership organizations within the same discipline. However, there should still be one lead national professional membership organization from whom an MOA is provided, unless the applicant is the national professional membership organization.