

Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Establishment of Centers of Excellence in Refugee Health
CDC-RFA-CK15-1503
Application Due Date: 06/11/2015

AMENDMENT II

Q AND A FROM INFORMATIONAL CALL HELD ON MAY 1, 2015

Q AND A START ON PAGE: 31 thru 34 of the FOA

AMENDMENT I

The date for the second informational call is May 1, 2015 at 2:00 - 3:00 p.m. Eastern. The call in number is 1-877-489-9253, passcode 43915780. Page 3; Page 13;
The other change is the application due date. It is now 6/11/2015. Page 1;

Establishment of Centers of Excellence in Refugee Health

CDC-RFA-CK15-1503

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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-CK15-1503. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Establishment of Centers of Excellence in Refugee Health

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-CK15-1503

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

93.283

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/02/2015**
2. Due Date for Applications:	**06/11/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**05/01/2015**

The date for the second informational call is May 1, 2015 at 2:00 - 3:00 p.m. Eastern. The call in number is 1-877-489-9253, passcode 43915780.

The date of the informational call will be April 13, 2015 at 3:00 - 4:00 p.m. Eastern. The call in number is 1-866-760-5505, passcode 7415279.

G. Executive Summary:

1. Summary Paragraph:

CDC's Division of Global Migration and Quarantine (DGMQ) is focused on improving the health among immigrants and refugees through public health partnerships, science, and response. DGMQ is looking for new approaches to reach out to these populations to study and improve healthcare needs of refugee and immigrant populations. This funding opportunity will help create Centers of Excellence in refugee and/or immigrant health. The centers will focus on one or more areas including the development of multi-state/regional surveillance networks and long-term follow up of immigrants and refugees after they arrive in the United States; clinical and public health guideline development and maintenance; refugee orientation and health education activities; portable electronic health record strategies for this population; and clinical consultation services for overseas panel physicians managing complex medical conditions in U.S.-bound refugees. These centers will provide expertise in these diverse program areas and build upon existing infrastructure and collaborate with partners focusing on these vulnerable populations.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	0

The expected number of awards is 3-5.

d. Total Project Period Funding: $25,000,000

e. Average One Year Award Amount: $0

The approximate average award will range from $500,000 to $1,500,000.

f. Number of Years of Award: 5

g. Estimated Award Date: 08/08/2015

h. Cost Sharing and / or Matching Requirements: N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

CDC's Division of Global Migration and Quarantine (DGMQ) is focused on improving the health among immigrants and refugees. Every year, approximately 70,000 refugees and 400,000 immigrants resettle to the U.S. from overseas. Refugees are particularly vulnerable populations, marginalized from public health surveillance, preventive treatment and health care in their home countries and countries of temporary asylum. They have complex health care issues, such as low baseline vaccination rates and high rates of infectious diseases, including tuberculosis, malaria, and intestinal parasites. Refugee populations resettled to the U.S. are dynamic and change over time. Identifying the specific health needs of the different populations in a timely manner is critical for developing and targeting appropriate health activities before and after arrival. Refugees and immigrants undergo a required medical examination overseas. The exam focuses on identifying specific "inadmissible" medical conditions that would exclude refugees from resettlement or require treatment before arrival in the U.S. However, this exam does not address many important preventable or treatable public health problems, including vaccine-preventable diseases, malaria, etc. One challenge to developing best practice health recommendations is that there is no standardized national surveillance system for the identification of acute illnesses in these newly arriving populations. Reporting of health conditions in refugees and immigrants identified post arrival is limited to the required reportable conditions as specified by state and federal requirements. However, the identification of these conditions as belonging to refugee or immigrants is not reported. Consequently, there is little data to evaluate the effectiveness and quality of the required overseas medical examination, the overseas presumptive treatment and other public health interventions or to guide the establishment of evidence-based guidelines for the post-arrival medical examination. Identifying and monitoring the specific health needs of refugees and immigrants is essential for educating health care providers in the U.S. about these conditions, particularly tropical diseases, with which they may be largely unfamiliar, and for providing assistance to state and local refugee health programs so that they can better prepare for the arrival of these populations.

b. Statutory Authorities

This program is authorized under the Public Health Service Act, Sections 301 and 317(k)(1)[42 U.S.C. 242I and 247b(k)(1)].

c. Healthy People 2020

This work contributes to the Healthy People 2020 focus areas of **Access to Health Services**, **Global Health**, and **Health Communication and Health Information Technology** to 1) detect and treat health conditions, 2) find a health care provider with whom the patient can communicate and trust, 3) prevent the international spread of disease, 4) protect the health of the U.S. population, 5) provide new opportunities to connect with culturally diverse and hard to reach populations, and 6) facilitate the meaningful use of health IT and exchange of health information among health care and public health professionals. The link to Healthy People 2020 topics and objectives is https://www.healthypeople.gov/2020/topicsobjectives2020/default.

d. Other National Public Health Priorities and Strategies

n/a

e. Relevant Work

This FOA is in alignment with HHS/CDC/NCEZID's aims to prevent disease, disability, and death by a wide range of infectious diseases and HHS/CDC/NCEZID's tactics of providing leadership in public health, conducting exemplary science, strengthening preparedness efforts, establishing public health policy, sharing vital health information with the public, and building collaborations for the benefit of global health. This FOA builds upon the work currently underway towards building surveillance systems that gather information on refugee and immigrants newly arrived to the U.S. It will also expand upon already published refugee health guidelines (www.cdc.gov/immigrantrefugeehealth/guidelines/refugee-guidelines.html).

2. CDC Project Description

a. Approach

CDC-RFA-CK15-1503 Logic Model: Establishment of Centers of Excellence in Refugee Health

(**Bold** typeface indicates project period outcomes)

Strategies and Activities	Short Term/Intermediate Outcomes	Long Term Outcomes
Surveillance/Epidemiology --Develop approaches to evaluate the effectiveness of implemented guidelines and public health programs --Implement methods to evaluate guidelines based on data-driven approaches --Expand surveillance systems for immigrant and/or refugee populations representative of the target population; Capture data in a secure, electronic database format --Multi-state/Regional networks developed or built upon existing systems --Ensure network interoperability and standardization across systems --Establish data standards for best practices --Describe secondary migration patterns	**--Creation of multi-state/regional surveillance networks** **--Established long term follow up programs**	--Ability to quantify incidence and prevalence of disease among immigrant and/or refugee populations --Interventions to improve health outcomes based on data from long term follow up programs

--Design long term follow up programs --Implement long term follow up programs		
Guideline Development --Update and expand existing screening, treatment, clinical, and public health guidelines --Develop population-specific guidelines (e.g. specific ethnic groups) --Establish a system to continually update and maintain guidelines to meet best practices	**--Updated and expanded published guidelines adopted by health care providers** **--Creation of population specific guidelines**	--Improved clinical outcomes **--Publication of a "Reverse" Yellow Book for care and treatment of incoming foreign-born populations**
Refugee Orientation --Develop orientation programs for refugees upon arrival to improve continuity of medical care --Develop/deploy mobile device applications to communicate with refugees about health care issues --Explore use of major ports of entry as anchor points for future relationships --Evaluate the effectiveness of orientation programs	**--Orientation programs for refugees upon arrival**	--Improved continuity of medical care for refugees with complex medical issues --Increased knowledge of the US health care system and health conditions among refugee populations leading to improved access to care
Health Education --Identify gaps in health knowledge among those providing health care services to refugees --Develop and deliver educational resources to improve health knowledge with the intent of improving identification of health care needs of arriving refugees --Evaluate the effectiveness of education activities	**--Educational materials developed** **--Improved recognition of health care service needs of refugees**	--Improved health outcomes of refugees --Increased healthcare provider capacity and experience in treating refugee populations
Electronic Health Record Development --Develop and establish portable electronic health records for immigrant and/or refugee populations	**Secure, portable electronic health record system that can be used and viewed by providers in different institutions**	
Clinical Consultation --Develop a strategy and implement a medical consultation service for the International Organization for Migration (IOM) and overseas panel physicians for	**Creation of a medical consultation service**	Improved clinical outcomes of refugees with complex medical conditions

the stabilization and management of refugees with complex medical conditions --Design mechanism to improve communication and continuity of care between IOM and/or panel physicians with receiving agencies		

i. Purpose

The purpose of this FOA is to create Centers of Excellence in immigrant and/or refugee health to 1) generate information from long term follow up programs to inform policy, 2) enhance guideline development to improve and standardize clinical care of immigrants and/or refugees, 3) orient refugees and provide tools to improve medical follow up compliance, 4) improve the health education of voluntary agencies (VOLAGs), health care providers, community agencies, and employers to better serve resettling refugees, 5) establish portable electronic medical records to improve continuity of care; 6) establish clinical consultation service to stabilize/manage refugees with complex medical conditions.

ii. Outcomes

- Developed robust, multi-state/regional electronic surveillance networks for communicable and non-communicable diseases for immigrants and refugees
- Established long term follow up programs to identify and monitor health conditions of importance in specific populations to drive policy decisions
- Updated and expanded screening, treatment, clinical, and public health guidelines for immigrant and/or refugee populations to be used by health care providers in the US
- Developed systems to update and maintain guidelines
- Developed and implemented orientation programs for refugees to improve refugee communication with resettlement teams
- Developed educational materials for VOLAGs, health care providers, community agencies, and employers to improve healthcare service needs of refugees
- Established secure portable electronic health record system for immigrants and/or refugees that is accessible to health care providers in different institutions to improve continuity of care and health outcomes
- Development of a clinical consultation service for the IOM and panel physicians overseas to diagnose, stabilize, and manage complex medical conditions of refugees

iii. Strategies and Activities

Surveillance/Epidemiology

1) Expand surveillance systems for immigrant and/or refugee populations that are representative of the target population and capture data in a secure, electronic database format:

- Develop systems/mechanisms to create multi-state and/or regional surveillance networks building on established systems
- Ensure surveillance networks communicate with established state-based systems and standardize data across systems
- Establish data standards for best practices in immigrant/refugee health surveillance

2) Design approaches to identify and monitor secondary migration patterns among immigrants and/or refugees

3) Design approaches for long term follow up of immigrants and/or refugees after they arrive in the U.S.

4) Implement long term follow up programs to study chronic non-infectious disease, mental health, maternal child health, infectious diseases, injuries, and/or occupational health issues

5) Assess the utility of existing data sources to identify and monitor health conditions among immigrants and/or refugees

Guideline Development

1) Expand and update screening, treatment, clinical, and public health guidelines for immigrant and/or refugee populations

2) Create populations-specific guidelines

3) Establish a system to continually update and maintain guidelines to meet best practices

4) Develop approach to evaluate the effectiveness of the guidelines

5) Evaluate effectiveness of guidelines and report the results

Refugee Orientation

1) Adopt program to orient refugees upon arrival

2) Develop and deploy mobile device applications to allow for better communication with refugees in need of health care services

3) Explore the use of major ports of entry (ie airports) as an anchor point for establishing relationships with refugees for future communication and public health interventions.

4) Evaluate the effectiveness of orientation programs and report findings

Health Education

1) Identify gaps in health knowledge among VOLAGs, health care providers, community agencies, and/or employers providing resettlement health care service to refugees

2) Develop and deliver educational resources to improve health knowledge with the intent of improving identification of health care needs of arriving refugees

3) Evaluate the effectiveness of education activities and report findings

Electronic Health Record Development

1) Develop and establish secure portable electronic health records for immigrant and/or refugee populations

2) Data stored in a secure database and easily extractable for analytical purposes

Clinical Consultation

1) Develop and implement a clinical consultation service for IOM and overseas panel physicians for refugee populations

2) Develop a strategy to provide clinical consultation services for the clinical management of refugees with complex medical conditions

3) Promote service to potential users

4) Evaluate the effectiveness of the service and document the results

1.Collaborations

a. With CDC-funded programs:

Collaboration with other CDC funded programs is required. If chosen, applicant should provide evidence of prior collaborations and should describe the collaborating CDC-funded programs in their jurisdiction or community, describe their role in achieving the FOA outcomes, and describe how the applicant will work with the program. Prior evidence may be provided as a MOU, MOA, or letters of support. Of most interest is the sharing of data from surveillance networks, cohort studies, and electronic health records to conduct collaborative studies.

b. With organizations external to CDC:

Collaborations with organizations external to the CDC is required. If chosen, applicant should provide evidence of prior collaborations and should describe the collaborating program in their jurisdiction or community, describe their role in achieving the FOA outcomes, and describe how the applicant will work with the program. Prior evidence may be provided as a MOU, MOA, or letters of support. Examples of potential collaborative partners include IOM, state and local health departments, academic institutions, non-governmental organizations, VOLAGs, health care providers, community agencies, and others.

2. Target Populations

Awardees are expected to focus on refugees arriving in the United States. Projects may include auxiliary focus on immigrant populations where appropriate. Applicants should clearly identify their focus in their proposed projects.

a. Inclusion

n/a

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

n/a

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Awardee will report progress toward program outcomes on an annual basis. CDC will develop the specific performance measures that best meet the purpose and objective of this project as well as the timing of the performance measures. Some performance measures may be required in year 1 but not in succeeding years and others will be required in subsequent years only. The performance measures will be closely tied to the pertinent strategies, activities, and outcomes. There may be both qualitative and quantitative data collected for evaluation purposes. Overall, reports summarizing the progress and short-term outcomes of each project will be submitted, at a minimum, on an annual basis. Performance measures may include:

- Number of jurisdictions included in a surveillance network
- Number of people and description of population included in a follow up program
- Number of guidelines expanded, updated, or developed
- Number of refugees enrolled in orientation program
- Compliance numbers for medical visits for refugees enrolled in orientation programs
- Number and description of educational products
- Number of trainings performed
- Number of patients included in a portable electronic health record system and number of visits per patient
- Number and outcomes of clinical consultations

ii. Applicant Evaluation and Performance Measurement Plan

Applicants are expected to have a project monitoring plan designed to demonstrate progress in project implementation (this should include timelines, schedule for conference calls, onsite meetings, submission of progress reports, etc.).

c. Organizational Capacity of Awardees to Execute the Approach

Below is the required organizational skill set the applicant would need to have to execute this FOA:

- Program Management
    - Planning and execution
    - Performance management and monitoring
    - Communication management
    - Partnership development
    - Reporting
    - Workforce management
- Subject Matter Expertise (not all are required)
    - Clinical and public health expertise in refugee health
    - Surveillance and informatics expertise
    - Experience establishing longitudinal studies
    - Health education/health promotion expertise
    - Electronic health record (EHR) expertise
- Financial Planning
    - Budget management and tracking
    - Budget administration
    - Financial reporting

d. Work Plan

A detailed work plan covering the first year of the project period and a high level plan for the subsequent years must be provided with each application. This work plan should include the expected outcomes, the program strategies, associated performance measures, milestones or target dates for activity completion, and identification of person(s) responsible for those activity completions.

Below is a sample work plan for illustrative purposes only:

Expected Outcome(s) for the Project Period: XXX

Program Strategy(ies); XXX

Activity	Performance Measures	Person Responsible	Target Date	Activity Completion Date

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the

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

Other activities deemed necessary to monitor the award, if applicable.

These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

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

CDC will be substantially involved with some of the activities of this FOA and will be a fully collaborating partner with certain activities. CDC will:

Technical Assistance

- Collaborate with the awardee to establish priorities for the program through regular meetings and communication
- Collaborate with the awardee to establish goals, objectives, and effective and innovative strategies and methodologies for surveillance and long term follow up of target populations
- Provide consultation, guidance and technical assistance especially in areas of epidemiology of immigrant and/or refugee populations
- Provide analytic assistance for surveillance and long term follow up programs
- Assist in evaluating program operations and the overall effectiveness of the project activities through joint program review and analysis
- Review and approve the awardee's annual work plan, detailed budget, monitoring and evaluation plan
- Discuss on a quarterly basis with the awardee to assess quarterly technical and financial progress reports and modify plans as necessary

Information Sharing Between Awardees

- Assist the awardee in reporting and disseminating results, recommendations, and relevant information
- Review and approve the process used by the awardee to select key personnel and/or post award subcontractors and/or sub awardees to be involved in the activities performed under this agreement
- Assist in communicating and sharing practices and lessons learned. Participate in meetings, webinar and work groups as appropriate
- Data collected on target populations by awardee will be shared with CDC

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Award Mechanism:	U50

Health

3. Fiscal Year:	2015

Estimated Total Funding: $5,000,000

4. Approximate Total Fiscal Year Funding: $5,000,000

5. Approximate Project Period Funding: $25,000,000

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

7. Expected Number of Awards: 0

The expected number of awards is 3-5.

8. Approximate Average Award: $0 Per Budget Period

The approximate average award will range from $500,000 to $1,500,000.

9. Award Ceiling: None

10. Award Floor: None

11. Estimated Award Date: 08/08/2015

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses
Small businesses
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Government Organizations:

State (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities
Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

There is no award ceiling for this FOA therefore all applications with a proposed award will be reviewed.

The award ceiling for this FOA is $0. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

n/a

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet athttp:// fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process 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 "Get Registered" option atwww.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.

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO 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 PGO.

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

Due Date for Letter of Intent: **05/02/2015**

b. Application Deadline

Due Date for Applications: **06/11/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 05/01/2015

The date for the second informational call is May 1, 2015 at 2:00 - 3:00 p.m. Eastern. The call in number is 1-877-489-9253, passcode 43915780.

The date of the informational call will be April 13, 2015 at 3:00 - 4:00 p.m. Eastern. The call in number is 1-866-760-5505, passcode 7415279.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html.

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

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

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

If you choose to submit a letter of intent (LOI), it must be received via U.S. express mail, delivery service, fax, or email to:

Stephen Benoit

CDC/NCEZID/DGMQ

1600 Clifton Road NE, MS E-03

Atlanta, GA 30333

Telephone number: 404 639 5013

Fax number: 404 639 4441

Email address: bvy8@cdc.gov

8. Table of Contents

(No page limit and not included in Project Narrative 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

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

Of most interest when collaborating with other CDC funded programs is the sharing of data from surveillance networks, follow up programs, and electronic health records to conduct collaborative evaluation projects. Examples of potential collaborative partners external to the CDC include the IOM, state and local health departments, academic institutions, non-governmental organizations, VOLAGs, healthcare providers, community agencies, and others.

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

Awardees are expected to focus on refugees arriving in the United States. Projects may include auxiliary focus on immigrant populations where appropriate. Applicants should clearly identify their focus in their proposed projects.

c. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach
Applicant must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan
(Included in the Project Narrative's 20 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 awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

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

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

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

- Salaries and wages

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

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http://www.cdc.gov/grants/interestedinapplying/applicationresources.html .

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

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13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke,

specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.

Tobacco Policies:

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

Nutrition Policies:

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

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm

http://www. thecommunityguide.org/ tobacco/index.html

http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- 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 http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying_ Restrictions_ for_CDC_ Grantees_July_ 2012.pdf
- 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.

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18. Other Submission Requirements

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

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

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will

then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Applicant User Guide, Version 1.1, page 102.

http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call 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 postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Approach	**Maximum Points: 50**

1. Surveillance/Epidemiology

- Does the applicant document and demonstrate previous experience conducting surveillance in large numbers of refugee populations and/or immigrant populations?
- Does the applicant demonstrate willingness and ability to work with partners to link systems to create surveillance networks?
- Does the applicant document and demonstrate the ability to address all relevant data security and confidentiality requirements as is needed for public health surveillance?
- Does the applicant document and demonstrate the ability to capture timely data about communicable and non-communicable illnesses among newly arrived refugees and/or immigrants?
- Does the applicant document and demonstrate the ability to capture outcome or follow up data?
- Does the applicant have experience in data standards?
- Does the applicant demonstrate the ability to design and implement surveillance and long-term follow up programs?
- Does the applicant document and demonstrate the ability to identify mechanisms to share health data with federal partners such as CDC?
- Does the applicant describe the extent to which they provide an adequate description and understanding of the magnitude of refugee and/or immigrant health problems showing evidence (as available) of estimates of prevalence, demographic indicators, severity, effect on families and caregivers, and associated costs?

2. Guideline Development

- Does the applicant document and demonstrate expertise in developing and updating population-specific guidelines?

3. Refugee Orientation

- Does the applicant demonstrate the willingness and ability to work with a diverse group of newly arrived refugees and develop a program to orient them to the health care system in the US?

4. Health Education

- Does the applicant document and demonstrate previous experience with education activities in large numbers of refugee populations and/or immigrant populations and groups/agencies working with these populations?

5. Electronic Health Record

- Does the applicant demonstrate the technical ability to develop and/or establish portable electronic health records in refugee and/or immigrant populations?
- Does the applicant document and demonstrate the ability to identify mechanism to share health data with federal partners such as CDC?

6. Clinical Consultation

- Does the applicant demonstrate clinical expertise in refugee health and the ability to provide a consultation service for panel physicians?

Evaluation and Performance Measurement	Maximum Points: 25

1. Does the applicant clearly define evaluation and performance measurements at different time points of the project?
2. Does the applicant describe the extent of their current activities related to the target populations of this project?
3. Does the applicant provide a timeline and resource plan for development and implementation of the activities?

Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 25

1. Does the applicant demonstrate the willingness and ability to work in collaboration with organizations involved in refugee resettlement, such as national/local voluntary resettlement agencies and/or federal partners like CDC?
2. Does the applicant demonstrate the willingness and ability to form multi-state and/or regional surveillance networks with the purpose of creating standardized data across the network?
3. The extent to which the proposed collaborations at local, state, and/or national levels are well documented with letters of commitment conveying specific indications as to the level of involvement and material effort to be provided in support of project objectives.
4. The extent to which the applicant presents evidence of strong partnerships between the state health or local departments and/or university partners, as well as with community-based organizations, national voluntary agencies, or refugee resettlement agencies, and describes how these collaborations will result in successful infrastructure development.
5. Does the applicant demonstrate the willingness and ability to work and conduct outreach with a diverse group of local and global communities to support coordination and collaboration between public health partners?
6. Does the applicant describe the extent of their expertise in one or more focus areas of the strategies/activities of this project?
7. Does the applicant clearly define the objectives for the proposed activities?
8. Does the applicant propose a clear operational plan to conduct the activities?

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

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in this FOA apply. Final selection and approval of activities will be prioritized in collaboration with CDC. CDC will provide justification for any decision to fund out of rank order.

2. Announcement and Anticipated Award Dates

The Grants Management Officer will provide electronic communication to the successful awardees in the form of a notice of award letter. Award date is expected to be **August 8, 2015**.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

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

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

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

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.

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

3. Reporting

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

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

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes

Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

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

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

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

- Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

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

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

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

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

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

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

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

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000. For the full text of these requirements, see: http://www.gpo.gov /fdsys/browse/ collection.action?collectionCode= BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Stephen Benoit, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Rd NE
Atlanta, GA 30333
Telephone: (404) 639-5013
Email: bvy8@cdc.gov

Grants Staff Contact

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

Mattie Jackson, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road
MS E15
Atlanta, GA 30341
Telephone: (770) 488-2696
Email: mij3@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 Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341

Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

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

H. Other Information

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

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

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 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional requirements/index.html. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period.Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information

about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of

all necessary activities that will be supported through the approved budget.

Q & A – FOA CK15-1503 – Establishment of Centers for Excellence in Refugee Health

Do applicants need to address all six program areas listed in the logic model?

- Applicants will be scored on addressing all six activities.

Can multi-state or multi-site applications be submitted?

- Yes

Can two or more sites collaborate but submit separate applications?

- Yes, but the applications will be reviewed separately.

Is each referenced "program" area one of the listed activities in the logic model,? (p.6 of original FOA).

- Each activity described corresponds to one or more of the six sections of the logic model, p 6-7 of the FOA.

Should responses be based on existing standards set by CDC/General medical community? Or should the aim be to create new methods of surveillance?

- Both. Responses should serve to update existing surveillance methods and/or create new methods where appropriate.

Will all six activities be part of the evaluation?

- Applicants should propose in a manner consistent with the stated evaluation criteria presented in the "Review and Selection Process" portion of the FOA, beginning on p.22 of the original FOA. Applicants will be scored on addressing all six activities.

Could you expand on electronic health record development? Is this asking for a new IT solution?

- The FOA does not require the development of any new IT solution. Applicants can propose a mix of existing IT solutions, modifying/adapting existing IT solutions, or creating new IT solutions as appropriate and in line with their proposal.

Is the target population refugees?

- Yes (the FOA was amended to reflect this priority)

Will there be a recording of this call?

- A summary Q&A document will be posted which addresses questions posed during informational session(s).

What is the focus of the surveillance sought by the FOA? Can you provide clarification? (Ex. Communicable v Non-Communicable diseases)

- The FOA does not prioritize communicable versus non-communicable diseases. The FOA seeks to improve the health and/or health-related tracking of any of the potential health conditions affecting refugee population.

Is there any importance/relevance to a projects covering a specific geographic area as opposed to projects with a national scope?

- There is no preference as to the local vs. national nature of the program. The proposals will be evaluated in accordance with the criteria outline in the FOA.

How would data be recorded in the surveillance system? How would you coordinate between the centers? Would all communication be relayed through CDC? What type of communication methods are proposed?

- That level of detail is not available prior to award – this will be applicant specific and determined post-award. Communication methods are not predetermined but rather project specific. Successful applicants will be expected to coordinate data and communications with the CDC, at a minimum.

Is there any preference for using/expanding existing systems versus creating a new system?

- Applicants are expected to propose solutions consistent with the criteria present in the Logic Model (p. 6-7), Strategy and Activities (p. 8-9), and the Review and Selection Process (beginning on p. 22).

What is expectation after 5 years of funding? Will additional funding be available?

- There is no guarantee for funding after 5 years.

- What is the page-limit for proposals? This is a not a multi-component FOA and is therefore limited to 20 pages.

Are recipients of this grant supposed to work together with recipients of the Refugee Surveillance Grant?

- The FOAs are separate. No preference is given for those with or without collaboration on existing grants or cooperative agreements. The FOA contains further detail on collaboration.

What is the funding schedule? Can there be a front-loaded funding approach, i.e. $1.5M in year 1, $1M year two?

- The funding for projects will be consistent with parameters outlined in Part 1.G.1 – Executive Summary.

Should the elements of both Epidemiology and Surveillance be addressed in the proposal?

- The specifics of applicants Epidemiology and Surveillance methods are project specific and should be consistent with the project specifics outlined in the FOA. The Logic Model and Review and Selection Process contain further information on this topic.

Could you expand on the requirement of a "Long Term Outcome" of a reverse yellow book?

- The "Yellow Book" is a publication which provides information and guidance to people travelling abroad from the U.S. This publication is available online. The reverse Yellow Book should seek to provide similar information and guidance to refugee/migrant populations entering the United States.

When will the amended version of the FOA be released?

- We will post an update on grants.gov.

Regarding wording for "refugee", there are a few specific populations of immigrants that receive or need the same/similar services, what is the preference of the FOA?

- The priority population is refugee, however where there is overlap, that is of interest to CDC and the program.

Is a multi-state or regional approach a priority or requirement versus a localized/single state?

- No, not listed as a requirement.

Is the letter of intent required or optional?

- The letter of intent is optional.

What is the applicable page limit for this FOA? Can an appendix be included?

- The page limit is 20 pages. Optional documents, listed in the original version of the FOA in the final Section H on p.28, can include -

"Optional attachments, as determined by CDC programs

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

These can be included in an appendix section, which will not count towards the final page count.

Can small businesses apply for this FOA?

- Small businesses can apply in accordance with (IAW) the parameters laid out in the FOA.

Will there be an evaluation penalty for proposing a project in a specific locale/state?

- The FOA contains some information pertaining to site choice in the "Surveillance/Epidemiology" portion of the logic model. All evaluations will be carried out IAW the parameters outlined in the FOA.

What is the expectation once a refugee transitions their identity to that of an immigrant?

- The immigrant population can be included in the surveillance, IAW the terms of the FOA. The primary target population is refugees.

Can you expand on the details required for year one vs. years 2-5?

- We would like a detailed description for the work plan in the first year of performance, with detailed forecasting for the following years.

What is the approximate annual amount and how does that fit in with the overall $25M ceiling amount?

- The $25M is an approximate overall value for the life of all awards made under the FOA. Terms of the awards are laid out in Part 1, G, 1.

Are there some types of health conditions which have a preference over others for this FOA?

- The FOA does not contain a preference for type of condition, i.e. communicable versus non-communicable.

Will IOM be open to working with any/all awardees?

- IOM is open to working with any/all of the FOA awardees.

If an organization has existing work with the CDC, for example working on an HIV project, would this constitute prior collaboration with the CDC?

- Such an example would constitute collaboration with the CDC.

Will awards be made including the evaluation of the merits of the budget side of the proposal? Or, will they be made based on the merits of the technical proposal?

- The evaluation of proposals of varying expenditures will take place on a level playing field. The budget evaluation considerations include appropriateness or proposed cost when compared with the scope of the proposed project. Other budget considerations during the evaluation process will be carried out IAW the FOA parameters.

If an organization has not worked with CDC in the past, would that be detrimental or otherwise disqualify them from the FOA award?

- It is helpful to have prior experience working with CDC, however it is not a requirement.

What should be included in the project narrative?

- The expectations for the project narrative are outlined beginning on p.14 of the 4/30/15 amended version of the FOA.

What role do the tobacco and nutrition policies (p.16-17) play in the proposal and evaluation of FOA responses?

- The tobacco and nutrition policies are standard part of FOA language from the CDC. They serve as encouragement across CDC projects to address these common health issues.