


**Centers for Disease Control and Prevention**

Center for Surveillance, Epidemiology and Laboratory Services

Domestic Laboratory Biosafety for Ebola and other Highly Infectious Diseases
CDC-RFA-OE15-1504
Application Due Date: 05/01/2015

Domestic Laboratory Biosafety for Ebola and other Highly Infectious Diseases

CDC-RFA-OE15-1504

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## Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-OE15-1504. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

**A. Federal Agency Name:**

Centers for Disease Control and Prevention (CDC)

**B. Funding Opportunity Title:**

Domestic Laboratory Biosafety for Ebola and other Highly Infectious Diseases

**C. Announcement Type: New - Type 1**

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

**D. Agency Funding Opportunity Number:**

CDC-RFA-OE15-1504

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

93.322

**F. Dates:**

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

**G. Executive Summary:**

**1. Summary Paragraph:**

In March of 2014, the largest ebola outbreak under record erupted in West Africa. Unlike many smaller preceding outbreaks of ebola virus, this particular outbreak spread to multiple African countries and caused (as of March 2015) nearly 25,000 suspected human cases and 10,000 deaths; the outbreak continues. This outbreak has truly demonstrated that in the modern world of travel, trade and migration, infectious diseases do not respect geopolitical boundaries. Gaps in U.S. laboratory biosafety practice were identified during the care of infected individuals in U.S. facilities. Assessments of public health and clinical laboratories across the U.S. need to be undertaken to identify gaps in biosafety practice. Strategies need to be developed and implemented to address gaps. A body of knowledge (guidances, best practices, training tools, etc) needs to be developed.

This program will be jointly led by the National Center for Emerging and Zoonotic Diseases (NCEZID) and the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS).

| | |
|---|---|
| **a. Eligible Applicants:** | Single |
| **b. FOA Type:** | Cooperative Agreement |
| **c. Approximate Number of Awards:** | 1 |
| **d. Total Project Period Funding:** | $2,200,000 |
| **e. Average One Year Award Amount:** | $2,200,000 |

The award will be made as a one-time award for a single 36-month project and budget period.



**f. Number of Years of Award:** 3

**g. Estimated Award Date:** 05/14/2015

**h. Cost Sharing and / or Matching Requirements:** N

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

## Part II. Full Text

### A. Funding Opportunity Description

#### 1. Background

**a. Overview**

In March of 2014, the largest ebola outbreak under record erupted in West Africa. Unlike many smaller preceding outbreaks of ebola virus, this particular outbreak spread to multiple African countries and caused (as of March 2015) nearly 25,000 suspected human cases and 10,000 deaths; the outbreak continues. This outbreak has truly demonstrated that in the modern world of travel, trade and migration, infectious diseases do not respect geopolitical boundaries. Gaps in U.S. laboratory biosafety practice were identified during the care of infected individuals in U.S. facilities. Assessments of public health and clinical laboratories across the U.S. need to be undertaken to identify gaps. Strategies need to be developed and implemented to address gaps. A body of knowledge (guidances, best practices, training tools, etc) needs to be developed.

Overall, this work needs to be done in individual State, Local, and Territorial (STLT) health departments in a nationally-coordinated manner, with guidance and participation/collaboration from experienced biosafety and general laboratory system subject matter experts.

The events surrounding laboratory testing of patient specimens suspected of ebola virus infection point to a lack of biosafety programs in most U.S. clinical laboratories. For example, biosafety plans may be absent or outdated and staff charged with implementing and training additional staff on biosafety procedures may require additional education and practice to do so effectively and confidently. Some deficiencies illustrated during this event may span across many U.S. laboratories while others may only apply to some laboratories. Individual assessments should be conducted to identify the specific gaps for each laboratory. In addition to biosafety needs, biosecurity assistance is also anticipated. Some common gaps expected to be identified by laboratories include lack of staff that are knowledgeable and practiced in safe, secure and appropriate handling and shipping of agents that are potentially life-threatening, such as ebola virus. Some laboratories may also lack necessary physical biosafety and biosecurity resources (e.g., appropriate biological safety cabinets and approved shipping containers). Standard operating procedures for specimen testing may need to be updated based on what is learned from ebola. Once assessments are complete, it is imperative that reasonable measures are taken to communicate and develop plans to address the identified biosafety and biosecurity gaps. Even a delay in shipping a specimen because of uncertainty or lack of resources may result in delayed testing, delayed treatment for the patient, and potential for population exposure.

**b. Statutory Authorities**

Statutory Authorities: Section 317(k)(2) of the Public Health Service Act (42 USC Sections 247B(k)(2), as amended).

**c. Healthy People 2020**

The achievement of many Healthy People 2020 goals and objectives hinges critically on the effectiveness, capabilities, and sustainability of state and local public health laboratories in the United States. The Healthy People 2020 goals and objectives that support this FOA are:

- Environmental Health
- Immunization and Infectious Diseases
- Occupational Safety and Health
- Preparedness
- Public Health Infrastructure

For more information, see healthypeople.gov

**d. Other National Public Health Priorities and Strategies**

N/A

**e. Relevant Work**

This FOA is closely linked to the recently released FOA# CDC-RFA-CK14-1401PPHFSUPP15: "Domestic Ebola Supplement to Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments." One of the ELC FOA components will provide funding and technical support to STLT health departments for building and improving laboratory biosafety capacity for ebola and other highly infectious diseases. Under the ELC Ebola Supplemental program, STLT public health departments and their clinical partners will assess and develop and implement measures to improve laboratory and biological safety practices for dealing with current and emerging infectious diseases, including ebola and other highly infectious diseases (EHIDs). This FOA# CDC-RFA-OE15-1504: "Domestic Laboratory Biosafety for Ebola and Other Highly Infectious Diseases" aims to support the Association of Public Health Laboratories (APHL) to serve as a national coordinator and technical/scientific subject matter expert for the work in the STLTs.

## 2. CDC Project Description

**a. Approach**

| Strategies and Activities | Short-Term Outcomes | Long-Term Outcomes |
|---|---|---|
| Strategy 1: Enhance Public Health Laboratory Biosafety Capacity<br>• Support a coordinated national effort to improve STLT laboratory biosafety capacity.<br>• Discuss strategies and work plans with STLTs for their emergency ebola biosafety funding.<br>• Support and assist STLTs in their efforts | • More trained staff knowledgeable in working with infectious organisms and other emerging pathogens of public health concern.*<br>• Improved biosafety practices for handling/processing Ebola and other highly infectious specimens at public health and clinical labs.*<br>• Better coordination of | • Greater U.S. national lab system capacity to respond to outbreaks and safely handle EHIDs<br>• Reduced morbidity and mortality from EHIDs due to lapses/gaps in lab biosafety practices |

| | | | |
|---|---|---|---|
| STLTs in their efforts to:<br>• Update and disseminate biosafety guidelines for EHIDs<br>• Perform risk assessment(s) of public health laboratory to assure the lab can safely handle and dispose of EHID<br>• Develop, provide and/or assure access to tools (i.e., risk assessment templates or models, exercises), guidance, trainings and other educational activities for clinical laboratories and facilities<br>• Implement mitigation strategies based upon results of assessment at the public health laboratory.<br><br>Strategy 2: Improve Laboratory Coordination and Outreach<br>• Support STLTs to coordinate and reach out to their clinical laboratory partners:<br>• Support clinical laboratory partners to perform their own risk | • Better coordination of biosafety practices between public health labs and clinical partners.*<br>• Labs better equipped to serve jurisdiction in the inactivation and disposal of specimens and other laboratory waste from suspected Ebola or other highly infectious agents.* | | *Outcomes to be accomplished within the Project Period. |

| | | |
|---|---|---|
| assessments<br>• Work with clinical laboratories to identify and implement mitigation strategies. | | |

**i. Purpose**

The purpose is to support APHL to develop a laboratory safety program for public health and clinical laboratories that provides:

- Access to subject matter experts on clinical and public health laboratory safety for infectious agents, including highly infectious agents like Ebola.
- Coordination of sharing of best practices among laboratories on safe handling and testing of specimens.
- Assistance to laboratories for assessment of training, facilities, and equipment for safe handling and testing of specimens for highly infectious agents like Ebola.
- Training to laboratories on lab safety risk assessment and risk mitigation.

**ii. Outcomes**

Nationally across the U.S. laboratory system,

- More trained staff knowledgeable in working with infectious organisms and other emerging pathogens of public health concern.
- Improved biosafety practices for handling/processing suspected ebola and other highly infectious specimens at public health and clinical labs.
- Better coordination of biosafety practices between public health labs and clinical partners.
- Labs better equipped to serve their jurisdiction in the inactivation and disposal of specimens and other laboratory waste from suspected ebola or other highly infectious agents.

**iii. Strategies and Activities**

Strategy 1: Enhance Public Health Laboratory Biosafety Capacity

- Support a coordinated national effort to improve STLT laboratory biosafety capacity.
- Discuss strategies and work plans with STLTs for their emergency ebola biosafety funding.
- Support and assist STLTs in their efforts to:
    - Update and disseminate in their jurisdictions, their biosafety guidelines for ebola specimens and other highly-infectious diseases based upon CDC guidelines.
    - Perform risk assessment(s) of jurisdiction's public health laboratory to assure the lab can safely handle and dispose of specimens suspected of ebola and other highly infectious agents
    - Develop, provide or assure access to tools (i.e., risk assessment templates or models, exercises), guidance, trainings and other educational activities for clinical laboratories and facilities to maintain competent staff knowledgeable in working with infectious organisms of public health concern.
    - Coordinate training activities as appropriate through the existing CDC-APHL collaborative National Laboratory Training Network (NLTN).
    - Implement mitigation strategies based upon results of assessment at the public health

laboratory.

Strategy 2: Improve Laboratory Coordination and Outreach

- Support STLTs to coordinate and reach out to their clinical laboratory partners:
    - Work with their jurisdiction's clinical laboratory partners to perform their own risk assessments andcoordinate this activity with any proposed infection control assessments performed as part of a proposed Infection Control Assessment and Promotion Program.
    - Work with clinical laboratories to identify and implement mitigation strategies from the clinical laboratory risk assessments.

**1.Collaborations**

The awardee will use or develop strategic partnerships that best suit their needs in order to maximize the use of resources and improve the sustainability of the listed activities.

**a. With CDC-funded programs:**

- CDC's Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) (required)
- CDC's National Center for Emerging and Zoonotic Diseases (NCEZID) (required)
- Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) (required)
- Public Health Emergency Preparedness (PHEP) and Laboratory Response Network (LRN) (required)

**b. With organizations external to CDC:**

Collectively and one-on-one with individual STLT public health laboratories and their clinical laboratory partners (required).

**2. Target Populations**

N/A

**a. Inclusion**

N/A

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

N/A

**b. Evaluation and Performance Measurement**

**i. CDC Evaluation and Performance Measurement Strategy**

APHL will be required to report on a small set of performance measures. APHL and CDC will jointly develop these required performance measures within 6 months of award. Following are examples of measures that may be condidered and that are consistent with the logic model and workplan for this FOA:

**Outcome Measures:**

- Number (or % increase in number) of trained staff knowledgeable in working with infectious organisms and other emerging pathogens of public health concern.
- Percent or number of labs better equipped (trained staff, implemented procedures, etc) to serve jurisdiction in the inactivation and disposal of specimens and other laboratory waste from suspected Ebola or other highly infectious agents.

**Process Measures:**

Strategy 1: Enhance Public Health Laboratory Biosafety Capacity

- Number of consultations with with STLTs on strategies and workplans for their emergency ebola biosafety funding.
- Improved STLT preparedness and performance:
    - Percent of STLTs that have updated and disseminated in their jurisdictions, their biosafety guidelines for Ebola specimens and other highly-infectious diseases based upon CDC guidelines.
    - Percent of public health labs that have compelted a risk assessment of jurisdiction's public health laboratory to assure the lab can safely handle and dispose of specimens suspected of Ebola and other highly infectious agents.
    - Percent/number of STLTs that have developed, provided, and/or assured access to tools (i.e., risk assessment templates or models, exercises), guidance, trainings and other educational activities for themselves and their jurisdictional clinical laboratories/facilities to maintain competent staff knowledgeable in working with infectious organisms of public health concern.
    - Percent of STLTs that have implemented mitigation strategies based upon results of their assessment at the public health laboratory.

Strategy 2: Improve Laboratory Coordination and Outreach

- Improved STLTs coordination and outreach to their clinical laboratory partners:
    - Number/percent of STLTs that have held at least one meeting/consultation with one or more clinical laboratory partners to perform their own risk assessments.
    - Number/percent of STLTs that have at least one clinical laboratory implement mitigation strategies from the clinical laboratory risk assessments.

**ii. Applicant Evaluation and Performance Measurement Plan**

APHL will be required to report on a small set of performance measures. APHL and CDC will jointly develop these required performance measures within 6 months of award. See above for examples of measures that may be condidered and that are consistent with the logic model and workplan for this FOA.

**c. Organizational Capacity of Awardees to Execute the Approach**

The applicant must demonstrate that:

- They are an existing national organization representing STLT Public Health Laboratory Directors and other PH and clinical laboratory interests.
- They have substantial experience in public health laboratory practice capacity building, program planning, training, etc., that is necessary to implement the required activities.
- They have the ability to immediately and rapidly implement the required activities.

**d. Work Plan**

The applicant must clearly identify the outcomes they expect to achieve by the end of the 36-month project period and provide a clear and concise description and timeline of the strategies and activities they will use to achieve the project's outcomes. Describe the activities being proposed and describe what the expected outputs (e.g. milestones) will be for the length of the project.

**e. CDC Monitoring and Accountability Approach**

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

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

Monitoring may also include the following activities:

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

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

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

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

CDC staff will have substantial involvement beyond site visits and regular performance and financial monitoring during the project period. CDC staff will collaborate or participate in project or program activities. This includes the following:

- Technical assistance in the following:  Evaluation, performance measurement, work plan development, program planning, and specific subject matter expertise.
- Assistance with national coordination of activities.
- Ensuring that established agency quality standards are met for training, guidance, and technical tools, that redundant effort is eliminated, and that platforms are compatible with established agency systems and protocol.
- Technical assistance in the form of guidance documents, laboratory safety data, consultation, etc.

## B. Award Information

| | |
|---|---|
| **1. Funding Instrument Type:** | Cooperative Agreement<br>CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section. |
| **2. Award Mechanism:** | U50 |
| **3. Fiscal Year:** | 2015 |
| Estimated Total Funding: | $2,200,000 |
| **4. Approximate Total Fiscal Year Funding:** | $2,200,000 |

**5. Approximate Project Period Funding:** $2,200,000

**6. Total Project Period Length:** 3 year(s)

**7. Expected Number of Awards:** 1

**8. Approximate Average Award:** $2,200,000 Per Project Period

The award will be made as a one-time award for a single 36-month project and budget period.

**9. Award Ceiling:** None

There is no Award Ceiling for this FOA. The application will be considered regardless of the amount requested.

**10. Award Floor:** None

There is no Award Floor for this FOA. The application will be considered regardless of the amount requested.

**11. Estimated Award Date:** 05/14/2015

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

**12. Budget Period Length:** 36 month(s)

**13. Direct Assistance**

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

## C. Eligibility Information

### 1. Eligible Applicants

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

### 2. Additional Information on Eligibility

Sole-Source to the Association of Public Health Laboratories (APHL)

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

### 3. Justification for Less than Maximum Competition

APHL is the only organization that can successfully accomplish the objectives of this program. As part of this Nation's emergency response to the ongoing ebola public health threat, CDC is providing FY2015 emergency ebola funding to the health departments of all 50 states, DC, the 6 largest local jurisdictions and all U.S. territories and affiliated states. This funding is to support the STLTs and their clinical laboratory partners to rapidly assess, develop, and implement measures to improve laboratory and biological safety practices for handling, testing, and disposal of specimens and supplies/equipment for ebola and other highly-infectious diseases. In order to accomplish these activities, the STLTs will need immediate and ongoing collaboration with biosafety subject matter experts for guidance, coordination, training, risk assessment, etc. Due to the immediate public health threat posed by the ongoing ebola outbreak and the requirement for rapid identification and mitigation of gaps in U.S. public health and clinical laboratory biosafety to prevent potential future exposures to ebola, the activities in this program area must be immediately and robustly implemented. APHL is uniquely positioned to be the collaborating and coordinating subject matter expert.

APHL is the single U.S. national organization representing state and local public health laboratories. APHL's core membership consists of the public health laboratories of all 50 states and a number of the largest local health departments and U.S. territories and affiliated states.

APHL has expertise in laboratory biosafety and a long history of working with STLTs, clinical labs, CDC and others to develop and disseminate laboratory biosafety guidance, coordination, training, etc.

No other organization has the existing relationships, abilities, capacities, etc., necessary to immediately implement this program. The nature of the public health emergency requires immediate implementation with minimal, if any, ramp up time to help assure there is no repeat of transmission of ebola or any other highly infectious disease due to insufficient laboratory biosafety capacity in the U.S. national laboratory system.

### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

### 5. Maintenance of Effort

Maintenance of effort is not required for this program.

## D. Required Registrations

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

### 1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http:// fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided

at no charge.If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

**b. System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

**c. Grants.gov:** The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option atwww.grants.gov.

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

**2. Request Application Package**

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

**3. Application Package**

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

**4. Submission Dates and Times**

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

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

**N/A**

**b. Application Deadline**

Due Date for Applications: **05/01/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

**5. CDC Assurances and Certifications**

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

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

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

### 6. Content and Form of Application Submission

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

### 7. Letter of Intent

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

### 8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

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

### 9. Project Abstract Summary

(Maximum 1 page)

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

### 10. Project Narrative

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

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

#### a. Background

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

#### b. Approach

**i. Purpose**

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

**ii. Outcomes**

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

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

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

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

N/A

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

The plan must:

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

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

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

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

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

**11. Work Plan**
(Included in the Project Narrative's 20 page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

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

**12. Budget Narrative**

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

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

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

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

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

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

The budget and budget narrative must cover the entire single 36-month project and budget period.

## 13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.

**Tobacco Policies:**

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

**Nutrition Policies:**

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

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

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

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

## 14. Health Insurance Marketplaces

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

## 15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

## 16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

## 17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition
  and http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pd
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

No additional funding restrictions.

## 18. Other Submission Requirements

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

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

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

**b. Tracking Number:** Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The

tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

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

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

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

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

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

## E. Review and Selection Process

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

**a. Phase I Review**

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

**b. Phase II Review**

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

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

| **Organizational Capacity** | **Maximum Points: 40** |
|---|---|

Evaluate the extent to which the applicant addresses the items below.

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart.

| **Approach** | **Maximum Points: 35** |
|---|---|

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

| **Evaluation and Performance Measurement.** | **Maximum Points: 25** |
|---|---|

Evaluate the extent to which the applicant:

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

Phase II review will be conducted by Subject Matter Experts in the National Center for Emerging and Zoonotic Diseases (NCEZID) and the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS).

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

**c. Phase III Review**

Only one application is solicited and will be reviewed.

### 2. Announcement and Anticipated Award Dates

The applicant will be informed of the review findings by PGO. Anticipated award date is May 14, 2015.

## F. Award Administration Information

### 1. Award Notices

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

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

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

### 2. Administrative and National Policy Requirements

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

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

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

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

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

- AR-9: Paperwork Reduction Act http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-15: Proof of Non-profit Status (nonprofit organizations)

This FOA is governed by 45 CFR 75.

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

## 3. Reporting

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

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

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

| Report | When? | Required? |
|---|---|---|
| Awardee Evaluation and Performance Measurement Plan | 6 months into award | Yes |
| Annual Performance Report (APR) | 120 days before end of budget period. Serves as yearly continuation application. | Yes |
| Data on Performance Measures | CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR. | No |
| Federal Financial Reporting Forms | 90 days after end of calendar quarter in which budget period ends | Yes |
| Final Performance and Financial Report | 90 days after end of project period. | Yes |

**a. Awardee Evaluation and Performance Measurement Plan (required)**

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

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

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

This report must include the following:

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

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

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

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

funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to PGO and include the date by which the Grants Officer will receive information.

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

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

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

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

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

## G. Agency Contacts

CDC encourages inquiries concerning this FOA.

### Program Office Contact

**For programmatic technical assistance,** contact:

David Delozier, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (404) 498-1148
Email: DGD0@cdc.gov

### Grants Staff Contact

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

Terrian Dixon, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office

Telephone: (770) 488-2774
Email: THD4@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

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

## H. Other Information

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

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

Optional attachments, as determined by CDC programs

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

## I. Glossary

**Activities:** The actual events or actions that take place as a part of the program.

**Administrative and National Policy Requirements, Additional Requirements (ARs):** Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additionalrequirements/index.html

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

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

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

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

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

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

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

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

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

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

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

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

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT)

health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

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

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

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

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

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

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

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

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

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

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

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

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

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

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

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

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

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

**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or

other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Work Plan:** The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.