

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

CDC-RFA-OT18-18020201SUPP19

Application Due Date: 05/31/2019

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

CDC-RFA-OT18-18020201SUPP19

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Announcement Type:

Revision - Type 3

Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-18020201SUPP19

Assistance Listings (CFDA) Number:

93.421

Key Dates:

Due Date for Application: **05/31/2019**

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

Additional Overview Content:

This supplemental funding is only available to the organizations that received funding under Funding Strategy 1 of CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health.

Executive Summary:

Amendment: The intent of this amendment is to implement the following revision described herein and written in bold, red font. In Table 3: CIO Project Plans – Category C, on p. 16 of 37, each project plan listed in the table should be labeled as Category C.

The purpose of this notice of funding opportunity (NOFO) is to announce the availability of supplemental funding for the organizations that were previously awarded funding under Funding Strategy 1 of CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health. The CDC-RFA-OT18-1802 recipients are eligible to submit applications for new FY19 CIO Project Plans according to the Target Population Category (A, B, or C) and Target Population Description for which they received initial funding in FY18. This supplemental funding opportunity permits recipients to strengthen the nation's public health infrastructure, ensure a competent, current, and connected public health system, and improve delivery of essential services through capacity-building assistance (CBA). CBA is defined as activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community, or individual processes and competencies. CBA is delivered through technical assistance, training, information sharing, technology transfer, materials development, or funding that enables organizations to serve customers better and operate in a comprehensive, responsive, and effective manner. The goal is to fund recipients that have the capability, expertise, resources, reach, and history of providing capacity building relevant to implementing this program's key strategies, activities, and outcomes. The program strategies include strengthening

the capacities of health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. Capacity building efforts of this program are expected to strengthen and optimize the public health system and services to improve the nation's health.

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

- Increase state, tribal, local, and territorial public health agencies' capacity to more efficiently and effectively manage and deliver high quality programs and services to protect the public's health
- Increase the infusion of public health knowledge across governmental and nongovernmental components of the public health system.

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)).

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

The program is authorized under sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 247b(k) and 242(l)), as amended.

Background

The Institute of Medicine (IOM) published a landmark report in 1988, *The Future of Public Health*, that recognized the daunting role of governmental public health in ensuring basic health and safety. It stated that governmental public health agencies--representing the mainstay of the public health enterprise--were fragmented, underfunded, and lacked cross-cutting capabilities. Recommendations included building key abilities; providing adequate funding for basic services and achieving national goals; and clarifying basic authorities and responsibilities entrusted to public health agencies, boards of health, and health officials.

Persistent challenges such as underfunding, fragmented programs, workforce declines, health disparities and inequities, and emerging health threats continue to strain public health's capacity, resources, and impact. A 2012 IOM report, *For the Public's Health: Investing in a Healthier Future*, recommended that investments be made in six foundational capacities and capabilities for public health departments: 1) information systems, surveillance, and epidemiology; 2) health planning; 3) partnership development and community mobilization; 4) policy development, analysis, and decision support; 5) communication; and 6) research, evaluation, and quality improvement. These investments were further defined by a national workgroup and then tied to national accreditation standards for public health departments (http://phnci.org/fphs). Both have been cited as complementary and valuable frameworks for strengthening health departments and

our nation's public health infrastructure. These needs have also been outlined in two key initiatives: *Healthy People 2020* and *Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure.*

The public health system represents a complex and broad range of agencies, organizations, and individuals in which each plays a significant role in affecting the health of the population. Engaging multiple entities facilitates coordination to address public health needs in a systematic manner. Therefore, this CBA program is designed to fund organizations that represent both governmental and nongovernmental components of the public health system.

This program's purposes are to strengthen the nation's public health infrastructure, ensure a competent, current, and connected public health system, and improve delivery of essential public health services through capacity-building assistance (CBA).

This supplemental NOFO provides funding for CBA activities with target populations under three headings: Category A: Governmental Public Health Departments; Category B: Workforce Segments across Governmental Public Health Departments; and Category C: Other Governmental and Nongovernmental Public Health Components.

This supplemental NOFO is only open to organizations that received funding under Funding Strategy 1 of CDC-RFA-OT18-1802. Awards will be made to organizations with demonstrated capability, expertise, resources, national reach, and track record to implement one or more of the CBA program strategies: 1) public health systems infrastructure; 2) leadership and workforce; 3) data and information systems; 4) communication and information technology; 5) partnerships; 6) laws and policies; and 7) programs and services in response to CIO Project Plans.

Purpose

The purpose of this supplemental notice of funding opportunity (NOFO) is to announce the availability of funding for the organizations that were previously awarded Funding Strategy 1 funding under CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health. The CDC-RFA-OT18-1802 recipients are eligible to submit applications for new FY19 CIO Project Plans according to the Target Population Category (A, B, or C) and Target Population Description for which they received initial funding in FY19. The purposes of the program described within the supplemental NOFO are to strengthen the nation's public health infrastructure, ensure a competent, current, and connected public health system, and improve delivery of essential public health services through capacity-building assistance (CBA).

Program Implementation

Recipient Activities

Applicants may propose to address the program outcomes using the following activities. The activities listed below are not exhaustive and should be augmented on the basis of the priority needs of the target population and the outcomes and strategies outlined in the individual CIO Project Plan. CIO Project Plans are attached.

Public Health Systems and Infrastructure--*Activities to improve operational capacity, such as policies and plans, administrative and management, and quality improvement. CBA provided*

will strengthen the target population's ability to

- Assess and address gaps in organizational performance, using tools such as national accreditation standards
- Assess and reduce agency fragmentation and duplication
- Develop and implement organizational strategic plans
- Formulate population health goals and strategies
- Ensure generation, analysis, and use of information about emerging health trends
- Ensure organizational structure aligns with health goals and strategies
- Establish performance management systems to monitor organizational objectives
- Establish and maintain effective financial management systems
- Build models that align public health with other sectors
- Ensure system transparency and accountability
- Identify, strengthen, and coordinate stakeholders' roles
- Develop and implement quality improvement processes for practices, processes, and interventions
- Develop and maintain operational infrastructure to support performance of public health functions
- Maintain current operational definitions and statements of organizational roles, responsibilities, and authorities

Leadership and Workforce Development--*Activities designed to improve leadership and workforce competencies, recruitment, and retention. CBA provided will strengthen the target populations ability to*

- Strengthen leadership engagement across public and private sectors
- Determine leaders' engagement in specific public health priorities
- Establish feedback loops across systems for organizational planning
- Address existing and emerging public health priorities
- Address the social determinants of health and health disparities and inequities
- Perform network analysis to identify opportunities for collaboration
- Assess workforce training needs
- Establish and maintain workforce development plan
- Assess the workforce's scientific skills and subject matter expertise
- Develop workforce strategy for hiring and retaining employees
- Develop and implement strategies to sustain supportive work environments
- Establish relationships with organizations that promote the development of future public health workers
- Implement activities to scale-up delivery of public health training at lower costs
- Sustain the working relationship among public health and leaders across sectors

Data and Information Systems--*Activities to improve the collection, management, interpretation, and dissemination of data to guide decision-making. CBA provided will strengthen the target population's ability to*

- Assess health and health-related data sources
- Assess available information systems used across organizations
- Develop systems or processes for cross-integration and ease of use
- Improve system infrastructure for data storage, protection, and management
- Determine readiness for information system implementation, use, and maintenance
- Create manuals and protocols to ensure best practices and standardization of data and information systems
- Establish data governance by creating policies and guiding principles to improve the collection, interpretation, and meaningful use of data
- Increase information access, data use, and sharing across organizations
- Develop and implement protocols critical for integrating surveillance and monitoring systems
- Develop workforce training on managing data and information systems
- Link public health data, clinical care data, and other relevant data sources to improve surveillance
- Determine effective ways to use public health data, health care data, and other relevant data sources to monitor the health of populations

Communication and Information Technology--*Activities to improve the use of communication and information technology to affect health decisions and actions. CBA provided will strengthen the target population's ability to*

- Develop communication processes for effective cross-sector collaboration
- Develop communication procedures to provide information to the public
- Create communication campaigns that are relevant, culturally competent, and at a sufficient level of health literacy
- Provide accessible, accurate, actionable, and current information that is culturally sensitive and linguistically appropriate
- Develop communication systems to enable efficient and effective community-centered dialogue
- Develop and disseminate educational materials, health communication and marketing activities, and program evaluation and assessment tools
- Provide information about public health issues and functions to diverse audiences through multiple methods to inform public health decision making

Partnerships--*Activities to improve the establishment and maintenance of results-driven partnerships. CBA provided will strengthen the target population's ability to*

- Assess agency’s current internal and external partnerships
- Expand organization or program partnerships through community engagement and mobilization
- Perform network analysis to identify opportunities for collaboration
- Leverage partnerships to address specific public health issues or population health needs strategically
- Identify successful practices and develop new mechanisms to inform and mobilize the

public and private sectors in collaborative efforts
- Engage with the public health system and community in identifying and addressing health problems through collaborative processes
- Engage various sectors in the adoption of Health in All Policies

Laws and Policies--*Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health. CBA provided will strengthen the target population's ability to*

- Conduct systematic surveillance of applicable laws and policies to public health aims and evaluate them
- Engage multiple sectors to identify priorities for development of relevant laws and policies based on needs and data
- Provide technical assistance and develop tools to support public health practitioners and policymakers in advancing evidence-based or evidence-informed law and policy
- Engage multiple sectors in activities that contribute to providing evidence to inform laws and policies that affect public health
- Inform governing entities, elected officials, and the public of potential public health effects from laws and policies
- Educate individuals and organizations on purpose, benefit, and requirements of laws and policies that affect public health
- Identify the common barriers and facilitators of legal and policy strategies that affect health

Note recipients must ensure compliance with Administrative Requirement-12 (Anti-Lobbying) when engaging in all activities, especially those related to laws, policies, and regulations.

Programs and Services--*Activities to improve the identification of best practices and implementation of evidence-based/informed programs and services. CBA provided will strengthen the target population's ability to*

- Identify, prioritize, and fund programs that lower disease rates, prevent injuries, and improve health
- Integrate prevention strategies and actions across multiple settings
- Adopt initiatives to develop, implement, and evaluate effective health promotion and disease prevention strategies
- Translate and disseminate evidence-based public health science to improve health and lower health care costs
- Identify effective mechanisms to ensure capable assessment and response to public health needs
- Develop indicators and measures to determine effectiveness in meeting public health needs
- Use evidence to implement programs and services that address emerging or real-time priority public health needs
- Develop and adopt evidence-based interventions that reduce high-burden diseases

- Assess access to health care services
- Identify and implement strategies to improve access to health care services

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

CDC Activities

CDC activities for this program are as follows:

1. Collaborate with recipients to ensure coordination and implementation of strategies to provide capacity-building assistance to governmental and nongovernmental components of the public health system.
2. Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
3. Support ongoing opportunities to foster networking, communication, coordination, and collaboration.
4. Serve as a conduit for information exchange.
5. Collaborate with recipients to compile and publish accomplishments, best practices, and lessons learned during the project period.
6. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes.
7. Collaborate on strategies and activities to ensure the provision of CBA to STLT health departments and other components of the public health system as needed.

Section II. Award Information

Type of Award:	Cooperative Agreement CDC substantial involvement in this program appears in the Activities Section above.
Award Mechanism:	U38

Uniform National Health Program Reporting System

Fiscal Year Funds:	2019
Approximate Total Supplemental Funding:	$51,930,500

This amount is subject to availability of funds. Includes direct and indirect costs.

The funding levels (e.g., "approximate total supplemental funding," etc.) represent approximate funding across multiple CIO Project Plans. Individual awards will vary depending on the activities and approximate funding available for each CIO Project Plan. The approximate amount available for a particular project is provided in the table below.

The following tables list the CIO Project Plans for this FY19 supplemental NOFO, which is year 2 of the initial CDC-RFA-OT18-1802. Please note that any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance.

Applicants are eligible to submit applications for FY19 CIO Project Plans according to the Target Population Category and Target Population Description for which they received initial funding in FY18.

Table 1. CIO Project Plans - Category A

Project Title	Target Population Category	Proposed Project Funding
1. A pilot project to build capacity for comprehensive state suicide and opioid overdose prevention	Category A	$2,000,000.00
2. Advancing Health in All Policies among Local Health Departments through capacity building and technical assistance	Category A	$75,000.00
3. Bridging preparedness, infectious disease, maternal-child health and birth defects within cities and counties	Category A	$250,000.00
4. Bridging preparedness, infectious disease, maternal-child health and birth defects within states and territories	Category A	$250,000.00
5. Building Capacity of Tribes to Support Smoking Cessation	Category A	$200,000.00
6. Case Study: Evaluating opioid crisis response and	Category A	$1,400,000.00

building capacity to address adverse childhood experience		
7. Case Study: Understanding reasons behind declining rates of opioid overdose	Category A	$200,000.00
8. CDC's National Neurological Conditions Surveillance System Partner Collaboration	Category A	$100,000.00
9. Customized leadership development for territorial health officials	Category A	$250,000.00
10. Developing the capacity to support older adult fall prevention	Category A	$250,000.00
11. Environment and Public Health Nexus: US EPA-States Collaborative Pilots	Category A	$25,000.00
12. Exploring Funding Streams, Processes, and Financial Requirements	Category A	$100,000.00
13. Implementing Overdose Prevention Strategies at the Local Level	Category A	$10,000,000.00
14. Improving Overdose Surveillance and Prevention Capacity and Readiness of Overdose Data to Action Recipients	Category A	$1,500,000.00
15. Indian Country Road Map Action	Category A	$100,000.00

Institutes		
16. Informing Local Leaders on Effective Policies, Practices and Systems Strategies for Addressing HIV Priorities	Category A	$900,000.00
17. Informing State Leaders on Effective Policies, Practices and Systems Strategies for Addressing HIV Priorities in States	Category A	$900,000.00
18. Innovations in upstream prevention of congenital syphilis	Category A	$450,000.00
19. Maternal Mortality Review: A Potential Strategy for Optimizing Native Women's Health	Category A	$170,000.00
20. National Leadership for Addressing Health Equity Among State Health Officers	Category A	$250,000.00
21. NCIPC Injury and Violence Prevention Tribal Convening Sessions	Category A	$280,000.00
22. Opioid overdose prevention conference track for tribes and tribal organizations	Category A	$150,000.00
23. Pilot Projects to Build the Evidence-Base for Overdose Prevention and Response	Category A	$1,000,000.00
24. Project Approach to the Implementation of the USVI Public Health Data Repository –	Category A	$734,500.00

Implementation and Operations		
25. Promoting and Marketing PHLP Law and Epidemic Emergency Preparedness" (LEEP) course to local jurisdictions	Category A	$50,000.00
26. Promoting the Physical Activity Guidelines through Youth Sports at the Local or Community Level	Category A	$100,000.00
27. Public Health Associate Program (PHAP) Support and Collaboration Project	Category A	$150,000.00
28. Public Health Road Map Action Institutes (HBI Partnerships to Address Dementia)	Category A	$250,000.00
29. Strengthening health priority reporting and interoperability across systems	Category A	$500,000.00
30. Strengthening USVI Communicable Disease Program	Category A	$400,000.00
31. Technical Assistance Toolkit for Applying a Shared Risk and Protective Factor Approach to Injury Prevention	Category A	$200,000.00
32. Translation and dissemination of STD program experiences and best practices	Category A	$200,000.00
33. USAPI Performance	Category A	$150,000.00

Improvement Initiative		
34. Using Law as a Tool to Improve Public Health Through Communication, Collaboration and Coordination	Category A	$220,000.00

Table 2. CIO Project Plans - Category B

Project Title	Target Population Category	Proposed Project Funding
1. Avatar Simulation for Prostate Cancer Screening and Treatment Decision-Making	Category B	$850,000.00
2. Building a culture of health in communities to accelerate population health priorities	Category B	$300,000.00
3. Building Epidemiologic and Surveillance Capacity for Overdose Data to Action	Category B	$500,000.00
4. Capacity building and technical assistance for Sickle Cell Data Collection	Category B	$1,000,000.00
5. Closing the Gap: Building Capacity for Smoke-free Cities	Category B	$150,000.00
6. Comprehensive Injury Epidemiology Fellowship	Category B	$400,000.00
7. Comprehensive Injury Epidemiology Partnership	Category B	$400,000.00
8. Coverage and	Category B	$225,000.00

Reimbursement Analysis of Pharmacy Services to Prevent Chronic Disease		
9. Evaluating Policy and Legal Approaches that Improve HIV, Viral Hepatitis, STD, and TB Health Outcomes	Category B	$100,000.00
10. Evaluation of health department restaurant inspection programs	Category B	$500,000.00
11. HIV Cluster Detection and Response: Data Protection Landscape Assessment and Community Engagement Tool	Category B	$300,000.00
12. Identification and Use of Novel and Unique Data Sources for Injury and Violence Prevention	Category B	$200,000.00
13. Improving awareness and use of immunization information system among adult care providers	Category B	$350,000.00
14. Increasing Community and Clinical Linkages to Arthritis-Appropriate Evidence-Based Interventions (AAEBIs)	Category B	$300,000.00
15. Increasing disaster epidemiology capacity to implement data-driven public health programs and services following 2017	Category B	$185,000.00

hurricanes		
16. Increasing public health preparedness capability among maternal and child health programs	Category B	$150,000.00
17. Integrating Alzheimer's Messages into Chronic Disease Programs	Category B	$100,000.00
18. Leveraging Informatics Approaches to Increase STLT System Capacity to Measure Child and Adolescent Mental Health	Category B	$500,000.00
19. Leveraging Informatics to Improve Environmental Health Practice and Innovation	Category B	$400,000.00
20. Moving upstream together: supporting health plan implementation of population health interventions	Category B	$100,000.00
21. Neonatal Abstinence Syndrome Surveillance	Category B	$2,000,000.00
22. Operationalizing multi-sector partnership to improve population health	Category B	$375,000.00
23. Overdose Data to Action Epidemiology Fellowship Program	Category B	$500,000.00
24. Partnering to Improve Disaster-Related Mortality Surveillance in State and Local Health Departments	Category B	$280,000.00

25. Prediabetes Awareness and Type 2 Diabetes Prevention National Communication Activities	Category B	$2,800,000.00
26. Reproductive Health Assessment After Disaster (RHAD) toolkit 2.0	Category B	$150,000.00
27. Skin cancer prevention materials to increase capacity for comprehensive community-wide skin cancer prevention programs	Category B	$75,000.00
28. Strengthening Environmental Health Capacity in Public Health Preparedness, Response and Recovery	Category B	$225,000.00
29. Strengthening Tuberculosis Prevention Efforts by Leveraging Electronic Medical Record Data to Target High-Risk Individuals	Category B	$700,000.00
30. Surveillance of Maternal, Infant and Child Outcomes Following Treatment of Opioid Use Disorder During Pregnancy	Category B	$3,900,000.00
31. The Digital Bridge: Nationwide Scaling of Bidirectional Information Exchange between Healthcare and Public Health	Category B	$1,000,000.00
32. The National Syndromic	Category B	$450,000.00

Surveillance Program Community of Practice (NSSP CoP)		
33. Toxicology/State Unintentional Drug Overdose Reporting System (SUDORS) Fellow	Category B	$160,000.00
34. Translation of Provider Training to Improving Mental Health Discussions, Screening, and Treatment of Cancer Survivors	Category B	$100,000.00
35. Utility of the Environmental Public Health Tracking Program Data for Environmental Health Professionals	Category B	$41,000.00

Table 3. CIO Project Plans - Category C

Project Title	Target Population Category	Proposed Project Funding
1. Building an Ecosystem of Support for Veteran Suicide Prevention	Category C	$100,000.00
2. Building Capacity to Improve Pregnancy Outcomes by Supporting Women and Men through the Life Course	Category C	$150.000.00
3. Capacity Building for Public Health Analysts in the Overdose Response Strategy	Category C	$1,700,000.00
4. Collaboration with clinicians to protect	Category C	$250,000.00

infants and children from emerging threats		
5. Collaboration with Clinicians to protect pregnant women and their children from emerging threats	**Category C**	$250,000.00
6. Digital Storytelling (DST) as a health promotion tool for young breast cancer survivors, metavivors, and caregivers	**Category C**	$900,000.00
7. Dissemination and evaluation of community-level implementation of the Physical Activity Guidelines for Americans	**Category C**	$100,000.00
8. Dissemination of Culturally Appropriate Brain Health Messages to Urban AI/AN Persons	**Category C**	$80,000.00
9. Division of Oral Health: Medical-Dental Integration Support	**Category C**	$100,000.00
10. Establishment of a Public Health Surveillance System for New Fathers in the Perinatal Period	**Category C**	$300,000.00
11. Evaluation of venous thromboembolism prevention practices in US hospitals and risk assessment as a performance measure	**Category C**	$200,000.00
12. Expanding clear messaging with non-traditional partners to support chronic disease	**Category C**	$200,000.00

prevention		
13. Exploring Ethical Issues in Social Media and Online Research	**Category C**	$100,000.00
14. Implementing office-based opioid use disorder treatment with medication assisted treatment	**Category C**	$500,000.00
15. Improving HPV vaccination coverage for healthcare systems and providers	**Category C**	$950,000.00
16. International Workforce Development in Birth Defects and Disabilities Surveillance and Prevention	**Category C**	$45,000.00
17. Professional Development for Primary Care (Brain Health, including Alzheimer's disease and other dementia)	**Category C**	$125,000.00
18. Promoting HIV, Viral Hepatitis, STDs, and LTBI Screening in Hospitals, Health Systems, and Other Healthcare Settings	**Category C**	$200,000.00
19. Promoting Tobacco Use Cessation in Primary Care	**Category C**	$200,000.00
20. Provision of Technical Assistance to Improve Insurance Coverage of Tobacco Cessation Treatments	**Category C**	$150,000.00
21. Scaling-up Quality Adolescent Reproductive Health Services in Community	**Category C**	$200,000.00

Health Centers (CHC)		
22. Strategic Road map for Integration of Tobacco Use and Dependence Treatment into Clinical Care	**Category C**	$100,000.00
23. Strengthening health system HPV vaccination capacity through a learning collaborative	**Category C**	$600,000.00
24. Suicide Summit	**Category C**	$100,000.00
25. Supporting pediatricians to increase HPV and pediatric influenza rates	**Category C**	$600,000.00
26. TB Community Engagement Network	**Category C**	$310,000.00

As a reminder, funding includes direct and indirect costs, and is subject to applicable cooperative agreement regulations and existing indirect cost rate agreements.

Approximate Number of Awards: 40

Approximate Average Award: $275,000

This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range: $25,000

Ceiling of Individual Award Range: $10,000,000

This ceiling is for a 12-month budget period.

Anticipated Award Date: 09/03/2019

Budget Period Length: 11 month(s)

Period of Performance Length: 4 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

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

This supplemental funding opportunity is only available to organizations that received funding under Funding Strategy 1 of CDC-RFA-OT18-1802: "Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health" in August 2018.

Required Registrations

System for Award Management and Universal Identifier Requirements
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 usually requires not more than five 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 through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Applicant Registration" option at www.grants.gov. All applicant organizations must register with www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Other

Special Requirements

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

Maintenance of Effort

Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.

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

Content and Form of Application Submission

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

Submission of Work Plans in response to CIO Project Plans:

The CIO Project Plans are organized in this FY19 supplemental NOFO by Target Population Category (A, B, or C). Each CDC-RFA-OT18-1802 recipient is permitted to submit Work Plans in Response to CIO Project Plans that target the Target Population Category and Target Population Description for which the organization competed and was awarded funds under Funding Strategy 1 in FY18. The CIO Project Plans are included as attachments to this supplemental NOFO. Applicants are permitted to submit responses to multiple CIO Project Plans. Applicants must complete a Work Plan in Response to CIO Project Plan template for each CIO Project Plan for which they would like consideration. Once a template is completed for each, applicants must create and save one master merge of all individual Work Plan in Response to CIO Project Plan PDFs. The submissions must include the proposed strategies and accompanying activities, process measures, outputs, outcomes, and outcome measures for the 11-month budget period. Additionally, each submission must include a description of the recipient's organizational capacity and program experience as it relates to the work outlined in the corresponding CIO Project Plan. The master document must be uploaded and submitted as the "Project Narrative" on Grants.gov.

Applicants must also create a separate budget narrative to accompany each Work Plan in Response to CIO Project Plan. Once all budgets are created, applicants must create and save one

master merge of all individual budget narratives. The master budget narrative will be uploaded and submitted as the "Budget Narrative" on Grants.gov. A detailed budget narrative is required for each work plan.

Please note, text from some CIO Project Plans was omitted due to a technical glitch in the CSTLTS/NPB SharePoint. Full CIO Project Plans are accessible on the CSTLTS/NPB SharePoint. The Work Plans in Response to CIO Project Plans must be submitted via the CSTLTS/NPB SharePoint and Grants.gov. The National Partnership Branch will provide further instructions on submitting Work Plans in Response to CIO Project Plans via the CSTLTS/NPB SharePoint.

Recipients are expected to carry out program capacity-building strategies and activities to achieve the program outcomes and to identify and document additional outcomes accomplished. The CBA efforts performed under each project should work toward the short-term and intermediate outcomes outlined in the CIO Project Plan.

Provide the following information for each Program Strategy:

- Activities: List the proposed activities related to each strategy selected. *Example activity: Planning and hosting a community roundtable offering strategies to convene partners. Propose activities that fit within the description of the selected strategies.*
- Process Measures: Propose at least one process measure for each strategy selected. Process measures are used to track implementation progress of the proposed activities. Effective measures indicate a unit of measurement (proportion, percentage, etc.) and direction of change (increase, decrease, maintain, etc.). *Example process measure: To maintain participation level of the previous year, at least 20 of 35 organizations invited will attend the community roundtable event.*
- Outputs: List the expected outputs related to each strategy selected. Outputs are the direct, tangible results of activities (e.g., resources, tools, and products to be developed). *Example output: Development of a peer-to-peer learning portal for roundtable participants.*
- Program Outcomes: For each strategy selected, use the dropdown list to select the program outcome that relates to the expected budget period outcome(s) and proposed outcome measure(s). Outcomes are the changes that occur as a result of the work completed.
- Budget Period Outcomes: List the expected budget period outcomes related to the selected program outcome. Budget period outcomes are the desired project results achieved by the end of the budget period (July 31, 2020). Program outcomes selected above may be included as budget period outcomes. *Example budget period outcome: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health.*
- Outcome Measures: Propose at least one outcome measure for each program outcome selected. Outcome measures are used to track progress toward achieving the expected outcomes. Effective measures indicate a unit of measurement (proportion, percentage, etc.) and direction of change (increase, decrease, maintain, etc.). *Example outcome measure: At least 50% of attendees who complete the training evaluation indicate they will partner with at least one new community organization to address a public health*

need.

Budget Summary Spreadsheet: Recipients must provide a budget summary spreadsheet as part of their Budget Narrative. The summary must be in excel format and should identify the budget line items per project. Recipients should use the spreadsheet template as provided by CDC. The completed document should be uploaded to Grants.gov under "Optional Attachments" in the "Mandatory Attachments" Section.

General instructions for submitting Work Plans in Response to CIO Project Plans on Grants.gov:

1. **Submit:** individual Work Plans in Response to CIO Project Plans on the CSTLTS/NPB SharePoint
2. **Save:** master Project Narrative and master Budget Narrative documents
3. **Go to**: Grants.gov
4. **Select**: "Applicants"
5. **Select**: "Apply for Grants"
6. **Select**: "Get Application Package"
7. **Insert** the Notice of Funding Opportunity Number only, formatted as: CDC-RFA-OT18-18020201SUPP19
8. **Download** application package
9. **Complete** the Budget Information for Non-constructions Programs (SF424A) form
10. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF425)
11. **Upload** the master Project Narrative and master Budget Narrative documents
12. **Upload** the Indirect Cost Rate Agreement
13. **Follow** instructions to submit the application package to Grants.gov

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

Note: The Project Abstract should reflect the entire submission. If applicants respond to multiple CIO Project Plans, the Project Abstract must cover all applications.

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

- Maximum number of pages: 250. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch

- Number all narrative pages; not to exceed the maximum number of pages.

The applicants will use the CSTLTS/National Partnership Branch's "Work Plan" template to create their Work Plan(s) in response to CIO Project Plans. A copy of the work plan template is available as an attachment on Grants.gov. As a reminder, applicants must create and save one master merge of all individual Work Plan PDFs. The master document must be uploaded and submitted as the "Project Narrative" on Grants.gov. Applicants will also create and save one master merge of all individual Budget Narratives. The master budget narrative will be uploaded and submitted as the "Budget Narrative" on Grants.gov.

The Work Plans in response to CIO Project Plans must include the proposed outcomes and their accompanying strategies, activities, outputs, and performance measures (process and outcome) for the budget period. The Work Plans include a project description, organizational capacity, and program experience of the applicant as they relate to the CIO Project Plan. Process and outcome measures must also be developed for the budget period. A Performance Progress and Monitoring Report (PPMR) will be required for each Work Plan. The PPMR must provide a status of the proposed performance measures (process and outcome), strategies, activities, outputs, and outcomes. CDC will provide additional information regarding PPMRs post-award.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

The Project Narrative must include the information as required in the Work Plan template:

1. Project Description - Describe your overall plan for achieving the outcomes outlined in the CIO Project Plan.
2. Work Plan - Describe the activities, outputs, performance measures (process and outcome), and outcomes related to the selected NOFO strategies and outcomes.
3. Organizational Capacity - Describe your capacity to successfully complete the project outlined in the CIO Project Plan. Include your organization's relevant staffing, systems, and resources.
4. Organizational Experience - Describe your experience as it relates to the project outlined in the CIO Project Plan. Include products developed; services, training, and technical assistance provided; and relevant target populations supported
5. Collaborative Work - Describe your plan for collaboration as it relates to the project outlined in the CIO Project Plan. Include specific organizations or entities as applicable.
6. Sub-contractual Work - Describe your plan for sub-contractual work. Include recommended criteria for identifying and selecting subcontractors.
7. Budget Information - Provide a line item budget for the allocation of funds.
8. Additional Attachments - Additional attachments include the Budget Narrative, Indirect Cost Rate Agreement, Budget Summary Spreadsheet (excel), and Consultant/Contractor Approval Request.

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

includes:

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

The budget can include both direct costs and indirect costs as allowed. 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 modified total direct costs 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 requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.docx

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

- Project Abstract Summary
- Table of Contents for Entire Submission
- Budget Narrative (compiled as one master pdf file)
- Work Plans (compiled as one master pdf file)
- Nonprofit organization IRS status forms, if applicable

- Indirect cost rate, if applicable
- CVs/Resumes for key staff

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

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

Risk Assessment Questionnaire Requirement
CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For

example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

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."

Submission Dates and Times

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

Application Deadline Date

Due Date for Applications: **05/31/2019**

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

Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. 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) as early as possible 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: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

Pilot Program for Enhancement of Employee Whistleblower Protections
All applicants will be subject to a term and condition that applies the terms of 48 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.

Copyright Interest 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.

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, www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http:// frwebgate.access.gpo.gov /cgi-bin/getdoc.cgi ?dbname= 109_cong_bills&docid= f:s2590enr.txt.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf

Funding Restrictions

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

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

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

Other Submission Requirements

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

Electronic Submission of Application:
Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option. Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (AOR) will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.
If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline,

organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

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

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-OT18-18020201SUPP19**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Work Plan — Maximum Points: 45

For each Work Plan submitted, the extent to which the applicant:

1. Describes a plan to adequately achieve the CBA program outcomes and carry out the proposed activities.
2. Develops a complete and comprehensive plan for the budget period.
3. Demonstrates how the plan will focus on priority CBA that addresses the needs of the target population.
    1. Strategies - describe the program strategies that will be used to address the needs of the target population and relate to the recipient activities (5 points)
    2. Activities - describe activities that are achievable and likely to lead to the attainment of identified outcomes (10 points)
    3. Outputs - describe deliverables/outputs that are a thorough representation of the direct results of the activities (5 points)
    4. Outcomes - describe program outcomes that are achievable and address the purpose of the project plan (5 points)
    5. Performance measures (process and outcome) - describe measures to assess achievement toward program outcomes (10 points)

Organizational Capacity — Maximum Points: 25

For each Work Plan submitted, the extent to which the applicant:

1. Describes the entity's staffing plans that will be used to support the project activities (8 points)
2. Describes systems that will be used to support the project activities (10 points)
3. Describes organizational resources that will be used to support the project activities (7 points)

Organizational Experience	Maximum Points: 25

For each Work Plan submitted, the extent to which the applicant:

1. Demonstrates content expertise as it relates to the project (10 points)
2. Describes prior CBA provided (products developed, services, training, and technical assistance provided) (10 points)
3. Demonstrates a relationship with the target population (5 points)

Collaboration, if applicable	Maximum Points: 5

For each Work Plan submitted, the extent to which the applicant:

1. Demonstrates an ability to build and/or access specific organizations or entities that are appropriate for accomplishing the outlined project outcomes - if required by the CIO Project Plan (5 points)

An itemized budget narrative is required as part of the applicant's submission. Although the budget is not scored, the applicant should consider the following in development of their budget. Is the itemized budget for conducting the project, and the justification reasonable and consistent with stated objectives and planned program activities?

If indirect costs are requested 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.

When developing the budget narrative, applicants should 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 the following headers:

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

- Total costs

For guidance on completing a detailed budget, visit
https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf

Review and Selection Process

Review

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

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

The applications will be compiled and reviewed according to the Target Population Category (A, B, or C) and Target Population Description. The applicants are eligible to apply for CIO Project Plans in the Categories for which they competed and were awarded funding under Funding Strategy 1 of CDC-RFA-OT18-1802. Applications will undergo an objective review if 2 or more organizations submit proposals in response to a particular CIO Project Plan. If an objective review process is required, applications will be reviewed by a panel of 3 subject matter experts. In the event a technical review is more efficient (i.e., there is only one proposal submitted for a particular CIO Project Plan), the technical review will be held in place of an objective review.

When a technical review is used, work plans will not be scored. The proposals will receive feedback and guidance regarding required revisions in place of scoring.

In addition, the following factors may affect the funding decisions for Funding Strategy 2:

Preference will be given to

- Avoid duplication of CBA services to the same target populations
- Ensure CBA services are provided to target populations not served by higher ranking applications
- Ensure CBA services are provided to target populations not duplicated in other CDC funding mechanisms

CDC will provide justification for any decisions to fund outside of ranked order of scores.

Selection

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

Final funding determinations will be based on application scores from either the objective review panel process or technical review process. If an objective review is conducted, applications will be funded in order by score and rank determined by the review.

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

Anticipated Announcement and Award Dates

Notification of selection and award announcements will occur via email with delivery receipt in September 2019.

Section VI. Award Administration Information

Award Notices

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

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. All NOFOs from the Center for Global Health must include AR-35. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

Generally applicable ARs:

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-32: Appropriations Act, General Provisions

AR-34: Language Access for Persons with Limited English Proficiency

ARs applicable to Conference Awards:

AR-20: Conference Support

AR-27: Conference Disclaimer and Use of Logos

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

ARs applicable to Global Health Assistance Awards:

AR-35: Protecting Life in Global Health Assistance

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at:

https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Reporting

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

- http:// frwebgate. access. gpo.gov /cgi-bin /getdoc.cgi ?dbname= 109_cong_bills &docid= f:s2590enr .txt.pdf
- https://www.fsrs.gov /documents /ffata_legislation_ 110_252.pdf

Reporting Requirements for **Competing and Non-Competing Continuations** with Two or More Years **Only**:

Each funded recipient must provide CDC with a Performance Progress and Monitoring Report

(PPMR) submitted via CSTLTS/NPB SharePoint and www.Grantsolutions.gov:

1. The PPMR is due no less than 120 days before the end of the budget period The PPMR will serve as the non-competing continuation applications, and must contain the following elements:

a. Standard Form ("SF") 424S Form.
b. SF-424A Budget Information-Non-Construction Programs.
c. Budget Narrative.
d. Indirect Cost Rate Agreement.
e. Project Narrative.Additionally, funded recipients must provide CDC with an original, plus two hard copies of the
following reports:

3. The recipient must submit the PPMR via CSTLTS/NPB SharePoint site and www.Grantsolutions.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting**.**

4. Federal Financial Report (FFR)(SF425): (Required) The annual FFR form (SF-425) is required and must be submitted through eRA Commons 90 days after the end of the budget period.

5. Final Performance and Financial Status Reports*, due 90 days after the end of the Period of Performance.

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

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- https://www.fsrs.gov /documents /ffata_legislation_ 110_252.pdf

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Caroline Sulal, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

1825 Century Center Blvd, MSE85
Atlanta, GA 30345
Email: CSTLTSPartnersCoAg@cdc.gov

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

Jenise Yawn, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Grants Management Specialist
2939 Flowers Road
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Email: koy5@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.