


**Centers for Disease Control and Prevention**

Center for Global Health Extramural Research Program Office

# Conducting Public Health Research in Thailand: technical collaboration with the Ministry of Public Health in the Kingdom of Thailand (MOPH)

RFA-GH-16-003

Application Due Date: 03/01/2016

Conducting Public Health Research in Thailand: technical collaboration with the Ministry of Public Health in the Kingdom of Thailand (MOPH)

RFA-GH-16-003

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## Part 1. Overview Information

### Participating Organization(s)

Centers for Disease Control and Prevention

### Components of Participating Organizations

Center for Global Health Extramural Research Program Office (CGH ERPO)
Center for Global Health (CGH)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
National Center for Immunization and Respiratory Diseases (NCIRD)
National Center on Birth Defects and Developmental Disabilities (NCBDDD)

### Funding Opportunity Announcement (FOA) Title

Conducting Public Health Research in Thailand: technical collaboration with the Ministry of Public Health in the Kingdom of Thailand (MOPH)

### Activity Code

U01

### Funding Opportunity Announcement Type

New

### Funding Opportunity Announcement Number

RFA-GH-16-003

### Catalog of Federal Domestic Assistance (CFDA) Number(s)

93.326

### Category of Funding Activity:

Health

### FOA Purpose

The purpose of the cooperative agreement is to conduct epidemiologic, clinical, field and laboratory research on important human infectious diseases, with an emphasis on HIV/AIDS, Malaria, emerging and re-emerging infectious diseases, zoonotic diseases, neglected tropical diseases, Tuberculosis, Influenza and other diseases with pandemic potential. Also included are possible environmental health issues, chronic diseases, birth defects and developmental disabilities, maternal and child health, public health preparedness, bio-safety, and injury control and prevention.

### Key Dates

**Publication Date:** **To receive notification of any changes to RFA-GH-16-003, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.**

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

N/A

**Application Due Date:** **03/01/2016**

On-time submission requires that electronic applications be error-free and made available to CDC for processing from eRA Commons on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov/eRA Commons no later than 5:00 PM U.S. Eastern Time. Note: HHS/CDC grant submission procedures do not provide a period of time beyond the application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

**Scientific Merit Review:** **04/01/2016**

**Secondary Review:** **05/01/2016**

**Estimated Start Date:** **09/01/2016**

**Expiration Date:** **03/02/2016**

**Due Dates for E.O. 12372:** **Executive Order 12372 does not apply to this program.**

## Required Application Instructions

It is critical that applicants follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this FOA. Conformance to all requirements (both in the Application Guide and the FOA) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

**Note:** The Research Strategy component of the Research Plan is limited to 60 pages.

**Applications that do not comply with these instructions may be delayed or not accepted for review.**

**Telecommunications for the Hearing Impaired:** TTY 1-888-232-6348

## Executive Summary

**Purpose.** The purpose of the cooperative agreement is to conduct epidemiologic, clinical, field and laboratory research on important human infectious diseases, with an emphasis on HIV/AIDS, Malaria, emerging and re-emerging infectious diseases, zoonotic diseases, neglected tropical diseases, Tuberculosis, Influenza and other diseases with pandemic potential. Also included are possible environmental health issues, chronic diseases, birth defects and developmental disabilities, maternal and child health, public health preparedness, bio-safety, and injury control and prevention.

- **Mechanism of Support.** Cooperative Agreement
- **Funds Available and Anticipated Number of Awards.** Approximately $35,000,000 is expected to be available for the total project period. Funding to be awarded through this FOA is contingent upon availability of funds.. Because the nature and scope of the proposed research will vary from application to application, it is also anticipated that the size and duration of each award may also vary. The total amount awarded and the number of awards will depend upon the number, quality, duration and cost of the applications received and program priority as this is an umbrella cooperative agreement.
- **Budget and Project Period.** Budget period 09-01-2016 to 08-31-2017; Project period 09-01-2016 to 08-31-2021.
- **Application Research Strategy Length:** The Research Strategy page limit number is 60 pages.
- **Eligible Institutions/Organizations.** Institutions/organizations listed in Section III.1 are eligible to apply.
- **Eligible Project Directors/Principal Investigators (PDs/PIs).** Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. NOTE: CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.

- **Number of PDs/PIs.** State the authoritative structure you expect to see in submitted applications.
- **Number of Applications.** Eligible applicant institutions may submit more than one application, provided that each application is scientifically distinct.
- **Application Type.** New
- **Special Date(s).** N/A
- **Application Materials.** See **Section IV.1** for application materials.
- **Hearing Impaired.** Telecommunications for the hearing impaired are available at: TTY: (770) 488-2783.

## Part 2. Full Text

## Section I. Funding Opportunity Description

### Statutory Authority

301 (a) and 307 (42 U.S.C. 242/, as amended) of the Public Health Service Act, [42 U.S.C. Sections 241 (a) and 247b (k) (2), as amended.

### 1. Background and Purpose

The Centers for Disease Control and Prevention (CDC) within HHS is committed to achieving the health promotion and disease prevention objectives of the National Prevention Strategy, National HIV/AIDS Strategy, and the National Health Security Strategy. The Thailand Ministry of Pubic Health (MOPH) is the key governmental agency that will enable CDC to execute its approved global health strategy and other public health priorities. The CDC working through its strong partnerships with Ministries of Health, will assure the implementation and evaluation of public health research programs that will result in the prevention and control of diseases both communicable and non-communicable in Thailand and apply these to other international settings. Over the past 15 years, MOPH and CDC have achieved goals and accomplished objectives that have led to improving the health and quality of life of Thai citizens. These collaborations between CDC and Thailand MOPH have led to breakthroughs in research, improved programmatic practices, and strengthened laboratory systems. The MOPH has in place the central, provincial and district-based structures required to immediately engage in these and future activities. This is an umbrella cooperative agreement that will facilitate collaboration between multiple CIOs within CDC and the Thailand Ministry of Public Health (MOPH) for the conduct of public health research on diseases of importance to both the United States and Thailand.

The purpose of this cooperative agreement is to conduct epidemiologic, field and laboratory research on important human infectious diseases, with an emphasis on HIV; immunization and infectious diseases; maternal, infant and child health; public health infrastructure; respiratory diseases; sexually transmitted diseases; health communication and health information technology. Also included are possible environmental health issues, chronic diseases, birth defects and developmental disabilities, maternal and child health, public health preparedness, bio-safety, and injury control and prevention. It is in alignment with HHS/CDC performance goal(s) and Global Health security objectives to prepare for, prevent, detect, respond to and contain health threats globally by providing global health promotion, health protection and health diplomacy and with Center for Global Health (CGH) performance goal(s), “Protecting the Nation’s Health in an Era of Globalization: CDC’s Global Strategy for Addressing Infectious Diseases”.

In addition, many of the lifestyle risk factors for NCDs like improper nutrition, sedentary lifestyle, alcohol and tobacco use are becoming more prevalent. This has led to the emergence of NCDs as important causes of morbidity and mortality. The three leading causes of death in Thailand in 2008 are cancer, cardiovascular diseases and diabetes. NCDs also have an impact on the Thai health care system. There are dramatically increasing numbers of inpatient and outpatient visits for hypertension, diabetes, stroke, and ischemic heart disease even though the death rate for cardiovascular diseases, diabetes and injury delayed and decreased on sharp increasing of the death rate. These trends are also having a major impact on health care financing and

made clear the importance of placing more effort on proven health promotion strategies and research that are known to be effective and reduce the burden of NCD and injury. Project proposals submitted in response to this FOA will broadly address:

- Health Impact: Improve the health and well-being of people in Thailand, the ASEAN region and the world
- Health Security: Improve the capabilities to prevent, prepare, detect, and respond
- Health Capacity: Strengthen and sustain public health capacity, infrastructure, management and monitoring.

**Healthy People 2020 and other National Strategic Priorities**

**Public Health Impact**

This FOA aligns with the current CDC strategic priorities including strengthening surveillance, epidemiology and laboratory services; supporting public health activities; increasing global health impact; increasing impact on public health policy; and preventing illness, injury disability and death.

Thailand Ministry of Public Health (MOPH) in collaboration with CDC has produced new disease prevention and intervention strategies that have had significant global public health impacts. From the establishment in 1980 of the Field Epidemiology Training Program to current efforts to meet the growing challenges of drug-resistant malaria, TB, HIV, emerging infectious diseases, migrant and border health, and non-communicable diseases, Thailand MOPH stands ready to work with CDC to meet new challenges.

**Relevant Work**

The MOPH is the only organization in Thailand that possesses the requisite scientific and technical expertise and the infrastructure capacity, and who has the primary responsibility within the Thailand government to address public health issues. These combined attributes make them uniquely qualified as the only organization in Thailand capable of effectively conducting public health research and other program activities proposed for this umbrella cooperative agreement. The MOPH is uniquely positioned in terms of constitutional authority, mandate and ability to oversee and safeguard public health, and to collect and analyze information and disseminate research reports related to multiple health issues. They have the ability to utilize existing public health networks and other partners to assure the accomplishment of research goals as required in this cooperative agreement.

## 2. Approach

Applicant should prepare project proposals based on the overarching objectives and the program specific objectives listed below. Each project should have a project name and ID. Projects that are continuing from prior cooperative agreements should retain the same project name and unique project identifier in the new cooperative agreement. Please refer to Section IV for application submission and guidance for more specific information.

**Objectives/Outcomes**

Projects will address one or more of the following broad focus areas as outlined in the CDC-MOPH Collaboration Framework:

1. Workforce capacity development and capacity in epidemiology, laboratory and evidence based action
2. Quality public health systems and services
3. Prevention, Preparedness, and response to public health threats
4. Regional and multi-sectoral collaboration

Results of this research will be incorporated into operational health promotion, and disease prevention and

control programs in the Kingdom of Thailand and to ensure the sharing of expertise and research findings with other nations, non-governmental agencies and academic institutions

PROGRAM SPECIFIC OBJECTIVES:

DIVISION OF HIV/AIDS PREVENTION (DHAP)

- Evaluate the efficacy and effectiveness of new and/or improved modalities for HIV and STI (sexually transmitted infections) prevention, including but not limited to biomedical, behavioral and structural interventions, such as vaccines, pharmacological prophylaxis, treatment as prevention and other prevention modalities.
- Improve treatment and diagnosis of HIV infection and associated conditions for adults and children, including but not limited to collaborative/network studies and studies of acute infections and potential strategies for cure of HIV infection.

DIVISION OF PARASITIC DISEASES AND MALARIA (DPDM)

- Conduct malaria operational research and monitoring and evaluation activities to assess the efficacy/effectiveness of currently deployed malaria control tools including diagnosis and improve routinely collected surveillance data.
- Evaluate the effectiveness of malaria control interventions including long-lasting insecticide-treated nets (LLITNS), indoor residual spraying (IRS) and other methods of transmission reduction;
- Evaluate the effectiveness of all aspects of the case management pathway including appropriate referral, diagnosis, correct prescribing and appropriate messaging at all levels of the health systems;
- Evaluate the therapeutic efficacy of antimalarials to treat uncomplicated and severe malaria; and
- Evaluate the therapeutic efficacy of antimalarials used to address the negative consequences of malaria in pregnancy.
- Evaluate the use of innovative vector control intervention measures such as insecticide treated materials, including use of combination insecticide-treated bednets and insecticide-treated wall liners;
- Evaluate the use of new strategies that target the malaria parasite reservoir such as mass screen and treat and mass drug administration
- To support research and infrastructure to accelerate progress towards malaria elimination in Mekong region, including testing new tools/interventions to further reduce malaria transmission with the ultimate goal of malaria elimination.
- To build epidemiological, entomological, laboratory, health economics, and social science capacity at MOPH and other regional Ministries of Health.

DIVISION OF GLOBAL HEALTH PROTECTION (DGHP)

- Intervention studies to reduce the burden of priority disease and syndromes
- Public health research studies to determine disease burden and risk factors in special populations
- Research studies for the disease burden and risk factors at the animal human interface (One Health)
- Operational research studies formalizing the monitoring and evaluation for Public
- Health program implementation for Thailand.
    - Includes the evaluation of emergency preparedness and response Includes health system strengthening
    - Implement and evaluate systems and projects for increasing capacity for Point of Care diagnostics
    - Evaluate existing and novel technologies and methodologies for disease surveillance
        - Best practices
        - Relative value

DIVISION OF GLOBAL HIV/AIDS and TUBERCULOSIS (DGHT)

- To conduct research on tuberculosis epidemiology, prevention, case finding and diagnosis, and

treatment, including clinical trials, implementation-focused research and evaluation, and other forms of investigation.
- To improve the use of TB research data to inform public health policy both by building capacity to use data in this manner and also by working with the Ministry of Health to translate findings into action.

INFLUENZA

- To monitor influenza viruses and generate evidence to inform estimation of burden, vaccine immunogenicity, efficacy and effectiveness, antiviral effectiveness, pandemic preparedness, outbreak support and capacity building, including support for Thailand to develop capacity to manufacture its own influenza vaccines.
- To monitor vaccine effectiveness and uptake, including identifying barriers to vaccination in high-risk groups.

NON-COMMUNICABLE DISEASES (NCD)

- Collaborate in the development of field research and program implementation and evaluation on NCD and injury
- Strengthen in the area of training for public health officer in NCD program planning, research and evaluation
- Strengthen laboratory capacity and research for screening and diagnosis of NCD
- Work together to incorporate result of research or study on NCD and injury into operational NCD prevention and control programs. Translate results to develop policies and programs in the region and internationally
- Strengthen NCD surveillance activity and its data utilization
- Exchange and share scientific information, materials and tool with CDC and other public health partners
- Collaborate in the area of dissemination of research and program result through community, national forum and peer-reviewed science articles

Additional Objectives may be addressed as stated below:

- Research to address infectious diseases as well as zoonotic diseases, including developing and expanding innovative and improved detection, interventions, treatments, and responses and the implementation or expansion of sustainable surveillance systems;
- Research to address non-infectious diseases including: Environmental Health issues, chronic diseases, Maternal and Child Health, Public Health Preparedness, Bio-Safety, and Injury Control and Prevention;
- Projects to foster innovations in science and technology for the development of new public health interventions and operational research to improve uptake of known interventions;
- Projects to strengthen surveillance activities and impact assessment capacity;
- Projects to strengthen laboratory capabilities necessary for the diagnosis of human and animal infectious diseases of public health priority in Thailand and the region;
- Projects focusing on improved capacity to respond to disease outbreaks and other public health emergencies.

Applicant may propose a variety of projects that address these priorities. Within each project, the applicants must submit separate Research Plans and Budgets. Applicant must provide assurance of coordinated management and administrative support.

For each project proposed, the focus should be on an identifiable public health concern or problem impacting health in Thailand. Applicant may propose new projects, as well as continuation of, existing projects that propose new objectives and activities to address emerging diseases as well as risk factors associated with the leading causes of death in Thailand. This may include disease surveillance, data collection, epidemiologic

studies, laboratory-based studies, and the evaluation of interventions and/or control methods including therapeutic and preventative treatments.

**Target Population**

Target populations at high-risk for influenza-associated morbidity and mortality include individuals aged ≥65 years, individuals with chronic underlying medical conditions, young children aged six months to five years, pregnant women, and healthcare personnel.

Target populations for malaria research should include people living or working in epidemiological defined areas of malaria transmission. Sub-population target groups within these malaria transmission zones should include those most at-risk e.g. children under five years of age and pregnant women.

Target populations at high-risk for HIV/AIDs include people living with HIV, men who have sex with men, and transgender women in geographic areas where those populations are concentrated.

Non-communicable disease and injury interventions/research target populations include general populations groups (all age groups), high risk populations, and populations with NCDs and injuries.

Other target populations for research activities include children less than five years of age at risk for respiratory diseases and vaccine preventable diseases including diphtheria, pertussis, and measles; and all age groups at risk for food and water borne diseases specifically salmonellosis and Hepatitis B and C and non-communicable diseases including road traffic injuries, cancer, hypertension, and diabetes.

**Collaboration/Partnerships**

Applicant should list organizations and Principal Investigators (PIs) that will be involved in the proposed research proposal. Letters of support from partners and collaborators are encouraged

**Evaluation/Performance Measurement**

The awardee will be evaluated on a project by project basis. Evaluation metrics will include

1) the ability to perform research and evaluation addressing the public health priorities outlined in the FOA

2) whether the research has the potential to contribute to reduction of burden of disease, and

3) if recommendations derived from the studies will result in the development or refinement of public health policies or improved implementation of effective prevention, control, and treatment activities.

**Translation Plan**

Applicant should describe plans for how research findings will be reported and disseminated (e.g., peer-reviewed journals, scientific presentations, meetings and conferences) and specify how these activities are integrated into the project plan. The translation of findings should be understandable to a variety of audiences (both professional and public), including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users.

Questions to consider in preparing this section include:

- How will the scientific findings inform public health policy or practice?
- How will the project improve or affect the translation of research findings into policy or practice?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs and practices?
- How will the findings advance or guide future research efforts or related activities?
- How will the research improve health outcomes?

## Section II. Award Information

**Funding Instrument Type:** Cooperative Agreement

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

**Application Types Allowed:**

New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

**Estimated Total Funding:** $35,000,000

**Anticipated Number of Awards:** 1

Awards issued under this FOA are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

**Award Ceiling:** $7,000,000 Per Budget Period

**Award Floor:** $0 Per Budget Period

**Total Project Period Length:** 5 year(s)

Throughout the project period, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this FOA.

## Section III. Eligibility Information

### 1. Eligible Applicants

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

Additional Eligibility Category:

### 2. Foreign Organizations

Foreign Organizations are eligible to apply.

Foreign (non-US) organizations must follow policies described in the HHS Grants Policy Statement (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf), and procedures for foreign organizations described throughout the SF424 (R&R) Application Guide. International registrants can confirm DUNS by sending an e-mail to ccrhelp@dnb.com, including Company Name, D-U-N-S Number, and Physical Address, and Country. Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://eportal.nspa.nato.int/AC135Public/Docs/US%20Instructions%20for%20NSPA%20NCAGE.pdf.

Foreign components of U.S. Organizations are eligible to apply.

For this announcement, applicants may include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

## 3. Special Eligibility Requirements

Eligible applicants: Ministry of Public Health, Kingdom of Thailand (MOPH)

## 4. Justification for Less than Maximum Competition

The MOPH is the only organization in Thailand that possesses the requisite scientific and technical expertise and the infrastructure capacity to address public health issues. MOPH also has the primary responsibility within the Thailand government to address public health issues. These combined attributes make them uniquely qualified as the only organization in Thailand capable of effectively conducting the research and public health program activities proposed for this umbrella cooperative agreement. The MOPH is uniquely positioned in terms of constitutional authority, mandate and ability to oversee and safeguard public health, to collect and analyze information, and to disseminate research findings related to multiple health issues. They have the ability to utilize existing public health networks and other partners to assure the accomplishment of research goals as required in this cooperative agreement.

The MOPH has in place the central, provincial and district-based structures required to immediately engage in the activities listed in this announcement. The MOPH is the key governmental agency that will enable CDC to execute its approved global health strategy. Specifically the Center for Global Health (CGH) working through its strong partnerships with MOPH will assure the implementation and evaluation of public health research programs that will result in the prevention and control of diseases, both communicable and non-communicable, in Thailand. Over the past 15 years with three consecutive Cooperative Agreements, the MOPH has strengthened HIV/AIDS prevention, care, training and surveillance programs; increased TB surveillance; and scaled up the successful pilot projects. Under the second and third Cooperative agreement, the collaboration expanded to include International Emerging Infectious Diseases, migrant and border health (DGMQ), and influenza and non-communicable disease (NCD) activities. The MOPH has achieved their goals and accomplished objectives that have led to improving the health and quality of life of Thai citizens. These collaborations between CDC and Thailand MOPH have led to breakthroughs in research, improved programmatic practices, strengthened laboratory systems and improved vaccine capacity in Thailand. These advances benefit not only Thailand, but also have had regional and global impact as well.

## 5. Responsiveness

N/A

## 6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://eportal.nspa.nato. int/AC135Public/Docs/US%20Instructions%2 0for%20NSPA%20NCAGE.pdf
- System for Award Management (**SAM**) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, https://www.sam.gov/portal/SAM/#1.
- Grants.gov
- eRA Commons

All applicant organizations must register with **Grants.gov**. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.
All Program Directors/Principal Investigators (PD/PIs) **must** also work with their institutional officials to register with the **eRA Commons** or ensure their existing eRA Commons account is affiliated with the eRA Commons account of the applicant organization. **All registrations must be successfully completed and active before the application due date**. Applicant organizations are strongly encouraged to start the registration process at least four (4) weeks prior to the application due date.

### 7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Web Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.
Additionally, all applicant organizations must register in the **System for Award Management (SAM)**. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/index.html.
If an award is granted, the grantee organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

### 8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

### 9. Cost Sharing

This FOA does not require cost sharing as defined in the HHS Grants Policy Statement (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf).

### 10. Number of Applications

As defined in the HHS Grants Policy Statement, (http: //www.hhs.gov /asfr /ogapa /aboutog /hhsgps107. pdf), applications received in response to the same funding opportunity announcement generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this FOA that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

## Section IV. Application and Submission Information

## 1. Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from www.Grants.gov.

If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (TIMS) staff at (770) 488-2700 or pgotim@cdc.gov for further instructions. Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Time. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

## 2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/funding/ 424/SF424_RR_Guide_General_VerC.pdf), except where instructed in this Funding Opportunity Announcement to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review.

The forms package associated with this FOA includes all applicable components, mandatory and optional. Please note that some components marked optional in the application package are required for submission of applications for this FOA. Follow the instructions in the SF 424 (R&R) Application Guide to ensure you complete all appropriate "optional" components.

In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled "PHS398." Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. While these are not identical to the PHS398 application form pages, the PHS398 reference is used to distinguish these additional data requirements from the data collected in the SF424 (R&R) components. A complete application to CDC will include SF424 (R&R) and PHS398 components. These forms can be downloaded from http://grants.nih.gov/grants/forms.htm

## 3. Letter of Intent

Due Date for Letter of Intent:

N/A

## 4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this FOA in Grants.gov includes all applicable components for this FOA, required and optional.

## 5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of 16 components. Not all 16 components of the Research Plan apply to all Funding Opportunity Announcements (FOAs). Specifically, some of the following 16 components are for Resubmissions or Revisions only. See Part I, Section 5.5 of the SF 424 (R&R) Application Guide (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf) for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Funding Opportunity Announcement Description).

Follow the page limits stated in the SF 424 unless otherwise specified in the FOA. As applicable to and specified in the FOA, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

**1. Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description

about the purpose of the proposed research and how it addresses the specific requirements of the FOA. **2. Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health. **3. Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed research plan, including staffing and timeline. **4. Inclusion Enrollment Report** (Renewal and Revision applications ONLY) **5. Progress Report Publication List** (for Continuation ONLY)

Human Subjects Section

**6. Protection of Human Subjects 7. Inclusion of Women and Minorities 8. Targeted/Planned Enrollment Table** (for New Application ONLY) **9. Inclusion of Children**

Other Research Plan Sections

**10. Vertebrate Animals 11. Select Agent Research 12. Multiple PD/PI Leadership Plan. 13. Consortium/Contractual Arrangements 14. Letters of Support 15. Resource Sharing Plan(s) 16. Appendix**

Component 4 (Inclusion Enrollment Report) applies only to Renewal and Revision applications for clinical research. Clinical research is that which is conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies). Follow the page limits in the SF 424 **unless otherwise specified in the FOA.**

All instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_VerC.pdf) must be followed along with any additional instructions provided in the FOA.

**Note:** Since this is an umbrella cooperative agreement with multiple programs, applicant is recommended to follow the additional instructions below:

- Please separate projects by program. If programs have multiple projects, please ensure that each project has all the relevant information (2- 16 as in PHS398). Individual budgets are required along with the justification.
- Please identify if project is ongoing/non-competing continuations (from the previous years) **or new**.
- Ongoing projects that have been peer reviewed previously and could not be completed due to technical challenges at the field study site, delay in IRB approvals or because their objectives could not be met during the previous CoAg period could be exempted from peer review. Please indicate these projects as non-competing continuations. Please ensure that the title is the same as the original submission.
- All new projects will be peer reviewed.
- If all the projects proporals from the various programs cannot be all uploaded in the given page limitation, please upload them under Appendix

## 6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

## 7. Page Limitations

All page limitations described in this individual FOA must be followed. For this specific FOA, the Research Strategy component of the Research Plan narrative is limited to 60 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 20 PDF files with a maximum of 200 pages for all appendices.

## 8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

**CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide (Part I, Section 2)** (http://grants.nih.gov/ grants/funding/424/ SF424_RR_Guide_General_VerC.pdf).

## 9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are encouraged to submit in advance of the deadline to ensure they have time to make any application corrections that might be necessary for successful submission.

Organizations must submit applications via Grants.gov (http://www.grants.gov), the online portal to find and apply for grants across all Federal agencies. The eRA Commons systems retrieve the application from Grants.gov and check the application against CDC business rules. If no errors are found, the application will be assembled in the eRA Commons for viewing by the applicant before moving on for further CDC processing.

If errors are found, the applicant will be notified in the eRA Commons. They must make required changes to the local copy of their application and submit again through Grants.gov.

**Applicants are responsible for viewing their application in the eRA Commons to ensure accurate and successful submission.**

Once you can see your application in the Commons, be sure to review it carefully as this is what the reviewer will see. Applicants must then complete the submission process by tracking the status of the application in the eRA Commons (http:// grants.nih. gov/grants /guide/url_redirect .htm? id=11123).

Information on the submission process is provided in the SF424 (R&R) Application Guide.

**Note:** HHS/CDC grant submission procedures do not provide a period of time beyond the grant application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).

The application package is not complete until it has passed the Grants.gov/eRA Commons validation process. This process and email notifications of receipt, validation or rejection may take two (2) business days.

Applicants are strongly encouraged to allocate additional time prior to the submission deadline to submit their applications and to correct errors identified in the validation process. Applicants are encouraged also to check the status of their application submission to determine if the application packages are complete and error-free. Applicants who encounter system errors when submitting their applications must attempt to resolve them by contacting the Grants.gov Contact Center ( 1-800-518-4726; support@grants.gov). If the system errors cannot be resolved, applicants must contact TIMS at 770-488-2700; pgotim@cdc.gov for guidance at least 3 calendar days before the deadline date.

**After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor has confirmed receipt of the application.**

**Unsuccessful Submissions:** If an application submission was unsuccessful, ***the applicant*** must:

1. Track his/her submission and verify the submission status (tracking should be done initially regardless of rejection or success).
    a. If the status states "***rejected***," do #2a or #2b.

2. Check his/her emails from both Grants.gov and eRA Commons for rejection notices.
    a. If the deadline has passed, he/she should email the Grant Management Specialist listed in the FOA (pgotim@cdc.gov) explaining why the submission failed. b. If there is time before the deadline, he/she should correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **03/01/2016**

Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

## 10. Intergovernmental Review (E.O. 12372)

This initiative is not subject to intergovernmental review (http:// www. whitehouse.gov/ omb/ grants_spoc).

## 11. Funding Restrictions

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

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of $300,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
- A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.
- If research involves human subjects, funds will be restricted until a Federal Wide Assurance (FWA) and Institutional Review Board Approvals (IRB) are in place.
- **OMB Requirements -** Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the awardee. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project

On September 24, 2014, the Federal government issued a policy for the oversight of life sciences "Dual Use Research of Concern" (DURC) and required this policy to be implemented by September 24, 2015. This policy applies to all New and Renewal awards issued on applications submitted on or after September 24, 2015, and to all non-competing continuation awards issued on or after that date. CDC grantee institutions and their investigators conducting life sciences research subject to the Policy have a number of responsibilities that they must fulfill. Institutions should reference the policy, available at http://www.phe

.gov/s3/dualuse, for a comprehensive listing of those requirements.

Non-compliance with this Policy may result in suspension, limitation, or termination of United States Government (USG) funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

## 12. Other Submission Requirements and Information

**Application Submission**
Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**
**Applicants must complete all required registrations before the application due date.** Section III.6 "Required Registrations" contains information about registration.
For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide /url redirect.htm? id=11144).

**Important reminders:** All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.

If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications: http:// grants.nih. gov/grants/ Electronic Receipt /avoiding errors.htm or http:// grants. nih.gov/grants/ Electronic Receipt/submit _app.htm

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

# Section V. Application Review Information

## 1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (http:// www.cdc.gov/ about/ organization/ mission.htm), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

**Overall Impact**
Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

**Scored Review Criteria**

Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

## Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

How will successful completion of the aims change the concepts, methods, technologies, policies, treatments, services, or preventative interventions that drive this field? If the project addresses a more local issue, will successful completion contribute to development or improvement of public health policies, practices or program implementation in the country or region?

## Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

If the PD/PIs, collaborators and other researchers included in the project have a limited record of research-related accomplishments, are they in a position within the MOPH to use the skills or knowledge that will be developed through collaborating on the research project to improve research capacity and policy or program development?

## Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

## Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?

If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

If the project involves research on or with animals, are the plans for protection outlined. If the project involves research on human subjects, are the plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

## 2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

**Protections for Human Subjects**

If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46 , the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (http://www.cdc.gov/grants/additionalrequirements/index.html).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

**Inclusion of Women, Minorities, and Children**

When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (http:// www.cdc.gov /maso Policy /Policy_women.pdf and http:// www.gpo.gov /fdsys /pkg /FR-1995-09-15 /pdf/95-22950.pdf #page=1) and the policy on the Inclusion of Persons Under 21 in Research (http:// www.cdc.gov /maso /Policy /policy496.pdf).

**Vertebrate Animals**

The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following five points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) adequacy of veterinary care; 4) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 5) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for

Review of the Vertebrate Animal Section
(http://grants.nih.gov/grants/guide/url_redirect.htm?id=11150).

**Biohazards**
Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

**Dual Use Research of Concern**
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.
For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at:
http://www.phe.gov/s3/dual-use/Pages/companion-guide.aspx.

## 3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but *will not give scores* for these items, and should not consider them in providing an overall impact/priority score.

**Additional Scored Review Criteria:**

Reviewers will consider each of the review criteria below in the determination of scientific merit and potential for reducing disease in the country or region, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific merit. For example, a project that by its nature is not innovative may be essential to advance a field in a particular country or region. Additionally, there may be important knowledge gaps in a particular country that are needed for the country to develop policies or programs relevant to the national or regional context to reduce disease burden through improvements in public health policies or programs. Reviewer should also take into consideration that many projects that might be considered program evaluation in the US are considered research in other countries and while not advancing the field of research per se, will contribute to new knowledge in the country to benefit public health.

**Biohazards**

As part of the Biohazards assessment, reviewers will evaluate whether the research proposed qualifies as Dual Use Research of Concern. Despite its value and benefits, certain types of research conducted for legitimate purposes can be utilized for both benevolent and harmful purposes. Such research is called “dual use research.” Dual use research of concern is a subset of dual use research defined as: “life sciences research that, based on current understanding, can be reasonably anticipated to provide knowledge, information, products, or technologies that could be directly misapplied to pose a significant threat with broad potential consequences to public health and safety, agricultural crops and other plants, animals, the environment, materiel, or national security.” The United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern articulates the practices and procedures required to ensure that dual use research of concern is identified at the institutional level and risk mitigation measures are implemented as necessary.

**Applications from Foreign Organizations**
Reviewers will assess whether the project presents special opportunities for furthering research programs through the use of unusual talent, resources, populations, or environmental conditions that exist in other countries and either are not readily available in the United States or augment existing U.S. resources.

**Resource Sharing Plans** HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: http://www.cdc.gov/grants/additionalrequirements/index.html. Investigators responding to this funding opportunity should include a plan on sharing research resources and data.
**Budget and Period of Support** Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html

## 4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.
As part of the scientific peer review, all applications:

- Will undergo a selection process in which all responsive applications will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this FOA. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

As part of the scientific peer review:

- All applications will be reviewed initially for completeness by the CDC's Procurement and Grants Office (PGO) staff and will be reviewed jointly for eligibility by the ERPO at Center for Global Health. Incomplete applications and applications that are non-responsive to the FOA objectives will not be reviewed. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.
- A special emphasis peer review panel will evaluate complete, eligible applications in accordance with the "Review Criteria" section of the FOA.
- Applications will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit will be discussed and assigned an overall impact/priority score.
- Applications will receive a written critique.
- 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 programs participating in this FOA.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this FOA.

Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.
- Program will do priority banding with regard to funding priority for the secondary review committee (SRC).

### 5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

## Section VI. Award Administration Information

### 1. Award Notices

Any applications awarded in response to this FOA will be subject to the DUNS, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (http:// www.hhs.gov/ asfr/ogapa/aboutog/ hhsgps107.pdf).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee's business official.

Awardees must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

### 2. CDC Administrative Requirements

**Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants**

All HHS/CDC grant and cooperative agreement awards include the HHS Grants Policy Statement as part of the NoA. For these terms of award, see the HHS Grants Policy Statement Part II: Terms and Conditions of Award (http://www.hhs.gov/ asfr/ogapa/aboutog/hhsgps107.pdf).

Awardees must comply with the administrative requirements (AR) outlined in 45 Code of Federal Regulations (CFR) Part 75, as appropriate, as well as any additional requirements included in the FOA. Specific requirements that apply to this FOA are the following:

AR 2: Inclusion of Women and Racial and Ethnic Minorities in Research

AR 3: Animal Subjects Requirements

AR 7: Executive Order 12372 Review

AR 9: Paper work Reduction Act Requirements

AR 14: Accounting System Requirements

AR 16: Security Clearance Requirement

AR 17: Peer and Technical Reviews of Final Reports of Health Studies – ; ATSDR

AR 22: Research Integrity

AR 25: Release and Shari ng of Data

AR 28: Inclusion of Persons under the Age of 21 in Research

AR 31: Distinguishing Public Health Research and Public Health Nonresearch

AR 32 –; FY 2012 Enacted General Provisions

"The Paperwork Reduction Act of 1995 (PRA): Offerors are advised that any activities involving information collections (i.e., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements, etc.) from 10 or more non-Federal entities, including State and local governmental agencies, are subject to the conditions of the PRA. Under the PRA, a Federal agency sponsoring a standardized data collection or directly obtaining standardized or substantially similar information from ten or more persons or entities (other than Federal employees within the scope of their employment) in any 12-month period must obtain advance written approval from the Office of Management and Budget (OMB)." Regardless of form or format (oral, written, or electronically transmitted), responses of opinion or fact requested or required by or for CDC, except those specifically exempted or excluded, are subject to the provisions of the PRA and its implementing regulation, 5 CFR 1320 (Controlling Paperwork Burdens on the Public)."

## 3. Additional Policy Requirements

The following are additional policy requirements relevant to this FOA:

**HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications**

This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy apply to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at:http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

**Federal Funding Accountability and Transparency Act of 2006**

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252, requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website:https://www.fsrs.gov/.

**Plain Writing Act**

The Plain Writing Act of 2010, Public Law 111-274 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: http://www.plainlanguage.gov/plLaw/index.cfm.

**Tobacco and Nutrition Policies**

The 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* evidence-based tobacco and nutrition policies within their organizations. These policies build on the current federal commitment to reduce exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184 that prohibits smoking in certain facilities that receive federal funds.

**Tobacco:**

- Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the applicant.
- Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the applicant.
- Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the applicant.

**Nutrition:**

- Healthy food service guidelines that at a minimum align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the recipient organization and in accordance with contractual obligations for these services. The following are resources for healthy eating and tobacco free workplaces:

- http://www.gsa.gov/graphics/pbs/ Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf
- http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm
- http://www.cdc.gov/obesity/strategies/food-serv-guide.html

Applicants should state whether they choose to participate in implementing these two optional policies. However, no applicants will be evaluated or scored on whether they choose to participate in implementing these optional policies.

**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.

**Copyright Interests Provision**

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are

responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

**Language Access for Persons with Limited English Proficiency**
Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take the reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

**Dual Use Research of Concern**
On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Grantees (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.
Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.
If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.
Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

## 4. Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Parts 75, and other HHS, PHS, and CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardees for the project as a whole, although specific tasks and activities may be shared among the awardees and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:

- Though awardees retain custody of and primary rights to the data and software developed under these awards, those rights are subject to the Government's rights of access consistent with current DHHS, PHS, and CDC regulations and policies, which state that the Government has the right to: (1) obtain, reproduce, publish, or otherwise use the data produced under a Federal award; and (2) authorize others to receive, reproduce, publish, or otherwise use such data.
- Oversee all management, administrative, and scientific/programmatic aspects of the research including all data, resources, and operations.
- Providing the necessary personnel and supplies to implement components and analyze the results.
- Collaborating with local senior researchers, CDC researchers and community-based organizations or similar community liaison for the duration of the project period on several activities such as the development of data-collection instruments, specimen-collection protocols, and data-management procedures.
- Obtaining IRB approval for all the collaborators and work with CDC scientists to refine protocols to improve the study and other proposal components based on reviewer's comments in the summary statement.
- Identifying, recruiting, obtaining informed consent form, and enrolling an adequate number of study participants, as determined by the study protocols and the program requirements.
- Following study participants as determined by the study protocols.
- Establishing procedures to maintain the rights and confidentiality of all study participants.
- Agreeing to share data and specimens with CDC scientists, as well as appropriate international partners.
- Complying with the responsibilities for the PI as described in the United States Government Policy for Institutional Oversight of Life Science Dual Use Research of Concern (DURC) http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf).

CDC staff have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- Monitoring the cooperative agreement.
- Collaborating with awardee to establish priorities for the development and implementation of the recipient activities, both among and within each of the areas, through regular meetings and communication.
- Monitoring and evaluating scientific and operational accomplishments of this project through frequent consultation, review of technical reports, and interim data analyses.
- Providing technical assistance to the recipient by linking them with other national and international agencies that might provide additional technical or material assistance.
- Collaborating with the affiliated institutions in the development and setting of goals, objectives, effective and innovative strategies and methodologies.
- Providing assistance as requested in the development of a research protocol for IRB review by all collaborating institutions that are participating in the research project, including the CDC IRB, if applicable. Obtaining and maintaining Institutional Review Board approvals as required by CDC when CDC is engaged in research involving human subjects.
- Providing technical assistance or advice on any information collections on 10 or more people that are planned or conducted by the awardee. All such information collections – where CDC staff will be or are approving, directing, conducting, managing, or owning data – must undergo OMB project determinations by CDC and may require Office of Management and Budget (OMB) clearance under the Paperwork Reduction Act (PRA) prior to the start of the project.
- Monitoring and evaluating scientific and operational accomplishments of this project through frequent consultation, review of technical reports, and interim data analyses. Based on this, CDC will make recommendations aimed at solving problems and at improving the quality and timeliness of the

research activities.

- If appropriate, Epidemic Intelligence Officer(s) and CDC staff will accompany the awardee with field investigation.
- Assisting the PI, as needed, in complying with the PI responsibilities described in the United States Government Policy for Institutional Oversight of Life Science Dual Use Research of Concern (DURC) http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf

Areas of Joint Responsibility include:

None; all responsibilities are divided between awardees and CDC staff as described above.

## 5. Reporting

Awardees will be required to submit the Non-Competing Continuation Grant Progress Report (PHS 2590) annually and financial statements as required in the HHS Grants Policy Statement.
A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.
Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.
The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: **1) information on executive compensation when not already reported through the SAM Registration; and 2) similar information on all sub-awards/ subcontracts/ consortiums over $25,000.** It is a requirement for awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All awardees of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (http:// www.hhs.gov/asfr/ ogapa/aboutog/ hhsgps107.pdf) for additional information on this reporting requirement.

### A. Submission of Reports

The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

1. **Yearly Non-Competing Grant Progress Report**, (use form PHS 2590, posted on the HHS/CDC website, www.grants.gov and at http:// grants.nih.gov/grants/ funding/2590/ 2590.htm, **is due 90 to 120 days prior to the end of the current budget period.** The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.
2. **Annual Federal Financial Report (FFR)** SF 425 is required and must be submitted through eRA Commons **within 90 days after the end of the calendar quarter in which the budget period ends.**
3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are

required **90 days after the end of the project period.**

**B. Content of Reports**

**1. Yearly Non-Competing Grant Progress Report:** The grantee's continuation application/progress report should include:

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the PHS 2590 (http:// grants1.nih.gov/ grants/funding/ 2590/2590.htm) http:// grants.nih.gov/grants/ funding/2590/2590.htm: Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.

- Research Aims: list each research aim/project

a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. *Questions to consider in preparing this section include*:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. *Questions to consider in preparing this section include*:

- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contributed to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:

- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).
- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.
- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate "Not applicable: No publications or presentations have been made."
- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.
- Additional Reporting Requirements:

N/A

**2. Annual Federal Financial Reporting**

The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information. **All CDC Financial Expenditure data due on/after October 1, 2012 must be submitted using the FFR via the eFSR/FFR system in the eRA Commons.** All Federal Reporting in the Payment Management System is unchanged. All new submissions should be prepared and submitted as FFRs.

CDC's implementation of the FFR retains a financial reporting period that coincides with the budget period of a particular project. However, **the due date for annual FFRs will be 90 days after the end of the calendar quarter in which the budget period ends**. Note that this is a change in due dates of annual FFRs and may provide up to 60 additional days to report, depending upon when the budget period end date falls within a calendar quarter. For example, if the budget period ends 1/30/2012, the annual FFR is due 6/30/2012 (90 days after the end of the calendar quarter of 3/31/2012). Due dates of final reports will remain unchanged. The due date for final FFRs will continue to be 90 days after the project period end date.

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, grantees must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

FFR (SF 425) instructions for CDC grantees are now available at http:// grants.nih.gov/ grants/forms.htm. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: https://era.nih.gov/registration_accounts.cfm

FFR Submission: The submission of FFRs to CDC will require organizations to register with eRA Commons

(Commons) (https:// commons. era.nih.gov/ commons/). CDC recommends that this one time registration process be completed at least 2 weeks prior to the submittal date of a FFR submission.
Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https:// commons. era.nih.gov/ commons/ registration/ registration Instructions. jsp for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.
The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: http:// era.nih.gov/ commons /index.cfm.

**3. Final Reports:** Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.
- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the project period. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.
- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.
- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity. Please include any additional dissemination efforts that did or will result from the project.

## Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

**Application Submission Contacts**

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

CDC Technical Information Management Section (TIMS)
Telephone 770-488-2700
Email: PGOTIM@cdc.gov
Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Time

Scientific/Research Contact(s)

Centers for Disease Control and Prevention – Center for Global Health (CGH)

Pamela Dougherty, Project Officer

DDC 7 Building, 4th Floor, Ministry of Public Health

Nonthaburi, Thailand, 11000

Tel (66-2) 580 – Center for Global Health (CGH)

Peer Review Contact(s)

Hylan Shoob

CGH Science Office

MS D-69, 1600, Clifton Road

Atlanta, GA 30033

Telephone: 404-639-4796

E-mail: hshoob@cdc.gov

Financial/Grants Management Contact(s)

Dionne Bounds

Centers for Disease Control and Prevention

Office of Financial Resources (OFR)

Telephone: (770) 488-2788

Email: vhv5@cdc.gov

## Section VIII. Other Information

Other CDC funding opportunity announcements can be found at www.grants.gov.
All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

**Authority and Regulations**
Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code Federal Regulations.