

Centers for Disease Control and Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Viral Hepatitis - Prevention and Surveillance
CDC-RFA-PS13-13030401SUPP16
Application Due Date: 07/20/2015

Viral Hepatitis - Prevention and Surveillance

CDC-RFA-PS13-13030401SUPP16

TABLE OF CONTENTS

Part 1. Overview Information
Part 2. Full Text of the Announcement

- Section I. Funding Opportunity Description
- Section II. Award Information
- Section III. Eligibility Information
- Section IV. Application and Submission Information
- Section V. Application Review Information
- Section VI. Award Administration Information
- Section VII. Agency Contacts
- Section VIII. Other Information

Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title:

Viral Hepatitis - Prevention and Surveillance

Announcement Type:

Agency Funding Opportunity Number:

CDC-RFA-PS13-13030401SUPP16

Catalog of Federal Domestic Assistance Number:

93.270

Key Dates:

Due Date for Application: 07/20/2015

Additional Overview Content:

Executive Summary:

The goals of this FOA are derived from the HHS Viral Hepatitis Action Plan (available at: http://www.hhs.gov/ash/initiatives/hepatitis) and reflect the Healthy People 2020 immunization and infectious diseases objectives. This FOA is comprised of two categories, Viral Hepatitis Prevention (Category A) and Viral Hepatitis Surveillance (Category B), which are described in detail below:

Category A –Viral Hepatitis Prevention

This Category A is further divided into two parts: Part 1, Viral Hepatitis Prevention Coordination, and Part 2, Technical Assistance Center. Category A, Part 1 is intended to improve the coordination of viral hepatitis prevention at the state/local level by continuing the support provided to the 52 Viral Hepatitis Prevention Coordinators (VHPCs) that were previously funded at state/local health departments. VHPCs will continue to provide the technical expertise necessary for the management and coordination of activities directed toward prevention of viral hepatitis infections; further, these coordinators help integrate viral hepatitis prevention services into health care settings and public health programs that serve adults at risk for viral hepatitis. Category A, Part 2 was developed to ensure that VHPCs receive ongoing technical assistance, training, and other types of support through a single Technical Assistance Center.

Category B – Viral Hepatitis Surveillance

CDC will continue to support the funded seven (7) cooperative agreements to eligible jurisdictions that were previously funded to conduct active, enhanced surveillance for viral hepatitis and collection of more extensive and complete information (e.g., risk factors) than is possible through the passive reporting system (the National Notifiable Disease Surveillance System [NNDSS]) that is currently used by states to report cases of nationally notifiable diseases, including viral hepatitis. Activities must include enhanced, active surveillance for chronic hepatitis B (including perinatal hepatitis B) and past or current hepatitis C as defined by the Council for State and Territorial Epidemiologists (CSTE) to support case investigation and the de-duplication, confirmation, and collation of laboratory and clinical reports of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections from laboratories and care settings.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the NCHHSTP:
Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the NCHHSTP, Division of Viral Hepatitis (DVH), which reflect those outlined in the HHS Viral Hepatitis Action Plan:

- an increase in the proportion of persons who are aware of their hepatitis B virus infection;
- an increase in the proportion of persons who are aware of their hepatitis C virus infection;
- a decrease in the number of new cases of HCV infection; and
- a decrease in the number of new cases of HBV infection.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf .

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

This program is authorized under Sections 301(a), 317N, and 318 of the Public Health Service Act (42 U.S.C. Sections 241(a), 247b -15, and 247c), as amended.

Background

An estimated 3.5-5.3 million persons are living with hepatitis B or hepatitis C and about 15,000 Americans die each year from diseases associated with viral hepatitis. The Institute of Medicine (IOM) estimates that of these infected persons, 65%-75% are unaware of their HBV or HCV infection status and are not receiving care and treatment. Without diagnosis and treatment, 15%-40% of those persons living with viral hepatitis will eventually develop liver cirrhosis or hepatocellular carcinoma.

Over the past decade, state and local health departments and community partners have made progress in adapting prevention strategies and implementing activities to decrease viral hepatitis transmission in their jurisdictions. Prevention activities include increasing knowledge and awareness among persons at risk, their health-care providers, and the public at large; increasing access to hepatitis A and hepatitis B vaccines; promoting testing services, increasing communication, and improving collaboration among health agencies, community-based organizations (CBOs), and health professionals; and, in a few funded areas, supporting public health surveillance to monitor burden of disease, identify outbreaks, and focus prevention activities effectively. While rates of acute new hepatitis A virus (HAV) and HBV have declined; HAV, HBV, and HCV infections continue to occur. Indeed, in some states, HCV has increased among adolescents and young adults, many of whom reported engaging in injection drug use.

In 2010, IOM,[1] in its report titled, Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C, cited viral hepatitis as “a large and underappreciated health issue for the nation.” The IOM articulated ways to improve prevention and care services and called for an intensified, coordinated national prevention and health-care effort. In response, HHS developed the Viral Hepatitis Action Plan[2], which set prevention goals, established program

priorities, and assigned responsibilities for actions to meet priorities to HHS operating divisions, including CDC. The recently updated HHS Action Plan for the Prevention, Care and Treatment of Viral Hepatitis identifies the role that partners such as state/local health departments and community groups can play in adapting prevention strategies and implementing activities to decrease viral hepatitis transmission in their jurisdictions.[3] Prevention activities include increasing knowledge and awareness among persons at risk, their health-care providers, and the public at large; increasing access to hepatitis A and hepatitis B vaccines; promoting testing services, increasing communication and policy development, and improving collaboration among health agencies, community-based organizations (CBOs), and health professionals; and supporting and improving public health surveillance to monitor burden of disease, identify outbreaks, and evaluate and focus prevention activities effectively. To implement activities outlined in this plan, CDC will provide funds in this supplemental FOA for FY 2016 to expand the work that has been accomplished by those funded awardees under CDC-RFA-PS13-1303 for the continuation of prevention and surveillance activities.

---

[1] Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C http://www.cdc.gov/hepatitis/PDFs/IOM-HepatitisAndLiverCancerReport.pdf

[2] http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf

[3] US DHHS. Combating the silent epidemic of viral hepatitis: Action plan for the prevention, care, and treatment of viral hepatitis. Washington, DC: US DHHS; 2014. (Available at hhtp://aids.gov/pdf/viral-hepatitis-action-plan.pdf).

Purpose

The purpose of the program is to support the goals of the HHS Viral Hepatitis Action Plan by focusing on 1) addressing national viral hepatitis prevention and 2) surveillance priorities for increasing testing and access to care and treatment and strengthening surveillance to detect viral hepatitis transmission and disease. This program addresses the "Healthy People 2020" focus area(s) of Immunization and Infectious Diseases:

IID-1.3 Reduce, eliminate, or maintain elimination of new hepatitis B cases among persons 2 to 18 years;
IID-15 Increase hepatitis B vaccine coverage among high-risk populations;
IID-25.1 Reduce hepatitis B infections in adults aged 19 and older;
IID-25.2 Reduce hepatitis B infections among high risk populations – injection drug users;
IID-25.3 Reduce hepatitis B infections among high risk populations – men who have sex with men;
IID-26 Reduce new hepatitis C infections; and,
IID-27 Increase the percentage of persons aware they have hepatitis C infection (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23).
IID-28 Reduce tuberculosis (TB)http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=23.

This FOA will help build and sustain the capacity of health departments to reach several viral hepatitis prevention goals by targeting selected settings and at-risk populations (See Box 1 and Box 2 below)

Box 1. Goals for Viral Hepatitis Prevention
• Increase the proportion of persons living with HCV infection who are made aware of their HCV infection through testing and are linked to prevention and clinical care services.
• Increase the proportion of persons living with HBV infection who are made aware of their HBV infection through testing and are linked to prevention and clinical care services.
• Decrease the number of new HCV cases, particularly among adolescents and young adults who inject drugs.
• Decrease the number of new HBV cases, particularly among adults with high risk behaviors.

Box 2. Examples of Priority Settings for Viral Hepatitis Prevention
• Health department clinics and programs, including clinics serving communities with viral hepatitis health disparities, STD clinics, HIV/AIDS counseling and testing sites, and family planning clinics
• Correctional settings
• Drug-use prevention, treatment, and harm-reduction programs, including syringe services programs
• Community health centers
• Community-based organizations serving communities experiencing viral hepatitis-associated health disparities
• Other clinical, public health, and outreach settings as described

Program Implementation

Recipient Activities

Category A –Viral Hepatitis Prevention

The program activities that accompany Category A are further divided into two parts: Part 1, Viral Hepatitis Prevention Coordination, and Part 2, Technical Assistance Center. Eligible applicants may choose to apply for funding under Part 1 or both Parts 1 and 2.

Applicants are required to submit a separate application for Category A, Part 1 and Part 2. Activities to be undertaken for Category A, Part 1 are intended to improve the coordination of viral hepatitis prevention at the state and local level by continuing the support provided to the 52 Viral Hepatitis Prevention Coordinators (VHPCs) that were funded in state and local health departments. VHPCs provide technical expertise necessary for the management and coordination of activities to prevent viral hepatitis infection and disease. Further these coordinators help integrate viral hepatitis prevention services into health care settings and public health programs (e.g., STD, HIV, immunization, correctional health, substance abuse treatment, syringe exchange) that serve adults at risk for viral hepatitis. Category A, Part 2 was developed to ensure that VHPCs receive ongoing technical assistance, training, and other types of support through a single Technical Assistance Center.

Category B – Viral Hepatitis Surveillance

CDC anticipates to continue the support of the seven (7) cooperative agreements that were previously funded to conduct active, enhanced surveillance for viral hepatitis and collection of more extensive and complete information (e.g., risk factors) than is possible through the passive reporting system (the National Notifiable Disease Surveillance System, NNDSS) that is currently used by states to report cases of nationally notifiable diseases, including viral hepatitis. Activities must include enhanced, active surveillance for chronic hepatitis B (including perinatal hepatitis B) and past or current hepatitis C as defined by the Council for State and Territorial Epidemiologists (CSTE) to support case investigation and the de-duplication, confirmation, and collation of laboratory and clinical reports of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections from laboratories and care settings.

Recipient Activities

Category A - Viral Hepatitis Prevention

Category A, Part I – Viral Hepatitis Prevention Coordination Activities:

1. Conduct viral hepatitis prevention activities to address one or more of the four goals as appropriate and feasible (Box1) in a maximum of two settings[1] (Box 2), providing access to at least one at-risk target population[2] per setting. These activities should address health disparities in populations that may be underserved due to language, income, or other barriers to accessing health services. Examples of viral hepatitis prevention activities include viral hepatitis vaccination, testing, referral and linkage to care for persons found to be infected, and provision of training and education to staff.
2. To facilitate these prevention activities, hire and retain a full-time Viral Hepatitis Prevention Coordinator (VHPC), or ensure that VHPC responsibilities are otherwise assumed. The VHPC should have advanced training and/or professional experience in one or more of the following areas: health education; prevention of transmission and disease; technical expertise related to screening/testing and program evaluation; coordination/facilitation skills; community planning and assessment; program development; data collection and analysis; and, social media/communication skills. VHPC responsibilities include coordinating, planning, implementing, and evaluating viral hepatitis prevention activities conducted in appropriate public health and clinical settings identified by the applicant in the response to this program announcement. To monitor performance, the VHPC will gather and assess data related to prevention activities and report this information as requested by CDC. The VHPC will direct activities to meet prevention goals (Box 1).
3. Oversee a project-specific or project-wide viral hepatitis task force (or equivalent) comprised of key stakeholders, including members of non-governmental organizations and representatives from the collaborating settings to address planning and coordination of viral hepatitis prevention activities as well as identifying opportunities for improved collaboration among stakeholders.
   Engage other state/local health department programs (e.g., STD, HIV, and TB) to integrate HCV, HBV, and HAV prevention services.
4. Support and promote viral hepatitis awareness and education in targeted populations and participating settings, including outbreaks.
5. Evaluate implementation and impact of prevention activities, including those outlined above. Report outcome monitoring data using the template and guidelines provided by CDC prior to each reporting period. Examples of reportable data include:
   data on testing and referrals to prevention and clinical care services before, during, and at the completion of the project period at each setting;
   number of tests conducted for hepatitis B and/or C;
   outcome of screening tests (e.g., the number of newly identified cases of hepatitis B or C and sero-positivity results);
   number of viral hepatitis co-infections in settings with routine HIV testing;
   number of persons referred or linked to care and the number receiving treatment, as applicable; and,
   mechanisms used by each setting to link hepatitis B and/or C positive persons to health-care services.
6. Monitor activities intended to facilitate and/or enhance education and training.
7. Evaluate the effectiveness of integrating viral hepatitis activities with those conducted by STD, HIV, and TB programs.
8. Participate in CDC sponsored training opportunities, conference calls, conferences, and workshops that foster viral hepatitis prevention.

Category A, Part 2 – Viral Hepatitis Technical Assistance Center Activities:

1. Collaborate with DVH to ensure that VHPCs receive guidance and technical assistance for strengthening programmatic capacity and support activities under this FOA.
2. Facilitate monthly working conference calls with VHPCs to share updates, disseminate new resources, and promote collaboration across programs.
3. Provide on-site technical assistance (e.g., for strategic planning development and training) to assist coordinators.
4. Provide tailored group training sessions on topics of shared interest and need.
5. Develop and maintain a resource center of training materials, resources, evaluation tools, and other products.
6. Develop and maintain a list serve to foster real time communication and serve as a mechanism for sharing materials, announcements, and group problem-solving.
7. Facilitate peer-to-peer mentoring and coaching relationships between professionals.
8. Assist in coordinating and convening conferences and national meetings.
9. Evaluate the impact of technical assistance provided throughout the project period.

Category B - Viral Hepatitis Surveillance

Surveillance Activities

1. Fully implement Public Health Information Network (PHIN) compliant Health Level 7 (HL7) messages for reporting viral hepatitis surveillance data using current CDC/CSTE case definitions found at http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis2011.htm and case report forms http://www.cdc.gov/hepatitis/PDFs/vhsp02.pdf or http://www.cdc.gov/hepatitis/PDFs/vhsp_form.pdf by reporting sources.
2. Build and maintain a de-duplicated database of viral hepatitis data by event code (acute hepatitis A, acute hepatitis B, acute hepatitis C, chronic hepatitis B, past or present hepatitis C, and perinatal hepatitis B).
3. Conduct follow-up on all acute cases of viral hepatitis to collect a standard set of information. Follow-up is required on both "chronic" hepatitis C among young persons under 21 years old, that may indicate injection drug use, and "acute" HBV and HCV cases in those over 50 years old, that may indicate transmission in health care and extended care facilities. Follow-up activities include contact with patients, physicians, and/or caregivers to obtain information on exposures and behaviors that increase risk of acquiring hepatitis, history of vaccination and other prevention and care services, and contacts of cases

recommended to receive preventive services.
4. Promptly inform CDC of suspected clusters or outbreaks of viral hepatitis via telephone and/or email.
5. Implement surveillance for viral hepatitis using, as minimal standards, the current CDC technical guidance entitled "Guidelines for Viral Hepatitis Surveillance and Case Management" for reporting, investigating, and establishing and maintaining quality assurance. See technical guidance document at http://www.cdc.gov/hepatitis/Statistics/SurveillanceGuidelines.htm.
6. Submit viral hepatitis surveillance data to CDC weekly in accordance with Morbidity and Mortality Weekly Report (MMWR) notification standards.
7. Review viral hepatitis surveillance data reports supplied by CDC quarterly and annually. Confirm or correct data through the NNDSS or other systems developed or tailored to support this system, as appropriate.
8. Analyze and interpret local viral hepatitis surveillance data, and summarize, and disseminate key findings including via CDC's viral hepatitis surveillance report.
9. Develop and sustain relationships with state/local viral hepatitis prevention coordinators and programs to ensure surveillance activities address current and emerging prevention programmatic goals and objectives.
10. Provide technical assistance and consultation to staff at state and local health departments to facilitate understanding and use of viral hepatitis surveillance data to target prevention activities.
    Document and share with CDC/DVH lessons learned and best practices for automating collection of electronic data from laboratory and clinical care record systems, particularly for cases of chronic hepatitis B and C.
11. Collaborate with CDC to develop and implement methodologies, including protocols, guidelines, standards, and instruments for conducting surveillance of acute and chronic viral hepatitis. These collaborations encompasses follow-up of a representative sample of chronic hepatitis B and past or present hepatitis C reports to obtain standard data (e.g., laboratory testing, stage of disease, ongoing transmissions risks, and access to prevention, care, and treatment services). Documentation of methodologies should be submitted to CDC prior to implementation.
12. Participate in CDC sponsored training opportunities, conference calls, conferences, and workshops that foster data collection, analyses, interpretation, and use of surveillance data and underlying methodologies.
13. Provide a report that details the security and confidentiality of the viral hepatitis surveillance data that is consistent with the most recent CDC NCHHSTP guidelines. These should include: who has access to the hard-copy and electronic patient-level data; a description of the physical location where patient-level data are stored; a description of the security measures for data stored on local area networks (LANs) or other electronic storage systems; and policies and procedures for accessing the data.
14. Identify and implement activities and processes to enhance and improve viral hepatitis surveillance, including but not limited to, surveillance case registry (e.g., HIV, cancer) matching, follow-up on cases of public health importance, collection of laboratory specimens for additional testing, projects to categorize cases for which no risk can be identified, monitor performance measures of hepatitis testing, care, and treatment, and provide data to case registries supported by state and local prevention programs.
    Report on requested outcome monitoring data. Templates and guidance on outcome monitoring will be provided to funded jurisdictions. Examples of data to be collected and submitted to CDC include, but are not limited to, products of recipient activities 2, 4, 6, 7, 11, 12, and 14.

---

[1] Settings are not to be interpreted as single physical locations but rather a type of site in which activities will be targeted throughout the jurisdiction (e.g., setting one could be health clinics and setting two could be drug-use prevention programs).

[2] For a list of target population refer to CDC guidelines and recommendations on prevention and control of hepatitis B and hepatitis C.

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

CDC Activities

Category A - Viral Hepatitis Prevention

1. Provide technical assistance, guidance, consultation, and training to support and supplement that provided by the recipient of Category A, Part 2 funding. This includes:

- DVH IDU prevention expert support to identify effective strategies for providing viral hepatitis prevention services in harm reduction and substance abuse and treatment settings
- Provide strong directives for Technical Assistance provider to offer high quality training and educational opportunities
- DVH Education and Training Team support to coordinate National Educational Campaign effort with award recipients (grantees)
- DVH support and advocacy to work with Health Resources and Services Administration (HRSA) and the National Association of Community Health Centers (NACHCs) to facilitate and assist with strategies to improve collaboration with individual Community Health Centers.

2. Monitor grantee progress in implementing program activities and work with grantees through consultation via site visits, conference calls, electronic correspondence, and review of progress reports.

3. Provide training to enhance staff and program capacity for viral hepatitis prevention program:

- Support and provide training for viral hepatitis prevention planning, management, and surveillance.
- Provide training in relevant scientific and technical information regarding laboratory methods used to diagnose and evaluate viral hepatitis infections.

4. Conduct site visits to each grantee during the project period to assess progress toward meeting program objectives and provide technical assistance as determined by the grantee and CDC.

5. Provide consultation, technical assistance, and financial assistance (when feasible) for outbreaks, including site support of investigations when requested by health departments.

6. Provide technical assistance in assessing and prioritizing training and educational needs and for planning, implementing, and evaluating training and educational activities.

7. Collaborate in the dissemination of successful findings and experiences.

8. Facilitate coordination, collaboration, and service integration among other HHS offices, CDC programs, health departments and their programmatic divisions, local planning groups, and other partner to improve data sharing and promote sustainability for viral hepatitis programs.

Category B - Viral Hepatitis Surveillance

1. Provide technical assistance, guidance, consultation, and training as related to the grantee activities for developing and enhancing viral hepatitis surveillance.

2. Identify and support opportunities for training in viral hepatitis surveillance methods, projects to improve viral hepatitis surveillance, surveillance program planning and management, and laboratory methods used to diagnose and evaluate viral hepatitis infections.

3. Conduct site visits to each grantee during the project period to assess progress toward meeting program objectives and provide technical assistance as determined by the grantee and CDC.

4. Collaborate with grantees to develop and implement guidelines and standards for conducting viral hepatitis surveillance for acute and chronic disease.

5. Collaborate with grantees to process, analyze, interpret, and disseminate viral hepatitis surveillance data.

6. Develop routine communications and lead collaborative discussions to identify emerging trends in viral hepatitis that merit further investigation by grantees.

7. Provide assistance in the evaluation of viral hepatitis surveillance procedures and the use of viral hepatitis surveillance data for targeting prevention activities.

8. Provide timely feedback to grantees regarding their data quality through both quarterly reports and an annual report prior to close-out of the NNDSS data year.

9. Disseminate multi-state viral hepatitis surveillance data for public health purposes through routine surveillance reports, print and electronic publications, and presentations at conferences, workshops, and seminars.

10. Collaborate with state viral hepatitis surveillance programs to document and disseminate best practices for conducting surveillance of chronic viral hepatitis B and C.

11. Collaborate with state viral hepatitis surveillance programs to document and implement methodologies for obtaining a representative sample of chronic hepatitis B and C reports and conducting follow-up to obtain clinical information about signs and symptoms, results from diagnostic laboratory tests, and information about risk behaviors and exposures within the relevant time periods.

12. Foster and support collaborations between state viral hepatitis surveillance and viral hepatitis prevention coordinators and programs and related activities (e.g., immunization, HIV, STD, etc.)

13. Develop and maintain partnerships with other federal and non-federal organizations to foster and support the state infrastructure for viral hepatitis surveillance.

Section II. Award Information

Type of Award: Cooperative Agreement

CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: U51

U51- Infectious Disease Assessment, Prevention & Control

Fiscal Year Funds: 2016

Approximate Total Supplemental Funding: $8,400,000

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

Approximate Number of Awards: 60

CATEGORY A – Viral Hepatitis Prevention

Part 1 - Viral Hepatitis Prevention Coordination 52 awards

Part 2 - Technical Center 1 award

CATEGORY B – Viral Hepatitis Surveillance 7 awards

Approximate Average Award: $90,000

This amount is for a 12-month budget period, and includes both direct and indirect costs.

Floor of Individual Award Range: $20,000

Ceiling of Individual Award Range: $500,000

This ceiling is for a 12-month budget period.

CATEGORY A – Viral Hepatitis Prevention

Approximate Average Award:

Part 1 - Viral Hepatitis Prevention Coordination $94,000

Part 2 - Technical Center $150,000

Floor of Individual Award:

Part 1 - Viral Hepatitis Prevention Coordination $20,000

Part 2 - Technical Center $100,000

Ceiling of Individual Award Range:

Part 1 - Viral Hepatitis Prevention Coordination $150,000

Part 2 - Technical Center $200,000

CATEGORY B – Viral Hepatitis Surveillance

Approximate Average Award: $475,000

Floor of Individual Award Range: $200,000

Ceiling of Individual Award Range: $600,000

Anticipated Award Date: 11/02/2015

Budget Period Length: 12 month(s)

Project Period Length: 1 year(s)

Competing Continuation Project Period Length: 1 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:
State governments
County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses
Small businesses

Reasons to Justify Limited Competition, where eligibility is not limited by statute or regulation and the circumstances are not urgent.

Limited competition for this Expansion Supplement is justified based on the following.

In 2010, Institute of Medicine (IOM), in its report titled, *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*, cited viral hepatitis as "a large and underappreciated health issue for the nation." The IOM articulated ways to improve prevention and care services calling for an intensified, coordinated national prevention and health-care effort. In response, HHS developed the Viral Hepatitis Action Plan, which set prevention goals, established program priorities, and assigned responsibilities for actions to meet priorities to HHS operating divisions, including CDC. To implement activities outlined in the Viral Hepatitis Action plan, CDC funded state and local health departments for the last three years to implement or sustain prevention and surveillance activities. Below is a detailed description of the characteristics of the applicant organizations that makes them uniquely qualified to perform the programmatic activities; prior activities performed in cooperation with CDC; the relationship of the new project to any prior or ongoing CDC-funded activities; and impact the disapproval if the Expansion Supplement is denied.

Category A, Part 1 – Viral Hepatitis Prevention Coordinator

CDC's DVH Viral Hepatitis Prevention and Surveillance project has existed since 2012. The Division of Viral Hepatitis currently funds 52 state and local health departments to improve the delivery of primary and secondary viral hepatitis prevention in health-care settings and public health programs that serve at-risk adults and adolescents under, FOA PS13-1303. Competition is limited to these 52 state and local health departments because they are the only organizations within the broader field of viral hepatitis prevention and control that have coordinated jurisdictional wide viral hepatitis strategic planning, developed education and training for health care providers; implemented policies and protocols locally; integrated viral hepatitis prevention services into health care settings and public health programs (e.g., STD, HIV, correctional health, substance abuse treatment, syringe exchange, diabetes care and prevention, and vaccination of susceptible household and sexual contacts) that serve adults at risk for viral hepatitis; and implemented viral hepatitis testing and linkage to care for key population impacted by viral hepatitis. Due to the nature of the activities required under the proposed one-year Expansion Supplement, accomplishments of all of the above items is a pre-requisite for any entity to be successful in fulfilling these programmatic objectives. Therefore, these 52 awardees are the only entities that have achieved all of the above requirements and have the capacity to complete the program activities during the supplemental expansion. This Expansion Supplement serves as a bridge to support current awardees until a new and more comprehensive FOA is announced and awarded in FY 2017.

- Awardees will maintain on going viral hepatitis prevention efforts to identify ways to integrate viral hepatitis prevention, vaccination, testing and linkage to care into existing public health, clinical care and community settings.
- Awardees will use local data to sustain viral hepatitis prevention activities currently underway for their jurisdiction and to maintain local partnerships and resources that support viral hepatitis activities.

List the characteristics of the eligible applicants that make them uniquely qualified to perform the programmatic activities

For the past three years, the 52 state/local awardees (through the Viral Hepatitis Prevention Coordinator position) funded under PS13-1303 FOA have engaged in specific activities to build state and local capacity to improve and integrate the delivery of primary and secondary viral hepatitis prevention within specific settings in their jurisdictions. Through continuous training, education and technical assistance, these coordinators have gained strong expertise, knowledge and skills in the areas of health education; prevention of transmission and disease; technical expertise related to screening/testing and program evaluation; coordination/facilitation skills; community planning and assessment; program development; data collection and analysis; and, social media/communication skills that were needed to successfully accomplished the activities of the FOA PS13-1303. Specially, 86% of coordinators have facilitated, coordinated or supported viral hepatitis services and reported outcome data to CDC. So far, coordinators have conducted nearly 700 education and training sessions, reaching more than 15,000 health care providers. Over 187,000 hepatitis C tests have been facilitated with more than 27,700 persons identified with hepatitis B infection. In 18 jurisdictions, VHPCs facilitated, coordinated, or monitored hepatitis B testing activities conducting 55,000 hepatitis B tests of which 2,000 hepatitis B positive patients were identified and referred to care. In 16 jurisdictions, VHPCs coordinated vaccine programs reporting over 300,000 doses of vaccine have been administered in the health departments & partner sites.

Due to the considerable investment and effort in developing these coordinators only those applicants who have participated in FOA PS13-1303 for last three years and have the training to continue activities under this Expansion Supplement. CDC is anticipating a substantial increase in its viral hepatitis funding line in the next 12 months and this extension of the current awardees will allow time to build in the expectations of new funding in a future announcement.

List any prior activities the organizations have performed in cooperation with CDC

For the past three years, the 52 awardees funded under PS13-1303 FOA have worked with CDC to identity and support the implementation of the HHS Viral Hepatitis Action Plan at the state and local levels. Specifically, these awardees leverage opportunities to increase awareness about viral hepatitis, prioritize those activities that can make the greatest difference in the lives of individuals at risk in their jurisdiction and promote the adoption of CDC and US Preventive Task Force Recommendations. This Expansion Supplement announcement will allow the continuity of services at the 52 sites that currently support and promote prevention services and activities in those jurisdictions. Second, this Expansion Supplement will allow critical viral hepatitis prevention efforts to continue and will also prevent the breakdown of established partnerships and collaborations with state/local public health partners.

Describe the impact of disapproval

Without this Expansion Supplement awardees' ability to continue key components of viral hepatitis prevention to improve the delivery of primary and secondary viral hepatitis prevention in health-care settings and public health programs that serve at-risk adults and adolescents would be interrupted. Among the services that would be affected are:

- Coordination and promotion of viral hepatitis activities
- Viral hepatitis integration and collaboration efforts

- Testing for hepatitis C
- Testing for hepatitis B
- Dissemination of guidelines, recommendation, and information
- Policy development and implementation
- Education and awareness training for professional and public health staff
- Data collection and reporting
- CDC's ability to monitor and track viral hepatitis activities in the state

Lastly, if the Expansion Supplement is disapproved, it would hinder CDCs ability to implement activities outlined in the Viral Hepatitis Action plan.

Category A, Part 2 - Viral Hepatitis Technical Assistance Center

The Institute of Medicine (IOM) Report 2010 concluded that insufficient provider knowledge leads to critical missed opportunities for providers to educate patients about prevention of hepatitis B (HBV) and hepatitis C (HCV), to identify patients who may be at risk for these infections and to test for chronic HBV and HCV infection in patients and their sexual, family, and household contacts in the case of hepatitis B and in drug-use networks in the case of hepatitis C. The IOM further recommended that "The CDC should work with key stakeholders including professional organizations, health-care organizations and educational institutions to develop hepatitis B and hepatitis C educational programs for health-care and social-service providers." Based on the aforementioned guidelines, the Division of Viral Hepatitis identified and funded one Technical Assistance Center to strengthen programmatic capacity and support activities required under by Part A.

For last three years, the NYS Technical Assistance Center (TA Center) has provided over 150 trainings to Viral Hepatitis Prevention Coordinators as well as conducted the following vital functions: facilitated monthly working conference calls with VHPCs to share updates, disseminate new resources, and promote collaboration across program; provided on-site technical assistance (e.g., for strategic planning development and training) to assist coordinators; provided tailored group training sessions on topics of shared interest and need; maintained a list serve to foster real time; facilitated 52 peer-to-peer mentoring and coaching relationships between professionals; assisted in coordinating and convening 2 conferences and national meetings; and evaluated the impact of technical assistance provided throughout the project period. The substantial progress made by the awardees involved in the ongoing project clearly indicates that they are well-qualified, have expert knowledge and experience and demonstrate the capacity necessary to accomplish the goals of this supplement.

The overall goals of the Expansion supplement will ensure that TA Center can continue to train new and current AVHPCs to facilitate and increase the integration of viral hepatitis prevention activities and services into the targeted organizations' existing prevention programs and health care services nationwide. In addition, the TA Center will remain a critical element for increasing and reinforcing awareness and knowledge of trained participants of the need for program collaboration and service integration across a variety of service settings; enhancing their knowledge, skills, and abilities to assess client/patient risks for hepatitis; and, in providing needed services that fit within their existing organizational scope of client/patient management practices, outreach, and health education programs.

The TA Center performs an extremely critical service to these awardees as described under Category A, Part A above that if interrupted CDC would hamper our current capability and capacity to train them and build their expertise. Therefore, the TA Center follow on activities under this Program Expansion supplement are an efficient and economical use of funding and time which benefits the government effort to prevent and control viral hepatitis.

Category B, - Viral Hepatitis Surveillance

CDC's DVH Viral Hepatitis Prevention and Surveillance project has existed since 2012. The Division of Viral Hepatitis currently provides funding for seven (7) cooperative agreements to conduct active and enhanced surveillance for viral hepatitis under FOA PS13-1303. Awardees include Florida, Massachusetts, Michigan, New York State, City of Philadelphia, San Francisco, and Washington State. Under this cooperative agreement, these awardees are supported to conduct enhanced surveillance, monitoring the burden of acute and chronic viral hepatitis disease through core surveillance of hepatitis A, acute hepatitis B and C, and chronic hepatitis B and C. Funding is limited to state and local departments of health because they are the only entity within their jurisdictions responsible for administering and enforcing laws, rules, or regulations pertaining to collecting and reporting of viral hepatitis surveillance data. Competition is further limited to seven (7) sites (Florida, Massachusetts, Michigan, New York, Philadelphia, San Francisco, and Washington) currently funded to conduct enhanced viral hepatitis surveillance under Funding Opportunity Announcement PS13-1303. The current surveillance funding for the seven awardees will end on 31 October 2015. This Expansion Supplement serves as a bridge to support current awardees to complete a number of essential activities until a new and more comprehensive FOA is announced and awarded in FY 2017.

- Awardees will continue to identify and receive laboratory report of all laboratory tests that were positive for viral hepatitis (HAV, acute, chronic, and perinatal HBV, and past/present or chronic HCV) through 31 December 2015. Additional time and funding is needed to allow awardees to follow-up the 2015 positive reports to obtain clinical information that is necessary to determine if the individual meets the CDC and Council of State and Territorial Epidemiologists (CSTE) surveillance case definition. Awardees will notify CDC of all case patients who meet both the laboratory and clinical (signs and symptoms) criteria of the surveillance case definition. This will fulfil terms of the initial FOA PS13-1303. Without the additional year of funding, states will not have the resources to conduct the required follow-up activities.
- CDC is in the process of updating guidelines for conducting surveillance of viral hepatitis, with emphasis on surveillance of chronic viral hepatitis. Awardees will collaborate with CDC in this process to ensure that lessons learned are included in the document. Three to six months after collection of laboratory reports (prior to the end of follow-up data collection) awardees and CDC will begin compiling information and writing the guidelines document. The guidelines will include methodologies, protocols, standards, and instruments for conducting surveillance of acute and chronic viral hepatitis.

CDC would not benefit from one year announcement with competition for these supplemental/additional funds. New awardees would need at least 9-12 months to hire and train appropriate staff, develop and implement appropriate data collection and reporting systems, and document protocols, methodologies, and lessons learned.

List the characteristics of the eligible applicants that make them uniquely qualified to perform the programmatic activities.

The eligible applicants, seven current awardees, are already conducting enhanced surveillance on both acute and chronic viral hepatitis. This means they are already following-up with health care providers and case-patients and are collecting information on an expanded number of characteristics/variables about case patients. Some states do not conduct surveillance on chronic viral hepatitis B or C thus could not provide the information needed to estimate burden of disease, identify outbreaks, characterize at risk populations, or identify individuals for referral to care and treatment. Most states do not have sufficient support (CDC only supports viral hepatitis surveillance in the 7 sites supported by FOA PS13-1303) to follow-up hundreds of positive laboratory reports to determine if the case-patient has the clinical criteria to meet the surveillance case definition. Thus, the currently funded 7 sites are unique and the only entities that have the capacity and ability to complete the required program activities. Furthermore, entities other than those that have been funded under the prior program announcements would not have time to hire staff and put contracts in place for one year.

List any prior activities the organizations have performed in cooperation with CDC

Current awardees provide not only surveillance data, but also work on a number of projects that require expanded viral hepatitis surveillance data. For example, there is no current surveillance case definition for hepatitis E (HEV) infection. In respond to a recent external inquiry about DVH's activities with regard to developing a case definition for HEV, awardees were contacted. Florida, Massachusetts, Michigan, San Francisco, and Washington indicated HEV is a reportable condition. These states collect information on all positive HEV laboratory reports. HEV is not reportable in New York State and City of Philadelphia but some laboratories do send positive HEV laboratory reports to the health department. All awardees indicated they currently include hepatitis E in their surveillance activities and all indicated they will work with CDC to formulate a case definition to be presented to CSTE for consideration.

Describe the impact of disapproval

Without this program expansion supplement awardees' ability to continue key components of enhanced viral hepatitis surveillance will be compromised.

Specifically, without continued funding awardees will not have the ability to build and maintain a de-duplicated database of viral hepatitis data by event code (acute hepatitis A, acute hepatitis B, acute hepatitis C, chronic hepatitis B, past or present hepatitis C, and perinatal hepatitis B), or the capacity to conducting follow-up investigations of all acute cases of viral hepatitis to collect a standard set of information, nor the ability to collaboration with CDC to develop and implement methodologies, protocols, guidelines, standards, case definitions, and instruments for conducting surveillance of acute and chronic viral hepatitis. Furthermore, the substantial investment of time and resources in the current awardees therefore would not be maximized, as there would be no mechanism by which these awardees could complete these activities and share the results of their efforts with others.

Eligible applicants are those funded under CDC-RFA-PS13-1303

For Category A Part 1 - **Viral Hepatitis Prevention Coodinator**:

AK Dept. of Health	AL Dept. of Health	AZ Dept. of Public Health	CA Dept. of Public Health
LAS Co. Dept. of Health	CO Dept. of Public Health	CT Dept. of Public Health	DC Dept. of Health
DE Dept. of Health	FL Dept. of Public Health	GA Dept. of Public Health	HI Dept. of Health
IA Dept. of Public Health	ID Dept. of Health	IL Dept. of Public Health	IN Dept. of Public Health
KS Dept. of Health	KY Dept. of Public Health	LA Dept. of Health	MA Dept. of Public Health
MD Dept. of Public Health	ME Dept. of Health	MI Dept. of Health	MN Dept. of Public Health
MO Dept. of Health	MS Dept. of Health	MT Dept. of Health	NC Dept. of Health
ND Dept. of Health	NE Dept. of Health	NH Dept. of Health	NJ Dept. of Health
NM Dept. of Health	NV Dept. of Health	NY State Dept. of Health	NYC Dept. of Health
OH Dept. of Health	OK Dept. of Health	OR Dept. of Public Health	PA Dept. of Health
PHIL Dept. of Health	RI Dept. of Public Health	SC Dept. of Health	TN Dept. of Health
TX Dept. of Health	UT Dept. of Health	VA Dept. of Health	VT Dept. of Health
WA Dept. of Health	WI Dept. of Health	WV Dept. of Public Health	WY Dept. of Health

For Category A , Part 2 - Viral Hepatitis Technical Assistance Center:

NY Health Research Inc.

For Category B - Surveillance:

San Francisco Dept of Health	MI Dept of Health	FL Dept of Public Health
MA Dept. Public Health	NY State Dept. of Health	Philadelphia Dept of Health
WA Dept of Health		

Required Registrations

System for Award Management and Universal Identifier Requirements
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.

The recipient is required to have the original DUNS identifier to apply for additional funds.

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 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) and maintain their SAM 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/portal/SAM/#1.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The recipient will be notified that the application did not meet the eligibility requirements.

Special Requirements

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

Maintenance of Effort

Maintenance of Effort is not required for this program

Section IV. Application and Submission Information

Address to Request Application Package

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

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

Content and Form of Application Submission

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

- Project Abstract

  For Category A, Part 1- Viral Hepatitis Prevention
  For Category A, Part 2- Viral Hepatitis Technical Assistance Center- if applicable
  For Category B, Surveillance - if applicable

- Project Narrative

  For Category A, Part 1- Viral Hepatitis Prevention
  For Category A, Part 2- Viral Hepatitis Technical Assistance Center- if applicable
  For Category B, Surveillance - if applicable

- Budget Narrative

  For Category A, Part 1- Viral Hepatitis Prevention
  For Category A, Part 2- Viral Hepatitis Technical Assistance Center-if applicable
  For Category B, Surveillance - if applicable

- CDC Assurances and Certifications
- Work Plan
- Resumes/CVs
- Letters of Support - if applicable
- Organizational Charts
- Non-profit organization IRS status forms - if applicable
- Indirect Cost Rate - if applicable
- Memorandum of Agreement (MOA) - if applicable
- Memorandum of Understanding (MOU) - if applicable
- Bona Fide Agent status documentation - if applicable

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

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

- Maximum number of pages: 10. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

Maximum number of pages:

Category A, Part 1 – Viral Hepatitis Prevention Coordination - 10 pages

Category A, Part 2 – Viral Hepatitis Technical Assistance Center - 10 pages

Category B –Viral Hepatitis Surveillance - 10 pages

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

The narrative should address activities to be conducted over the entire project period and must provide specific information for the activities during the first year, to include the following items in the order listed.

CATEGORY A – VIRAL HEPATITIS PREVENTION

Part 1 - Viral Hepatitis Prevention Coordination

(Narrative portion should not exceed 10 pages)

A. Background and Need

1. Describe the background and justify the need for viral hepatitis prevention; including available data regarding disease burden, transmission patterns, risk populations, and viral-hepatitis-associated health disparities.
2. Describe the current viral hepatitis prevention infrastructure at the state and local levels.
   - Describe the geographic areas and the age, race/ethnicity, and socioeconomic status of the populations served by existing health-care settings and public health programs.
   - Describe ability to access populations at risk for viral hepatitis.

- Describe health department and community resources for prevention and care.

3. Provide examples of collaborations with surveillance and epidemiology programs in which incidence and prevalence data are used to guide prevention program development and evaluation.
4. Describe current hepatitis A, B, and C reporting practices.
5. Describe recent viral hepatitis prevention activities directed or conducted by a coordinator.
6. Provide a brief history of viral hepatitis prevention efforts, including strengths and limitations of past efforts.
7. Describe any gaps and barriers related to laws, policies, or procedures for implementing viral hepatitis services in the jurisdiction, along with plans for addressing these barriers.
8. List anticipated challenges and opportunities for enhancing viral hepatitis prevention efforts in settings serving at-risk populations (Box 2).

B. Operational Plan

1. Describe one to two settings in which FOA activities will be implemented to address selected prevention goals. Provide a rationale for their selection. (Preference can be given to settings providing viral hepatitis care and treatment to uninsured and underinsured persons.)
2. Describe at least one target population per setting and provide a rationale for their selection.
3. For each of the selected goals (Box 1); describe proposed prevention activities for each setting, how activities will be implemented, and the timeline for implementation.
4. As appropriate; describe how other CDC STD, HIV, and TB programs will be engaged to integrate HCV and HBV prevention services.
5. Describe plans to hire and retain a full-time Viral Hepatitis Prevention Coordinator (VHPC) or how VHPC responsibilities will otherwise be performed. Note that:

   - VHPCs must have advanced training and/or professional experience in one or more of the following areas: health education; prevention of transmission and disease; technical expertise related to screening/testing and program evaluation; coordination/facilitation skills; community planning and assessment; program development; data collection and analysis; and social media/communication skills.
   - VHPC responsibilities include coordinating, planning, implementing, and evaluating viral hepatitis prevention activities conducted in appropriate public health and clinical settings identified by the applicant in the response to this program announcement.
   - To monitor performance, the VHPC will gather and assess data related to prevention activities and report this information as requested by CDC. The VHPC will direct activities to meet prevention goals (Box 1).

6. Describe how the VHPC will facilitate the successful implementation of activities supported by this FOA.
7. Describe how the state and local health department will support and facilitate the work of the VHPC in conducting the activities supported by this FOA.
8. Describe oversight of a project-specific or project-wide Viral Hepatitis Task Force (or equivalent) comprised of key stakeholders, including members of non-governmental organizations, to address planning and coordination of viral hepatitis prevention activities as well as identifying opportunities for improved collaboration among stakeholders.
9. Describe measures taken to ensure collaboration between the VHPC and other agencies, clinical venues, and CBOs and among different health department programs.
   Provide letters of support from relevant stakeholders in the target settings.
10. Describe how the proposed prevention activities will address health disparities and populations that may be underserved due to language, income, or other barriers to accessing health services.
11. As appropriate, describe how viral hepatitis awareness and education will be supported and promoted in targeted populations and participating settings, including the use of educational campaign material(s) developed and tested by CDC (e.g., the Know More Hepatitis campaign).
12. Describe how local epidemiologic and surveillance data, CDC recommendations, and technical assistance materials will be used to support implementation and evaluation of activities in target settings and at-risk population(s) during the project period.

C. Evaluation Plan/Performance Measures

1. For each setting, provide a qualitative/quantitative monitoring and evaluation plan based on the proposed prevention activities described in the operational plan, including (but not limited to) an evaluation framework, process and outcome measures, and performance timelines. Note that grantees will report outcome monitoring data using the template and guidelines provided by CDC prior to each reporting period or as requested. (Standardized templates will be developed and structured in accordance with the prevention priorities, type of settings, and population selected by the applicant). The following are components of an evaluation framework:

   - For each setting selected; identify and describe expected outcomes.
   - Identify the process and outcome measures to be used to monitor progress of prevention activities at each setting, to include:
     - data on testing and referrals to prevention and clinical care services before, during, and at the completion of the project period at each setting;
     - number of tests conducted for hepatitis B and/or C;
     - outcome of screening tests (e.g., the number of newly identified cases of hepatitis B or C and sero-positivity results); number of viral hepatitis co-infections;
     - number of persons referred or linked to care and the number receiving treatment, as applicable; and,
     - mechanisms used by each setting to link hepatitis B and/or C positive persons to health-care services.

2. Monitor activities intended to facilitate and/or enhance education and training, examples include:

   - number of viral hepatitis trainings conducted during the reporting period;
   - number and types of professionals, volunteers, and/or peer educators/counselors who completed an educational program for hepatitis prevention counseling, testing, and referral;
   - opportunities and local channels used for disseminating educational materials developed by CDC for the general public and targeted populations;
   - activities and efforts to increase the use and dissemination of culturally sensitive and linguistically appropriate educational messages;
   - outcomes of meetings with stakeholders; and,
   - improvements in knowledge or changes in practice resulting from provider training in viral hepatitis.

3. For each setting, describe how clinical, laboratory, epidemiologic, surveillance, and other available data will be used to evaluate implementation and impact of activities.
4. Describe plans to evaluate the effectiveness of integrating viral hepatitis activities with those conducted by STD, HIV, and TB programs.

D. Staffing and Management

1. Describe how implementation of prevention activities will be planned, managed, and overseen.
2. Submit a management plan that describes proposed staff, staff experience, and background.
3. Provide a job description for proposed or current VHPC and other staff that specifies job title and general duties, salary range or rate of pay, and the level of effort and percentage of time to be spent on activities funded through this cooperative agreement.
4. Submit curriculum vitae or resume (limited to two pages per person) for each professional staff member named in the proposal.
5. As appropriate to implement prevention activities covered by this FOA, describe how the applicant will manage, monitor, and maintain collaborations with other programs (e.g., surveillance and STD/HIV, community health centers, drug treatment program, laboratories).

6. Submit an organizational chart describing where VHPC is or will be located within the health department, the position of the supervisor, and how this placement will help achieve desired outcomes of prevention activities.

E. Budget and Budget Justification

The budget justification will not be counted in the 10-page limit. In accordance to Form CDC 0.1246 (E)[1], applicants are required to provide a line-item budget and narrative justification for all requested costs that are consistent with the purpose, objective, and proposed program activities. The budget and budget justification should be placed in the application's attachments and named "Budget and Budget Justification."

Within the budget, include the following:

- A detailed line-item budget and justification (also known as a budget narrative).
- A line-item breakdown and justification for all personnel that includes name, position title, actual annual salary, percentage of time and effort, and amount requested.
- If contractor is used, a line-item breakdown and justification for all contractor(s), including:
    - Name of contractor
    - Method of selection
    - Period of performance
    - Scope of work
    - Method of accountability
- Itemized budget and justification

Note: If the above information is unknown for any contractor/consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget.

The budget must allocate sufficient funding to enable the VHPC to attend one CDC-sponsored or sanctioned conference or meeting each year (e.g., the grantee orientation meeting and national viral hepatitis meetings/conferences).

Part 2 – Viral Hepatitis Technical Assistance Center

(Narrative portion should not exceed 10 pages)

A. Background and Need

Describe prior knowledge and experience providing support and technical assistance to public health partners in the area of viral hepatitis prevention and control, to include viral hepatitis integration and collaboration guidance, staff education and training, policy and program development, and planning.

B. Capacity

Describe current capacity, resources, facilities, experience (both technical and administrative), and access to target audiences for conducting the activities. This should include documentation of professional personnel qualifications and achievements related to the proposed activities (e.g., direct or indirect participation of personnel in providing viral hepatitis or other communicable disease education and/or training in prevention and control activities). Include any original letters of support from appropriate non-applicant organizations, individuals, institutions, public health departments, and others needed to carryout proposed activities and the extent to which such letters clearly indicate the author's commitment to participate as described.

C. Objectives and Technical Approach

1. Describe objectives of the proposed project that are 1) consistent with the purpose and goals of this cooperative agreement; 2) measurable and time-phased; and 3) consistent with CDC guidelines on prevention and control of viral hepatitis.
2. Describe the proposed operational plan for implementing the project activities (see Funding Opportunity Description, Recipient Activities) to include maximizing the use of existing resources and staff to implement viral hepatitis prevention services.
3. Describe proposed collaborations with DVH to ensure that VHPCs receive guidance and technical assistance for strengthening programmatic capacity and support activities under this FOA.
4. Describe how the impact of technical assistance provided throughout the project period will be evaluated.

D. Budget and Justification

Provide a detailed budget and line-item justification for all operating expenses. The budget should be consistent with the objectives and planned activities of the project.
The budget should address funds requested, as well as the applicant's in-kind or direct support. The budget and budget justification will be included as a separate attachment, not to be counted in the narrative page limit.

CATEGORY B – VIRAL HEPATITIS SURVEILLANCE

(Narrative portion should not exceed 10 pages)

A. Background and Need

1. Describe the background and justify the need for viral hepatitis surveillance including available data regarding disease burden, changes in transmission patterns or risk populations, and health disparities.
2. Describe the current viral hepatitis surveillance infrastructure at the state and local levels including ability to collect electronic laboratory and clinical record data, manage case reports and interpret and disseminate surveillance data.
3. Describe reporting practices of local health departments, discuss how special populations may be targeted for inclusion, and identify gaps and barriers in the current surveillance system.
4. Describe how surveillance activities will guide, evaluate and improve prevention of viral hepatitis infection and disease.

B. Operational Plan

The operational plan contains both the narrative supporting the project objectives and the plan for the supplemental year of the project. The plan includes a description how the applicant will address the recipient activities and outlines goals and objectives to be achieved during the project period, along with methods and timelines for accomplishing them. The project objectives are to be specific, measurable, achievable, relevant, and time-phased, and the methods proposed for accomplishing them should be feasible. In the operational plan, applicants also should

- identify barriers/challenges and provide solutions for overcoming them;
- demonstrate how CDC/CSTE case definitions for viral hepatitis surveillance will be used and how standard surveillance methods will be implemented;
- describe methods that are consistent with collecting and reporting complete data on key demographic variables;
- demonstrate a track record of collecting, analyzing, and reporting unduplicated data to monitor chronic hepatitis B and hepatitis C; and
- demonstrate capacity to collect follow-up data on acute and chronic cases of viral hepatitis and compare data with other surveillance systems (e.g., HIV and cancer).

C. Evaluation Plan/Performance Measures

1. Describe the procedures currently used or planned to monitor the performance of the data collection and reporting system(s), to include quantitative processes, performance measures, and outcome measures.
2. Describe a plan to evaluate completeness of reports (e.g., for demographic and risk factor data).
3. Discuss plans to monitor and achieve "de-duplication" of records and reports such that each case represents a unique individual.
4. Provide examples of state/local collaborations formed to help health authorities use surveillance data to guide, evaluate, and improve prevention of viral hepatitis infection and disease.

D. Staffing and Management

1. Describe the staffing plan (to include at least one senior staff member who will be responsible for scientific direction of the program).
2. Describe how the proposed program will be managed, including the location of the program within the applicant organization.
3. Include a job description for each position, specifying job title and general duties, salary range or rate of pay, and the level of effort and percentage of time spent on activities funded through this cooperative agreement.
   - If the identity of key personnel is known, include a name and resume for each and note any experience and training related to the proposed project.
   - If the identify of key personnel is not known, describe the recruitment plan.
4. Discuss proposed measures to ensure that staff members receive training and experience in viral hepatitis surveillance and the collection and management of electronic data.

E. Budget and Budget Justification

1. Provide a detailed budget and line-item justification for all operating expenses. The budget should be consistent with the objectives and planned activities of the project. The budget should address funds requested, as well as the applicant's in-kind or direct support.
2. Curricula vitae and job descriptions of proposed key staff should be included. The budget and budget justification will be included as a separate attachment, not to be counted in the narrative page limit.

---

[1]www.cdc.gov/od/pgo/forms/01246.pdf

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

Other attachment forms should be titled as follows:

- Curricula vitae/resumes
- Organizational charts
- Letter of support from State Epidemiologist
- Letter(s) of concurrence from proposed/selected settings (within six month after funding)
- Provide letters of support from relevant stakeholders in the target settings.
- Laws/regulations/rules mandating reporting of viral hepatitis – include here the current state laws/regulations/rules that mandate acute hepatitis A, acute hepatitis B, acute hepatitis C, perinatal hepatitis B, chronic hepatitis B, and chronic hepatitis C.
- Relevant excerpts from state plans for viral hepatitis prevention
- Copies of viral hepatitis report forms currently in use
- Budget and budget justification
- Indirect Cost Rate Agreement

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

If the applicant is requesting more than one category of funding, the application must include complete, stand-alone sections (e.g., project abstract, narrative, budget and budget justification) for each requested funding component (part) for each category so that each request for a funding category can be identified and provided to the respective review panel. Each section and appendix of the application submitted to grants.gov should clearly identify the category of funding for which it is submitted. Applicants may label each file with the state or city abbreviation and the category of funding (e.g., **AL** for Alabama, **NYC** for New York City, **VHPC** for Viral hepatitis Prevention Coordinator, **VHTAC** for Viral Hepatitis Technical Assistance Center, and **SURV** for Surveillance).

No more than 8 electronic attachments should be uploaded per application.

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

Applicants may follow either of the following processes:

- *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.* Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grant assurances/ (S(mj444mxct 51lnrv1hljjjmaa))/ 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.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.

If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Application Deadline Date

Due Date for Applications: 07/20/2015

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Funding Restrictions

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

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

"Clinical Care" does not include screening, testing, and/or vaccination.

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

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application:

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Recipients can complete the application package off-line, and then upload and submit the application via the Grants.gov website. The recipient must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

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

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

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

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-PS13-13030401SUPP16**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Category A: Part 1 - Viral Hepatitis Prevention Coordinator	**Maximum Points: 100**

A. Background and Need (15 points)

This section will be reviewed for comprehensiveness and relevance of describing the background and need as it relates to jurisdictional viral hepatitis epidemic/burden.

The extent to which the applicant describes

- the need and justification for viral hepatitis prevention, the need for viral hepatitis prevention, including available data regarding disease burden, transmission patterns, risk populations, and viral-hepatitis-associated health disparities;
- the current viral hepatitis prevention infrastructure at the state and local levels, to include information about the geographic areas and the age, race/ethnicity, and socioeconomic status of the populations served by existing health-care settings and public health programs; ability to access populations at risk for viral hepatitis; and health department and community resources for prevention and care;
- development and evaluation plans;
- recent viral hepatitis prevention activities directed or conducted by a coordinator;
- past viral hepatitis prevention efforts, including strengths and limitations of prior efforts;
- any gaps and barriers related to laws, policies, or procedures for implementing viral hepatitis services in the jurisdiction, along with plans for addressing these barriers; and,
- anticipated challenges and opportunities for enhancing viral hepatitis prevention efforts in settings serving at-risk populations (Box 2).

B. Operational Plan (40 points)

The narrative will be reviewed for feasibility, comprehensiveness, and relevance of the proposed activities in the target settings.

The extent to which the applicant describes

- the one or two settings in which FOA activities will be implemented, along with a rationale for their selection;
- at least one target population per setting, along with a rationale for their selection;
- activities to be undertaken to address the selected prevention goals at each setting (Box 1), along with a timeline for implementation;
- current and proposed collaboration and coordination of services with grantees of federal partners targeting HIV, viral hepatitis, STD, and TB programs and the impact of these services;
- how other CDC STD, HIV, and TB programs will be engaged to integrate HCV and HBV prevention services, as appropriate;
- plans to hire and retain a full-time Viral Hepatitis Prevention Coordinator (VHPC) or how VHPC responsibilities will otherwise be performed (see Project Narrative for details regarding responsibilities);
  how the VHPC will facilitate the successful implementation of activities supported by this FOA;
- how the state and local health department will support and facilitate the work of the VHPC in conducting the activities supported by this FOA;
  oversight of a project-specific or project-wide Viral Hepatitis Task Force (or equivalent) comprised of key stakeholders, including members of non-governmental organizations, to address planning and coordination of viral hepatitis prevention activities as well as identifying opportunities for improved collaboration among stakeholders;
- measures to be taken to ensure collaboration between the VHPC and other agencies, clinical venues, and CBOs and among different health department programs;
- anticipated level of support by providing letters of support from relevant stakeholders in the target settings;
- how local epidemiologic and surveillance data, CDC recommendations, and technical assistance materials will be used to support implementation of activities in target settings and at-risk population(s) during the project period;
- the approach used to address health disparities and populations that may be underserved due to language, income, or other barriers to accessing health services; and,
- how viral hepatitis awareness and education will be supported and promoted in targeted populations and participating settings, as appropriate, including the use of educational campaign material(s) developed and tested by CDC (e.g., the Know More Hepatitis campaign).

C. Evaluation Plan/Performance Measures (25 points)

The extent to which the applicant describes

- expected outcomes for each setting selected;
- the process and outcome measures to be used to monitor progress of prevention activities at each setting (see Project Narrative for examples of these measures);
- activities intended to facilitate and/or enhance education and training (see Project Narrative for examples of education activities);
- how clinical, laboratory, epidemiologic, surveillance, and other available data will be used to evaluate implementation and impact of activities; and,
- plans to evaluate the effectiveness of integrating viral hepatitis activities with those conducted by STD, HIV, and TB programs.

D. Staffing and Management (20 points)

The extent to which the applicant

- describes how all aspects of the program will be planned, managed, and overseen;
- provides a management plan that describes proposed staff, staff experience, and background,along with job descriptions for both proposed and/or current budgeted staff needed to support and carry out proposed activities;
- provides a job description for proposed or current VHPC and other staff that specifies job title and general duties, salary range or rate of pay, and the level of effort and percentage of time to be spent on activities funded through this cooperative agreement;
- includes curricula vitae/resumes for any key personnel who will fill a position (if these persons have been identified) and describes experience and training related to the proposed project;
  describes recruitment plans (if key personnel have not been identified);
- explains how the applicant will manage, monitor, and maintain collaborations with other programs (e.g., surveillance and STD/HIV laboratories); and,
- submits an organizational chart describing where VHPC is or will be located within the health department, the position of the supervisor, and how this placement will help achieve desired outcomes of prevention activities.

E. Budget and budget justification (not scored)

Provide a detailed budget and line-item justification for all operating expenses. The budget should be consistent with the objectives and planned activities of the project.

The budget should address funds requested, as well as the applicant's in-kind or direct support. The budget and budget justification will be included as a separate attachment, not to be counted in the narrative page limit.

Category A: Part 2 - Viral Hepatitis Technical Assistance Center **Maximum Points: 100**

PART 2 – Viral Hepatitis Technical Assistance Center

A. Background and Need (10 points)

The extent to which the applicant describes prior knowledge and experience providing support and technical assistance to public health partners in the area of viral hepatitis prevention and control, to include viral hepatitis integration and collaboration guidance, staff education and training, policy and program development, and planning.

B. Capacity (40 Points)

The extent to which the applicant provides evidence of adequate resources, facilities, experience (both technical and administrative), and access to target audiences for conducting the activities. This should include:

- documentation that professional personnel involved are qualified and have past experience and achievements related to the proposed activities, to include experience of either direct or collaborating personnel in providing viral hepatitis or other communicable disease education and/or training in prevention and control activities; and,
- inclusion of original letters of support from appropriate non-applicant organizations, individuals, institutions, public health departments, and others needed to carryout proposed activities and the extent to which such letters clearly indicate the author's commitment to participate as described.

C. Objectives and Technical Approach (50 points)

The extent to which the applicant

- describes objectives of the proposed project that are 1) consistent with the purpose and goals of this cooperative agreement; 2) measurable and time-phased; and 3) consistent with CDC guidelines on prevention and control of viral hepatitis;
- provides an extensive, high quality operational plan proposed for implementing the project;
- describes proposed collaborations with CDC's DVH to ensure that VHPCs receive guidance and technical assistance for strengthening programmatic capacity and support activities under this FOA;
  describes how use of existing resources and staff will be maximized to implement viral hepatitis prevention services and clearly and appropriately addresses all "Recipient Activities" listed in this application; and,
- describes how the impact of technical assistance provided throughout the project period will be evaluated.

D. Budget and Justification (Reviewed, but not scored)

The extent to which the applicant provides a detailed budget and line-item justification for all operating expenses. The budget should be consistent with the objectives and planned activities of the project. Additionally, the budget should address funds requested, as well as the applicant's in-kind or direct support. The budget and budget justification will be included as a separate attachment, not to be counted in the narrative page limit.

Category B: Viral Hepatitis Surveillance **Maximum Points: 100**

CATEGORY B – VIRAL HEPATITIS SURVEILLANCE

A. Background and Need (20 points):

The extent to which the applicant describes

- the need for viral hepatitis surveillance within their health jurisdiction;
- disease burden, changes in transmission patterns or risk populations, and health disparities;
- current viral hepatitis surveillance infrastructure at the state and local levels, including ability to collect electronic laboratory and clinical record data, manage case reports, and interpret and disseminate surveillance data;
- reporting practices of local health departments;
- procedures by which special populations may be targeted for inclusion;
- procedures by which participation in this program will address gaps and barriers in the current surveillance system; and,
- procedures by which viral hepatitis surveillance data will be used to guide prevention programs.

B. Operational Plan (40 points):

The extent to which the applicant

- provides a comprehensive and complete operational plan to facilitate achievement of proposed goals and objectives during Year One and over the entire project period;
- provides timelines for accomplishing objectives;
- identifies barriers/challenges and provides solutions for overcoming them;
- provides a plan with a reasonable timeline;
- proposes feasible methods;
- demonstrates ability to use the current CDC/CSTE case definitions for viral hepatitis surveillance and implement standard methods for surveillance;
- describes plans to adapt to using future CDC/CSTE viral hepatitis case definitions;
- demonstrates the ability to collect electronic data from laboratory and clinical care record systems;
- describes methods that are consistent with collecting and reporting complete data on key demographic variables (e.g., race, sex, and age);
- demonstrates a track record of collecting, analyzing, and reporting unduplicated data to monitor chronic hepatitis B and hepatitis C; and,
- demonstrates the capacity to collect follow-up data on acute and chronic case of viral hepatitis and compare data with other surveillance systems (e.g. HIV, cancer).

C. Evaluation Plan/Performance Measures (20 points):

The extent to which the applicant

- provides a plan that discusses quantitative processes, performance measures, and outcome measures;
- provides a plan that includes evaluation of completeness of reports (e.g., for demographic and risk behavior/exposure information);
- discusses plans to monitor or achieve "de-duplication" of records and reports such that each case represents a unique individual; and,
- describes capability of forming state/local collaborations necessary for the use of surveillance data by health authorities to guide, evaluate, and improve prevention of viral hepatitis infection and disease.

D. Staffing and Management (20 Points):

The extent to which the applicant

- describes the staffing plan (to include at least one senior staff member who will be responsible for scientific direction of the program);
- describes how the proposed program will be managed, including the location of the program within the applicant organization;
- includes a job description for each position, specifying job title and general duties, salary range or rate of pay, and the level of effort and percentage of time spent on activities funded through this cooperative agreement;
- includes a name and resume for each staff member (if the identity of key personnel is known) and notes any experience and training related to the proposed project;
  describes the recruitment plan if the identify of key personnel is not known; and,
- discusses proposed measures to ensure that staff members receive training and experience in viral hepatitis surveillance and the collection and management of electronic data.

E. Budget and Justification (Reviewed, but not scored)

Provide a detailed budget and line-item justification for all operating expenses. The budget should be consistent with the objectives and planned activities of the project.

The budget should address funds requested, as well as the applicant's in-kind or direct support. The budget and budget justification will be included as a separate attachment, not to be counted in the narrative page limit.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following internet address:

http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

Review and Selection Process

Review

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

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

The activities of this FOA will be awarded based on a structured review and evaluation, to include but not limited to, a technical review.

Selection

The awards are contingent upon availability of funds taking into consideration the applicant's requested amounts but not exceed the ceiling allowed for each category.

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

- Availability of funds
- Desire to maintain geographic and racial/ethnic diversity
- Relevance to DVH program priorities
- For surveillance grantees, the presence of state law/rules/or regulations mandating reporting of all of the following infections: acute hepatitis A, acute hepatitis B, acute hepatitis C, chronic hepatitis B, perinatal hepatitis B, and chronic hepatitis C. (A copy of these state laws, rules, or regulations must be submitted and labeled "Documentation of state mandates for reporting acute hepatitis A, acute hepatitis B, acute hepatitis C, perinatal hepatitis B, chronic hepatitis B, and chronic hepatitis C")
- For Category A, Part 1 – the Viral Hepatitis Prevention Coordination program, state coordinators and D.C. coordinator will receive preference over local coordinators.

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

Anticipated Announcement and Award Dates

Section VI. Award Administration Information

Award Notices

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

Unsuccessful recipients will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) 2 Part 215 or Part 92, as appropriate. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

AR-4 HIV/AIDS Confidentiality Provisions

AR-5 HIV Program Review Panel Requirements

AR-6 Patient Care

AR-7 Executive Order 12372

AR-8 Public Health System Reporting Requirements

AR-9 Paperwork Reduction Act Requirements

The Paperwork reduction act of 1995 (PRA): Applicant should be advised that any activities involving collection of information (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-federal entities/persons, including States, are subject to PRA requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more persons to disclose information to third party or the general public.

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2020

AR-12 Lobbying Restrictions

AR-14 Accounting System Requirements

AR-15 Proof of Non-Profit Status

AR-16 Security Clearance Requirement

AR-20 Conference Support

AR-21 Small, Minority, and Women-Owned Business

AR-23 States and Faith-Based Organizations

AR-24 Health Insurance Portability and Accountability Act Requirements

AR-25 Release and Sharing of Data

AR-26 National Historic Preservation Act of 1966 (Public Law 89-665, 80 Stat. 915)

AR-27 Conference Disclaimer and Use of Logos

AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.

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

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), 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 Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over $25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

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 Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/ consortiums over $25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website: http:// frwebgate . access.gpo.gov / cgi-bin / getdoc.cgi ? dbname = 109_cong_bills&docid = f:s2590enr.txt.pdf.

- The interim progress report is due on April 30, 2017. Guidance and instructions for the preparation of the Interim Progress Report will be provided by the program at least 60 days prior to the due date.
- A Final Performance Report and Financial Status Report are due 90 days after the end of the project period.
- Federal Financial Report (FFR)(SF425): (Required) The annual FFR form (SF-425) is required and must be submitted through eRA Commons 90 days after the end of the calendar quarter in which the budget period ends.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Gilberto Ramirez, Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention

1600 Clifton Rd M/S G-37

Atlanta, GA 30333

Telephone: (404) 718-8535

Email: GHR0@cdc.gov

For **financial, grants management, budget assistance and general inquiries**, contact:

Karen Zion, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MSK-75

, GA 30341

Telephone: (770) 488-2729

Email:wvf8@cdc.gov

For **application 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
Email: pgotim@cdc.gov

Section VIII. Other Information

Other CDC funding opportunity announcements can be found at www.grants.gov.