

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement
CDC-RFA-OT18-18030101SUPP18
Application Due Date: 08/01/2018

Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement

CDC-RFA-OT18-18030101SUPP18

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement

Announcement Type:

Revision - Type 3 - (Competitive supplement) Additional funds requested to expand the scope of work have elapsed.

Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-18030101SUPP18

Catalog of Federal Domestic Assistance Number:

93.772

Key Dates:

Due Date for Application: **08/01/2018**

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

Additional Overview Content:

Executive Summary:

CDC announces a supplemental funding opportunity for the American Indian/Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations that were awarded under CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement. The CDC-RFA-OT18-1803 recipients are eligible to submit applications for new fiscal year (FY) 2018 Center, Institute, and Office (CIO) Project Plans according to the geographic categories under which they are awarded. The geographic categories are the following: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions V, VI, and VII; and 3) Category C: HHS Regions VIII, IX, and X.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (see section 45 CFR 46.102[d]).

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

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

governmental components of the public health system

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Under section 317(k)(2) of the Public Health Service Act [42 USC 247(b)(k)(2), as amended].

Background

Historically, tribal public health systems have been separated from the larger US public health system, which has led to limited strategic partnerships with federal, state, and local partners; underdeveloped infrastructure; data access barriers; and diminished public health workforce. Tribal health systems provide public health services across the United States, and are central to reducing health disparities in tribal nations. Building tribal public health infrastructure enhances Indian Country's capacity to prevent disease, promote health, and prepare for and respond to emerging threats and chronic challenges.

This program will provide resources for American Indian and Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations to optimize the quality and performance of tribal public health systems, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. Work in these areas will increase the capacity of Indian Country to identify, respond to, and mitigate public health threats and decrease burden of disease among AI/ANs. This program's ultimate outcomes are: 1) decreased morbidity and mortality among AI/ANs; 2) advanced capacity of Indian Country to identify, respond to, and mitigate public health threats; 3) improved capacity of the workforce to deliver essential public health services; 4) increased culturally appropriate practice-based evidence programs and policies that are effective and sustainable throughout Indian Country; and 5) improved capacity to collaboratively and strategically address AI/AN health needs and advance health equity.

Funding will assist in public health infrastructure improvement; workforce development; tribal data and information systems enhancement; increased tribal public health resources and communication; and tribal public health partnership development to increase the long-term sustainability of the collective tribal public health system.

Purpose

The purpose of this supplemental NOFO is to provide resources for AI/AN tribal nations and regional AI/AN tribally designated organizations to optimize the quality and performance of tribal public health systems, including infrastructure, workforce, data and information systems,

programs and services, resources and communication, and partnerships. Work in these areas will increase the capacity of Indian Country to identify, respond to, and mitigate public health threats and decrease burden of disease among AI/ANs.

This program closely addresses the Healthy People 2020 (HP2020) Public Health Infrastructure objectives, especially those addressing core competencies (PHI-1), comprehensive epidemiology services (PHI-13), performance assessments (PHI-14), community health improvement plans (PHI-15), agency-wide quality improvement (PHI-16), and accreditation (PHI-17). Recipients may work toward objectives in any HP2020 topic area as they address public health needs and seek to improve the health of their population. HP2020 is an important national document for health departments to use in community health assessment and health improvement planning activities.

Please note: Only the AI/AN tribal nations and regional AI/AN tribally designated organizations that were awarded under CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement are eligible to submit applications under this NOFO, CDC-RFA-OT18-18030101SUPP18.

Program Implementation

Recipient Activities

Please review individual CIO Project Plans for specific activities. In addition to the activities listed on the CIO Project Plans, applicants may propose to address the NOFO goals using the following activities. Aligned with the NOFO strategies, the activities listed below are not exhaustive and should be augmented on the basis of the priority needs of the target population.

1. *Tribal Public Health Systems Infrastructure Improvement:* Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement, may include, but are not limited to, the following

- Assess and address gaps in organizational performance using tools such as national standards
- Establish and maintain a plan with policies and procedures for urgent and non-urgent communications
- Conduct a comprehensive planning process resulting in a tribal health improvement plan (Public Health Accreditation Board [PHAB] Standard 5.2)
- Assist the target population in building new models that integrate clinical and public health
- Develop and implement a health department organizational strategic plan
- Implement data-driven approaches, such as quality improvement and performance management, within organizational practices, programs, processes, and interventions (PHAB Standards 9.1 and 9.2)
- Establish and maintain effective financial management systems
- Establish and maintain a continuity of operations plan
- Establish and maintain current operational definitions and statements of the public

health roles, responsibilities, and authorities (PHAB Standard 12.1)

2. *Tribal Public Health Workforce:* Activities to improve tribal public health workforce competencies and retention may include, but are not limited to, the following:

- Select or develop culturally appropriate trainings, educational materials, and process evaluation tools to build workforce capacity
- Identify and address continuing education for core and discipline-specific competencies and leadership development needs
- Incorporate core and discipline-specific competencies for public health professionals into job descriptions and performance evaluations (HP 2020 PHI-1)
- Use core and discipline-specific public health competencies, individual training and professional development, and provisions of a supportive work environment to ensure a competent workforce (PHAB Standard 8.2)
- Implement culturally appropriate evidence-based and evidence-informed strategies to develop and sustain supportive work environments
- Promote the use of internships, fellowships, post-graduate programs, etc., to recruit and strengthen the public health workforce
- Inform and educate health officials and other governing leaders on public health issues and functions and their role in strategic workforce development

3. *Tribal Data/Information Systems Including Epidemiologic Surveillance Capacity Expansion*: Activities to increase the use of data and information systems may include, but are not limited to, the following:

- Create policies to establish data governance
- Identify and implement culturally appropriate strategies and protocols to improve health data collection, interpretation, and dissemination
- Participate in or lead a collaborative process resulting in a comprehensive community health assessment
- Develop and implement strategies and protocols critical for integrating surveillance and monitoring systems to improve health data collection, interpretation, and dissemination
- Create manuals and protocols to improve data quality and standardization of data and information systems
- Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population (PHAB Standard 1.2)
- Develop and implement strategies to promote informatics and health information exchange among health/public health and nongovernmental entities
- Provide and use the results of the health data analysis and assessments to develop recommendations regarding public health policy, processes, programs, and interventions (PHAB Standard 1.4)
- Provide staff training on data collection, analysis, and reporting

4. *Tribal Public Health Programs and Services:* Activities to strengthen the ability to meet public health needs in a comprehensive manner may include, but are not limited to, the

following:

- Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness
- Assist the target population with identifying and prioritizing programs that efficiently maximize effectiveness in lowering disease rates, preventing injuries, and improving health
- Assess healthcare service capacity and access to healthcare services
- Evaluate the health effects and costs of legislation, regulations, and policies
- Identify and implement strategies to improve linkage to healthcare services (PHAB Standard 7.2)
- Facilitate the target population's cultural adoption of evidence-based and evidence-informed initiatives that promote health and prevent disease and injury
- Identify and use the best available evidence for making informed public health practice decisions (PHAB Standard 10.1)

5. *Tribal Public Health Resources and Communication*: Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country may include, but are not limited to, the following:

- Provide information about public health issues and public health functions through multiple methods to audiences in multiple sectors and community partners (PHAB Standard 3.2)
- Assist the target population with developing and disseminating educational materials, health communication and marketing activities, program evaluation and assessment tools, and training curricula that build their capacity
- Promote the target population's understanding of and support for policies and strategies that will improve the public's health
- Actively communicate research results, evaluations, and evidence-based and evidence-informed practices in a culturally appropriate manner
- Assist the target population in providing and using the results of health data analysis to develop recommendations for public health policy, processes, programs, and/or interventions.
- Develop and implement culturally appropriate health communication and marketing activities as a multidisciplinary area of science, practice, and training
- Identify successful practices and develop new mechanisms to inform and mobilize the public and private sectors in collaborative efforts to move toward a healthier population
- Assist the target population in documenting the status of health disparities and health equity outcomes in a culturally appropriate manner

6. *Tribal Public Health Partnerships:* Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels may include, but are not limited to, the following:

- Facilitate mobilization of public and private sectors to enhance collaboration and partnerships that address the target population's public health needs

- Identify successful practices and develop new mechanisms to inform and mobilize the public and private sectors (e.g., transportation agencies, law enforcement agencies, fire departments, school systems, colleges and universities) in collaborative efforts to move toward a healthier population
- Establish and maintain diverse public health partnerships for meaningful cooperation and achievement of evidence-based and evidence-informed public health strategies and interventions
- Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity (PHAB Standard 12.2)
- Actively engage with the public health system and community in identifying and addressing health problems through collaborative processes
- Increase active participation in partnerships and collaborations with healthcare providers, governmental departments, public health scientific communities, universities, and private sector organizations to pursue identified population health goals
- Encourage the governing entity's engagement in the health department's overall obligations and responsibilities
- Evaluate existing, emerging, or new models that promote collaboration among key stakeholders to address the health and safety of persons living with the leading causes of mortality, morbidity, and injury

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

CDC Activities

In a cooperative agreement, CDC staff members are substantially involved in program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

- Collaborate to ensure coordination and implementation of strategies to provide capacity-building assistance to tribal health systems
- Provide guidance and coordination to funded tribal organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations
- Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between funded tribal organizations that would not normally interact with each other or collaborate on tribal public health efforts
- Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance
- Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and

best or promising practices

Section II. Award Information

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

Award Mechanism: U38

Fiscal Year Funds: 2018

Approximate Total Supplemental Funding: $35,000,000

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

The table below lists the potential CIO Projects Plans for this FY 2018 supplemental NOFO, which is Year 1 of the initial CDC-RFA-OT18-1803 NOFO: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement. Each CIO Project Plan will be added to the "Related Documents" section on Grants.gov under this supplemental NOFO and on the OT18-1803 SharePoint site by geographic category. Applicants are eligible to submit applications for FY 2018 CIO Project Plans according to the Geographic Category (A, B, or C) for which they received initial funding. The geographic categories are the following: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions V, VI, and VII; and 3) Category C: HHS Regions VIII, IX, and X.

Please note: Any activities involving information collection (e.g., surveys and questionnaires) from 10 or more non-federal individuals/entities are subject to OMB/PRA requirements and may require CDC to coordinate an OMB Information Collection Clearance.

Table 1: CIO Project Plans

Project Title	Proposed Project Funding per Recipient	Eligible Geographic Category
Baseline Assessment of Blood Lead Levels in American Indian/Alaska Native Children	$150,000	A, B, and C
Building Capacity to Prevent and Control Rocky Mountain spotted fever in Arizona	$200,000 - $400,000	C
Opioid Overdose Prevention in Tribal Communities	$250,000 - $1,000,000	A, B, and C
Support Tribal Health Department Capacity to Accelerate CDC's 6|18 Initiative and Approach	$80,000	A, B, and C

Approximate Number of Awards: 25

Number of recipients for each individual CIO Project Plan varies. Please review the CIO Project

Plans for more details.

Approximate Average Award: $1,400,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.
Floor of Individual Award Range: $0
Ceiling of Individual Award Range: $3,000,000
This ceiling is for a 12-month budget period.
Please note: The individual award ceiling various among CIO Project Plans. Applicants should review each CIO Project Plan carefully to ensure know what funding amount to develop their work plans.

Anticipated Award Date: 08/31/2018
Budget Period Length: 12 month(s)
Period of Performance Length: 1 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:
Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Only the American Indian/Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations that were awarded under CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement are eligible to submit applications under this supplemental NOFO, CDC-RFA-OT18-18030101SUPP18.

Required Registrations

System for Award Management and Universal Identifier Requirements
An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.
a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be

provided at no charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.
b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option at www.grants.gov. All applicant organizations must register with www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this program, CDC strongly encourage recipients to leverage other resources and related ongoing efforts to promote sustainability.

Sources for cost sharing or matching include complementary foundation funding, other US government funding sources, including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, US Park Service) and other funding sources.

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

Please review individual CIO Project Plans for any additional requirements.

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

Maintenance of Effort

Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

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

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

Content and Form of Application Submission

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

The CIO Project Plans are organized in this FY 2018 supplemental NOFO by the Geographic Category (A, B, or C) for which the CDC-RFA-OT18-1803 recipients competed and were awarded in Funding Strategy 1. To align with the structure of this supplemental NOFO, the Work Plan represents the Project Narrative.

For the CIO Project Plans, see attachments in the "Related Documents" section for this supplemental NOFO on Grants.gov. The submitted Work Plans in response to CIO Project Plans must include the proposed objectives and accompanying activities, outputs, and outcomes for the Year 1 budget period. Each submitted Work Plan must also include a brief description (abstract) of the project, a description of the approach to implement the project, descriptions of the applicant's organizational capacity and program experience as they relate to the CIO proposed project, a detailed Work Plan, and a detailed budget narrative. The applicant must identify and develop annual performance measures for Year 1 for each Project Plan. In addition, the CDC-RFA-OT18-1803 recipient must indicate how each objective's performance measure(s) is (are) linked to the selected program outcome(s). The Work Plans in Response to FY 2018 CIO Project Plans must be submitted via Grants.gov. Further instructions for submitting Work Plans in SharePoint will be provided by the program.

For each objective:

- Indicate the proposed strategies accompanying activities for accomplishing the identified NOFO Program Outcomes in the upcoming budget period.
- Identify a performance measure(s) and be linked to the NOFO Program Outcomes that assess impact of the project.

- Provide a timeline for accomplishing proposed objectives/strategies/activities within the upcoming budget period.
- Identify and justify any redirection of activities.
- Explain the methods you will use to implement the new, redirected activities.
- Provide line-item budgets and budget narratives for the categories indicated in the template and narratives for each Work Plan.

General instructions for submitting Work Plans:

1. **Go to** Grants.gov.
2. **Select** "Applicants."
3. **Select** "Apply for Grants."
4. **Select** "Get Application Package."
5. **Insert** the Supplemental NOFO number only, formatted as: CDC-RFA-OT18-18030101SUPP18.
6. **Download** the application package.
7. **Complete** the Budget Information for Non-Construction Programs (SF424A) form.
8. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF425).
9. **Upload** the master Project Narrative and master Budget Narrative document.
10. **Upload** the Indirect Cost Rate Agreement.
11. **Follow** instructions to submit the application package to Grants.gov.

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

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: 20. 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
- Single spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The applicants should use the CDC's Tribal Support "WORK PLAN IN RESPONSE TO FY 2018 CIO PROJECT PLAN" template to create their Work Plans. In addition, applicants should create one master merge of all individual Work Plans in Response to FY 2018 CIO Project Plan PDFs and save it as "Project Narrative." Applicants should also create one master merge of all

individual Budget Narratives and save it as "Budget Narrative."

The Work Plans in response to FY 2018 CIO Project Plans should include the proposed objectives and their accompanying activities, outputs, and outcomes for the upcoming budget period. The Work Plans should include an abstract of the project approach, organizational capacity, and program experience of the CDC-RFA-OT18-1803 recipient's organization, as related to the CIO proposed project and a detailed Work Plan and budget. The applicant must identify and develop annual performance measures for Year 1. The applicant must indicate how each objective's performance measure(s) is (are) linked to the selected program outcome(s). Work Plans in Response to FY 2018 CIO Project Plans must be submitted via Grants.gov.

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

Each Work Plan (Project Narrative) submission, as indicated in the "WORK PLAN IN RESPONSE TO CIO PROJECT PLAN" template, must include information related to the following areas:

1. PROJECT APPROACH: Describe your overall program strategy or approach to accomplishing the objectives of this project. (1,500 words maximum)
2. ORGANIZATIONAL CAPACITY: Describe your capacity as it relates to the project for which you are applying. Include your capacity related to capacity-building and quality improvement experience/expertise, staffing resources, and sustainability plan. (1,500 words maximum)
3. PROGRAM EXPERIENCE: Describe your experience as it relates to the project for which you are applying. Include products you have developed; services, training, and technical assistance you have provided; relevant target populations you have supported; and other related experience. (1,500 words maximum)
4. WORK PLAN: Include as many objectives and connecting activities, outputs, and outcomes as needed. (3,500 words maximum)
5. COLLABORATIVE WORK: Describe your plan for collaboration (as appropriate for accomplishing the outlined objectives). Include specific organizations or entities. (1,000 words maximum)
6. SUB-CONTRACTURAL WORK: Describe your plan for sub-contractual work and recommend criteria for identifying and selecting subcontractors. (1,000 words maximum)

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:

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

- Table of Contents for Entire Submission
- Project Abstract Summary

- Work Plans (one master PDF file)
- Budget Narratives (one master PDF file)
- CDC Assurances and Certifications
- Indirect cost rate, if applicable
- Curriculum Vitas for key staff

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

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

CDC Assurances and Certifications: *All applicants are required to sign and submit "Assurances and Certifications" documents indicated at* http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx.
Applicants may follow either of the following processes:

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

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

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Submission Dates and Times

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

Application Deadline Date

Due Date for Applications: **08/01/2018**

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.

Pilot Program for Enhancement of Employee Whistleblower Protections

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

Copyright Interest Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal

publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

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

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

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

Funding Restrictions

Funding Restrictions:
Restrictions, which must be taken into account while writing the budget, are as follows:
In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of

furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

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

Other Submission Requirements

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

Electronic Submission of Application:

Applications must be submitted electronically 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 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 OGS TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-OT18-18030101SUPP18**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective,

quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Work Plan — Maximum Points: 35

Develops a complete and comprehensive plan for the budget period that a) describes how it will adequately achieve the capacity-building and quality improvement program outcomes, and b) demonstrates how the plan will focus on capacity-building and quality improvement assistance that address the needs of the target population

1. Objectives (5 points): S.M.A.R.T. (specific, measurable, achievable, realistic, and time-bound) objectives that address the needs of the target population and relate to the applicant's activities
2. Activities (10 points): Activities are achievable, able to build capacity, and likely to lead to the attainment of the proposed objectives
3. Outputs (5 points): Outputs/deliverables that thoroughly represent the direct results of the activities
4. Outcomes (5 points): Activities are achievable and address the purpose of the project plan
5. Demonstrates coordination (10 points): Activities are comprehensive and likely to produce program support of the implementation of the capacity-building and quality improvement needs

Applicant's Organization Capacity — Maximum Points: 30

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

1. Scope of work (10 points): Demonstrates the entity's experience and capabilities to perform the work
2. Staffing (10 points): Demonstrates how the applicant will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities
3. Readiness (10 points): Demonstrates readiness to establish partnerships (e.g., contracts, MOUs, MOAs) in a timely manner and plan for long-term sustainability of the project

Project Description/Approach — Maximum Points: 20

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

1. Describes the overall strategy for approach to accomplishing the objectives of the project (5 points)
2. Demonstrates evidence for the target population's priority capability-building and quality improvement needs (5 points)
3. Demonstrates a comprehensive understanding of the capability-building and quality improvement needs for the target population (5 points)

4. Demonstrates an ability to build and/or access specific organizations or entities that are appropriate for accomplishing the outlined project objectives (5 points)

Applicant's Program Experience	Maximum Points: 15

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

1. Content Expertise (5 points): Demonstrates content expertise as it relates to the project
2. Relationship with Target Population (5 points): Demonstrates a relationship with the target population
3. Capability-Building and Quality Improvement Experience (5 points): Demonstrates an established track record of providing services to assist capacity-building and quality improvement to the target population

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

If indirect costs are requested in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. Depending on the individual CIO Project Plan, the budget should include the following headers:

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

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

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by **OSTLTS** and PGO.

Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

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

The CIOs funding the CIO Project Plans will determine whether an objective review panel or technical review will be used to evaluate complete and responsive applications. Depending on the individual CIO Project Plan, applications will be 1) compiled and reviewed according to Geographic Category or 2) complied and reviewed together regardless of Geographic Category. CDC-RFA-OT18-1803 recipients are able to apply for FY 2018 CIO Project Plans in the Geographic Category for which they were awarded under CDC-RFA-OT18-1803. If a CIO uses an objective review panel, the panel will evaluate complete and responsive applications according to the criteria listed in "Section V. Application Review Information: Criteria".

Selection

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

Final funding determinations will be based on application scores from either the objective review panel process or technical review process. If an objective review is conducted, applications will be funded in order by score and rank determined by the review panel. Proposals will be assessed on their feasibility, organizational resources, ability to reach the target populations, and linkages between the project goals and objectives, project activities, and intended outcomes for impact.

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

Anticipated Announcement and Award Dates

August 31, 2018

Section VI. Award Administration Information

Award Notices

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

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which

ARs are relevant to the NOFO. All NOFOs from the Center for Global Health must include AR-35. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants /grants/policies-regulations/hhsgps107.pdf. ARs applicable to all Awards:

- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency

ARs applicable to HIV/AIDS Awards:

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel
- AR-6: Patient Care

ARs applicable to ATSDR Awards:

- AR-18: Cost Recovery – ATSDR
- AR-19: Third Party Agreements – ATSDR

ARs applicable to Conference Awards:

- AR-20: Conference Support
- AR-27: Conference Disclaimer and Use of Logos

Organization Specific ARs:

- AR-15: Proof of Non-profit Status (Non-profit organizations)

- AR 23: Compliance with 45 C.F.R. Part 87 (Faith-based organizations

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

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

Reporting

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

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

Each funded recipient must provide CDC with an Annual Performance Report (APR) submitted via www.grantsolutions.gov.

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

- Standard Form ("SF") 425 Form
- SF-424A Budget Information-Non-Construction Programs
- Budget Narrative
- Indirect Cost Rate Agreement
- Project Narrative

Additionally, funded recipients must provide CDC with an original, plus two hard copies of the following reports:

2. Annual Performance Report (APR) (required): The recipient must submit the APR via www .grantsolutions.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting.

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

4. Final Performance and Financial Status Reports are due 90 days after the end of the Period of

Performance.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Naomi Aspaas, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Telephone: 404.498.5523
Email: OSTLTSTribalNOFO@cdc.gov

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

Rose Mosley, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Telephone: (770) 488-2450
Email: RMosley@cdc.gov

Section VIII. Other Information

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