

Centers for Disease Control

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

TB Centers of Excellence for Training, Education, and Medical Consultation (TB COE)
CDC-RFA-PS18-1804
Application Due Date: 09/25/2017

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS18-1804. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

TB Centers of Excellence for Training, Education, and Medical Consultation (TB COE)

C. Announcement Type: New - Type 1

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 http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS18-1804

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

93.947

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**09/25/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

The date for the information conference call is set for 08/08/2017 from 2:00- 3:00 p.m. EST. The call in information is 1.866.806.8575; passcode is 4862475.

G. Executive Summary:

1. Summary Paragraph:

CDC plans to establish and fund up to five regionally-assigned Tuberculosis Centers of Excellence (TB COE) to facilitate efforts to prevent, treat, and control TB disease and latent TB infection (LTBI) in the United States (U.S.). The TB COE will focus on two major activities: (1) increasing knowledge, skills, and abilities for TB prevention and control through communication, education, and training activities, and; (2) improving sustainable evidence-based TB clinical practices and patient care through the provision of expert medical consultation.The funds available for these core activities will be used to support TB and LTBI communication efforts, training, education, and medical consultation activities.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	5
d. Total Project Period Funding:	$26,690,200
e. Average One Year Award Amount:	$1,334,510
f. Total Project Period Length:	5
g. Estimated Award Date:	12/04/2017
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

TB is one of the world's deadliest diseases yet it is almost always curable if treated promptly with the correct medications. If not diagnosed and treated properly, TB disease can be fatal. In 2015, a total of 9,557 cases of TB disease were reported. While TB case counts have generally been declining in the US, eliminating TB disease will require an expansion of testing and treatment of LTBI. Although TB is spread through the air from one person to another, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. Many people who have LTBI never develop TB disease; in these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have a weak immune system, the bacteria become active, multiply, and cause TB disease.

As part of Centers for Disease Control (CDC) mission to control and eliminate TB in the U.S., the Division of Tuberculosis Elimination (DTBE) funded five TB Regional Training and Medical Consultation Centers (RTMCCs) for the previous project announcement PS13-1304. The purpose of these Centers was to develop TB education materials, provide training and technical assistance to increase human resource development for TB programs, and provide medical consultation for complex TB cases. An evaluation of these previous TB Centers' efforts conducted in 2016 demonstrated that U.S. TB programs were satisfied with their services and 98% of programs felt Center activities should continue to be offered.

This funding opportunity builds upon the success of the previous project in providing TB training, education, and medical consultation activities to U.S. TB programs and partners. In addition to these activities, the awarded TB COE will develop and implement a plan to engage and educate private providers and other health care workers involved in TB treatment and diagnosis. In particular, awardees should have a plan to engage providers to expand LTBI testing and treatment of high-risk groups using innovative approaches.

b. Statutory Authorities

This program is authorized under the sections 301 and 317E of the Public Health Service Act (42 U.S.C. Sections 241 and 247b-6), as amended.

c. Healthy People 2020

Healthy People 2020 (https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives) contains national objectives to improve the health of all Americans. This FOA addresses the "Healthy People 2020" focus areas of Immunization and Infectious Diseases(IID):

IID-29 Reduce tuberculosis (TB) cases

IID-30 Increase treatment completion rate of all tuberculosis patients who are eligible to complete therapy

IID-31 Increase the percentage of contacts to sputum smear-positive tuberculosis cases who complete treatment after being diagnosed with LTBI and initiated treatment for LTBI

IID-33 Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV

d. Other National Public Health Priorities and Strategies

This FOA supports the following goals in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan Through 2020:

-Reduce rate new TB diagnoses

- Reduce rate of new TB diagnoses among racial/ethnic populations with rates above the national average

- Reduce the number of TB cases in foreign-born persons per 100,000 per year

e. Relevant Work

DTBE funded five TB RTMCCs for the project period 2013-2017 (PS-1304). The RTMCCs were regionally assigned to cover all 50 states and the U.S. territories. The primary purpose of each RTMCCs was to:

- Provide training and technical assistance to increase human resource development in TB programs;
- Develop TB educational materials and
- Provide medical consultation to TB programs and providers.

The information on the previous RTMCC work can be found at https://www.cdc.gov/tb/education/rtmc/default.htm.

During the RTMCC project period (2013-2016), the RTMCCs provided over 4,320 hours of training to 42,856 participants, and provided 14,971 TB medical consultations to providers managing TB patients.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities For Tuberculosis (TB) and Latent TB Infection (LTBI)	Short-term Outcomes	Long-Term Outcomes
<u>TB Knowledge, Skills, and Abilities</u> • Develop TB and LTBI education and training courses and materials for state and local health agencies, private providers, and other TB control partners based on need • Develop TB and LTBI communication, education, and training products that are technically accurate and appropriate for target audiences based on need • Provide technical assistance to health departments and other TB control partners to develop their own TB and LTBI education and training activities	• Increased capacity for TB control partners to develop and provide their own education and training activities • Increased knowledge and skills related to TB and LTBI prevention and control among health care workers • **Increased number of educated and trained TB health care workers** • **Increased access to and use of TB educational resources**	• Increased adoption of sustainable evidence-based TB care and prevention • Improved quality of TB and LTBI patient care and clinical practices • Improved patient health outcomes among vulnerable/high risk population • The availability and accessibility of trained, skilled, and competent workforce to prevent and control TB in the U.S.
<u>Expert Medical Consultation</u> • Provide medical consultation services for TB disease and LTBI	• Increased provider knowledge regarding TB patient care and management • Improved TB patient	

• Provide longitudinal medical consultation as requested by providers for complex clinical cases • Collect, analyze, and share medical consultation data with appropriate partners	care and management in resource- and expertise-limited programs • **Identification of national trends of TB patient care needs**	

i. Purpose

In 2015, 9,557 TB cases were reported in the United States. As one of the world's deadliest diseases, TB is almost always curable if treated promptly and correctly. Persons with LTBI can develop TB disease. Eliminating TB will require expanding testing and treatment of LTBI. CDC will establish up to five regionally-assigned TB Centers of Excellence (TB COE) to help control TB. TB COE core activities will be to provide TB and LTBI communication, education, training, and medical consultation activities to TB programs, private providers, and other partners involved in TB control.

ii. Outcomes

By the end of this project period the awardees are expected to achieve all of the short-term outcomes as follows:

Short-term

- Increased number of educated and trained TB health care workers
- Increased access to and use of TB educational resources
- Identification of national trends of TB patient care needs

iii. Strategies and Activities

The awardee is expected to engage partners in TB control to implement the following strategies and activities during the project period.

TB Knowledge, Skills, and Abilities: Communication, Education, and Training

- Develop TB and LTBI education and training courses and materials for state and local health departments, private providers, and other TB control partners based on needs
- Develop TB and LTBI communication, education, and training products that are technically accurate and appropriate for target audiences based on needs
- Provide technical assistance to health departments and other TB control partners to develop their own TB and LTBI education and training activities

Expert Medical Consultation

- Provide medical consultation services for TB disease and LTBI to health care providers
- Provide longitudinal (ongoing) medical consultation, as requested by providers, for complex clinical cases
- Collect, analyze, and share medical consultation data with appropriate partners

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

To accomplish the specified activities, TB COE should collaborate with the following partners:

- All CDC-funded state and local TB programs including the Pacific Islands (PIs) (https://www.cdc.gov/tb/links/tboffices.htm)
- National TB Controllers Association (NTCA) and regional TB controller associations (http://www.tbcontrollers.org/)
- TB education and training focal points and other TB Education and Training Network (TB ETN) and TB Program Evaluation Network (TB PEN) members (https://www.cdc.gov/tb/education/tbetn/default.htm)
- U.S. panel physicians and civil surgeons, as guided by CDC (https://www.cdc.gov/panelphysicians/index.html)

b. With organizations not funded by CDC:

This FOA does not require the submission of a Memorandum Of Understanding (MOU), Memorandum Of Agreement (MOA), or letters of support; however it is expected the awardees have the capacity to work with state and local health hepartment programs.

In addition, the awardees are expected to work with other relevant organizations and/or agencies as indicated to achieve the long-term outcomes indicated in the logic model outlined in this FOA, such as:

- Private providers serving high-risk populations
- Federal Training Center Collaborative (FTCC), which currently includes the STD/HIV Prevention and Training Centers; Viral Hepatitis Education and Training Center; Health Resources and Services Administration primary care centers; AIDS Education and Training Centers; Substance Abuse and Mental Health Services Administration; and the Addiction Technology Transfer Centers (http://nnptc.org/ftcc/)
- Academic institutions (e.g., medical and nursing schools and related teaching hospitals, public health schools, and associations)
- Additional partners may include: correctional agencies, Indian Health Service (IHS), Immigration and Customs Enforcement (ICE), Community Based Organizations (CBOs), Federally Qualified Health Centers (FQHCs), and other groups involved with

TB control within the geographic catchment area

2. Target Populations

The applicant should identify and define health care providers and others involved in TB control and patient care to target their funded TB center activities.

a. Health Disparities

TB disproportionately affects persons based on race/ethnicity and country of orgin, as well as persons who have limited access to health care and services. Health disparities in HIV, viral hepatitis, STDs, and TB are inextricably linked to a complex blend of social determinants that influence populations that are most severely affected by these diseases. TB mission-driven priority areas are meant to address such disparities. Roadmaps from CDC, NCHHSTP, and DTBE guide CDC's strategic efforts and/or interventions to address such health disparities by collecting core Social Determinants of Health (SDH) data, Healthy People 2020, the National Prevention Strategy, and the HHS Action Plan to reduce and eliminate health disparities by enhancing collaboration and coordination of health disparities activities.

There is a need for the applicant to ensure that any workgroups, boards, or formation of other groups relative to this project be free of any discrimination based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The evaluation and performance measurement strategy will be used to assess the performance of the overall project and each center individually. Further details on program evaluation activities are described below. Data collected are used for center monitoring, evaluation, and improvement. Awardees will collect the required data and submit to CDC.

<u>TB Knowledge, Skills, and Abilities: Communication, Education, and Training</u>

- Strategy 1: Develop TB and LTBI education and training courses and materials for state and local health departments, private providers, and other TB control partners based on need
- Following are examples of process measures that awardees should accomplish annually. These specific process measures are subject to change based on funding, number of awardees, and identified needs.
    - Conduct a regional needs assessment to identify TB education and training needs
    - Deliver a minimum of 400 hours of training per year with at least 40% of in-person training
    - Educate and train a minimum of 400 participants in-person per year

    - Educate and train a minimum of 2,000 persons using distance-based learning or other innovative technology per year
    - Provide a minimum of 6 mini-fellowships/reverse mini-fellowships (i.e., individualized training experiences) per year
    - Participate in 6 TB Medical Expert Network Meetings and host one TB Medical Expert Network Meeting annually
- Strategy 2: Develop TB and LTBI communication, education, and training products that are technically accurate and appropriate for target audiences based on needs
    - Conduct a regional needs assessment to identify TB educational product needs
    - Develop and implement a communication plan to reach target audiences
    - Develop materials based on need and CDC approval using a systematic health education process
    - Provide information on distribution of educational products per year
- Strategy 3: Provide technical assistance to health departments and other TB control partners to develop their own TB and LTBI training activities
    - Provide a minimum of 100 instances of technical assistance per year.

<u>Expert Medical Consultation</u>

- Strategy 1: Provide medical consultation services for TB disease and LTBI
    - Establish a network of regional TB medical experts
    - Develop a strategy to promote medical consultation within the region to public and private providers
- Strategy 2: Provide longitudinal (ongoing) medical consultation as requested by providers for complex clinical cases
    - Develop capacity to support ongoing medical consultation for providers in need of this service
- Strategy 3: Collect, analyze, and share medical consultation data with appropriate partners
    - Use a national medical consultation database (MCD) to describe and quantify consultations
    - Provide CDC and TB programs with description and number of consults

TB Knowledge, Skills, and Abilities: Communication, Education, and Training

- Strategies: (1) Develop TB and LTBI education and training courses and materials for state and local health departments, private providers, and other TB control partners based on need; (2) Develop TB and LTBI communication, education, and training products that are technically accurate and appropriate for target audiences based on needs; (3) Provide technical assistance to health departments and other TB control partners to develop their own TB and
- Outcomes: (1) Increased number of educated and trained TB health care workers; (2) Increased access to and use of TB educational resources
- Measures:
    - Deliver a minimum of 400 hours of training per year with at least 40% of in-person training

- Educate and train a minimum of 400 participants in-person per year
- Educate and train a minimum of 2,000 persons using distance-based learning or other innovative technology per year
- Provide a minimum of 6 mini-fellowships/reverse mini-fellowships (i.e., individualized training experiences) per year
- Participate in 6 TB Medical Expert Network Meetings and host one TB Medical Expert Network Meeting annually
- Provide information on distribution of educational products per year
- Provide a minimum of 100 instances of technical assistance per year
- Provide information on numbers of partners on email distribution lists and website visits

Expert Medical Consultation

- Strategies: (1) Provide medical consultation services for TB disease and LTBI; (2) Provide longitudinal (ongoing) medical consultation as requested by providers for complex clinical cases; (3) Collect, analyze, and share medical consultation data with appropriate partners
- Outcomes: Identification of national trends of TB patient care needs
- Measures:
  - Provide CDC and TB programs with description and number of consults using a national medical consultation database (MCD)

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

should be directed to:

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

The applicant should demonstrate experience to carry out the work described by employing the strategies and activities outlined in this funding opportunity announcement. Specifically, the applicant must have documented experience working on issues pertaining to TB prevention and control, working with TB programs, working with private health care providers, and providing medical management of TB patients. The applicant should have experience in planning, implementing, and evaluating projects. The applicant should also have experience in delivering in-person and web-based training courses, as well as developing educational resources in a variety of formats. The applicant should also provide a description of available facilities, equipment, and technologies for developing and delivering training and education activities. The applicant should also provide a description of availability and experience in using various social media platforms to engage and reach various target audiences.

The applicant should describe a project staffing plan composed of a Principal Investigator, Executive Director, Director of Medical Consultation, and a Director of Education and Training. With the exception of the Principal Investigator, these positions are unique and as such individuals assigned to these positions cannot serve in dual roles. The Executive Director should have programmatic and fiscal management skills. The Director of Medical Consultation should have experience in diagnosing and treating TB and multidrug-resistant TB. The Director of Education and Training should have knowledge and skills in developing partnerships, trainings, and educational initiatives. The applicant's staffing plan should also include persons with TB nursing experience, as well as those who can develop and deliver trainings in a variety of formats.

The applicant should submit CVs for the Principal Investigator, Executive Director, Director of Medical Consultation, and Director of Education and Training as part of the application for this FOA. The files should be named ***Resumes/CVs*** and uploaded at www.grants.gov.

d. Work Plan

The applicant should provide a detailed work plan to achieve the following strategies and activities.

TB Knowledge, Skills, and Abilities: Communication, Education, and Training

To accomplish this activity, the TB COE should work with local, state, and regional

representatives from TB programs, including the TB education and training focal points and other TB ETN and TB PEN members. Other partners include, but are not limited to: private providers; medical/nursing schools and related teaching hospitals; public health schools and associations; regional TB controller associations; TB advisory councils; corrections agencies and staff, U.S. panel physicians and civil surgeons (as guided by CDC); members of the FTCC which currently includes the STD/HIV Prevention and Training Centers; Viral Hepatitis Education and Training Center; Health Resources and Services Administration primary care centers; AIDS Education and Training Centers; Substance Abuse and Mental Health Services Administration; and Addiction Technology Transfer Centers; Indian Health Service, Immigration and Customs Enforcement, Community Based Organizations, and Federally Qualified Health Centers.

The applicant should provide a detailed description of their plan to engage the above partners to achieve the following strategies. The description should include a communication plan using social media or other methods to deliver information on TB and LTBI.

- Strategy 1: Develop TB and LTBI education and training courses and materials for state and local health departments, private providers, and other TB control partners based on need
    - Foster and enhance relationships with state and local public health agencies and other TB control partners
    - Conduct a regional needs assessment to identify TB education and training needs. Work with state and local public health agencies to identify training needs of public health workers, private providers, and other TB control partners
    - Develop and deliver competency-based education and training courses regarding TB and LTBI
    - Collaborate with state and local health agencies to develop methods for evaluating the effectiveness of the education and training activities
    - Provide core courses and sessions based on standardized course objectives developed in collaboration with CDC and other TB COE. These courses and sessions should include, but are not limited to, the topics of TB and LTBI clinical diagnosis and treatment, program management training, supervisor training, contact investigations, case management, TB laboratory information for non-laboratory personnel, and program evaluation
    - Develop specialty courses, in addition to the core courses, that are unique to the needs of the region served or the area of expertise of the TB COE
    - Ensure that both core and specialty courses are developed in consultation with CDC and are derived from recommendations and needs assessments from multiple sources, including: 1) CDC identified needs and priorities; 2) local and regional needs assessments; and 3) new and existing national guidelines
    - Monitor and evaluate training courses and document the results in annual reports. Evaluation should include measuring appropriate process indicators (e.g., trainee demographics, quality of training), immediate training outcomes (e.g., changes in knowledge, attitudes, and skills) and where possible, long-range impact (e.g., changes in provider practice behavior, changes in service delivery). Evaluation data should be used to help improves courses
    - Provide a minimum of six mini-fellowships per year. The mini-fellowship is an

individually tailored experience to provide participants with an opportunity to learn about TB clinical management or the role of public health and other agencies in carrying out TB control activities
    - Participate in six TB Medical Expert Network Meetings and host one TB Medical Expert Network Meeting annually
    - Award continuing education, including, but not limited to, Continuing Medical Education (CME), Continuing Nursing Education (CNE), Continuing Education Units (CEU), and Continuing Health Education Credits (CHES), when possible and appropriate for training courses
- Strategy 2: Develop TB and LTBI communication, education, and training products that are technically accurate and appropriate for target audiences based on needs
    - Conduct a regional needs assessment to identify TB educational product needs. Additional topics and audiences for products should be based on guidance of CDC
    - Develop and implement a communication plan to reach target audiences
    - Submit product proposals to CDC for approval prior to developing educational materials
    - Develop high quality TB and LTBI educational materials through the use of the systematic health education process (steps of the process include: needs assessment, development, field-testing, implementation, and assessing effectiveness)
    - Create materials in multiple formats (e.g., print and electronic formats) to meet the varied needs of the intended target audiences
    - Use innovative technologies to develop products to reach a variety of audiences
    - Develop a marketing and distribution plan for all products. TB COE should assume responsibility for initial production, marketing, and distribution of products. Products that are appropriate for national audiences should be distributed nationally. TB COE may submit products needed in larger quantities through the CDC DTBE clearance process. If approved, CDC will consider being responsible for printing and distribution of these materials.
    - Award continuing education, including but not limited to, CME, CNE, CEU, and CHES, when possible and appropriate for educational products
    - Note: Materials developed by the TB COE must be in the public domain and cannot be copyrighted. Furthermore, CDC reserves the right to review and make changes to materials or products produced by the TB COE.
- Strategy 3: Provide technical assistance to health departments and other TB control partners to develop their own TB and LTBI training activities
    - Provide a minimum of 100 instances of technical assistance per year
    - Develop the training capacity of state and local TB programs and assist the TB program's TB Education and Training Focal Points with HRD activities. Technical assistance can be provided via telephone, e-mail, written consultation, or in person. Technical assistance can also be provided onsite for less experienced training coordinators or where greater needs and fewer resources are available. The TB COE will provide technical assistance, but will not be the principal organizer of training activities. As such, the TB COEs will be responsible for providing facilitator-led training and materials for use by these

programs, as well as the provision of technical assistance on how to utilize and fully implement these materials to build capacity within the TB programs.

Expert Medical Consultation

The second major activity of the TB COE is to provide medical consultation through a real-time consultation process within their assigned region. TB COE will provide physician and nurse consultation for appropriate screening, evaluation, diagnosis, management, and treatment of TB patients and persons with suspected TB disease and LTBI as well as address questions on any other TB-related topics raised by health practitioners. TB COE should also endeavor to build the capacity of state and local programs to provide medical consultation services for local providers.

- Strategy 1: Provide medical consultation services for TB disease and LTBI
    - Conduct a needs assessment in the assigned region for current and future needs regarding consultation related to the medical evaluation and management of persons with TB disease and LTBI
    - Develop a strategy to promote medical consultation to public and private providers within the region
    - Establish a network of regional TB medical experts
    - Provide real-time medical consultation, in assigned region, to physicians and other providers on the diagnosis and treatment of active TB disease, including multidrug resistant (MDR) TB and extensively drug resistant (XDR) TB. Consultation should also be provided on the diagnosis and treatment of LTBI, including persons presumed to be infected with drug resistant strains of *Mycobacterium tuberculosis*
    - Ensure medical consultations are informed by the most up-to-date practices and guidelines and apply standard-of-care medical consultation practices
    - Implement a plan to support and build capacity of local providers to care for both routine and complex TB patients from beginning to completion of TB treatment, as well as appropriately evaluate and medically manage persons with LTBI
    - Develop a strategy, in collaboration with CDC, to adequately provide medical consultations to panel physicians (physicians overseas who perform medical screening for applicants for U.S. immigration) and share the volume and processing of these in-coming calls among the TB COE
    - Provide medical consultations to panel physicians on the diagnosis and treatment of active TB disease, including MDR and XDR TB cases
- Strategy 2: Provide longitudinal medical consultation as requested by providers for complex clinical cases
    - Develop a strategy to promote ongoing medical consultation for providers in need of this service
    - Provide structured, longitudinal (ongoing) medical consultation for clinical cases and contacts (e.g. drug-resistant TB disease) or in other specific circumstances as requested by state and local TB programs
    - Develop a plan to work with state programs and CDC as requested to identify inpatient TB treatment facilities for complex TB patients
- Strategy 3: Collect, analyze, and share medical consultation data with appropriate

partners
    - Use a national Medical Consultation Database (MCD) to describe and quantify consultations in collaboration with CDC and other TB COE
    - Provide CDC and TB programs with description and number of cases consulted upon
    - Use the MCD to generate MCD reports for stakeholders and CDC
    - Use the MCD to define local and national medical consultation needs and identify gaps in training/education
    - Evaluate the effectiveness of the medical consultation service and document the results of the evaluation in the annual reports

To achieve the above strategies, the TB COE should have a plan to engage and collaborate with CDC and other TB partners as follows:

- Engage and communicate frequently with regional stakeholders through a variety of methods (e.g., e-mail, newsletters, webinars, phone, in-person meetings)
- Form a Regional Advisory Group to provide guidance to the TB COE on annual work plans. The group should meet three to four times annually (in-person or by conference call) and should consist of 10-15 members of which the majority of the members should represent TB Control Programs. The Advisory Group should reflect diversity in professional discipline (e.g., TB controllers, program managers, nurse consultants, medical consultants, or TB education and training focal points), geography, and TB program morbidity
- Develop and maintain a website that is Section 508 compliant. The website should contain, at minimum, a list of courses and materials offered by the TB COE, as well as ordering information for education and training materials and products. In addition, electronic versions of products developed by the TB COE should also be posted on the website. The following Section 508 website provides comprehensive information: www.section508.gov
- Attend and actively participate at the TB ETN, TB PEN, TB Education and Training Focal Point Meeting, the National TB Conference (NTC), and FTCC conferences and workgroups
- Participate in monthly conference calls with CDC and other TB COE, annual meetings, and ongoing consultations. Annual meetings with CDC include: site visits, the round robin (annual meeting with CDC and all TB COE), meetings held in conjunction with the NTC, the TB ETN/PEN conference, and any other meetings or conferences CDC determines to be necessary. These meetings should be attended by the Principal Investigator, Executive Director, Director of Education, and Director of Medical Consultation of each TB COE. TB COEs should communicate directly with the designated CDC TB COE team as the CDC's main point of contact and keep the CDC team apprised of all activities.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be

included in post-award monitoring for grants and cooperative agreements:

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

Monitoring may also include the following activities deemed necessary to monitor the award:

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

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

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

CDC/DTBE will ensure the committment of a project officer, a technical advisor for training and education activities, and a technical advisor for medical consultation. Other CDC staff with subject matter expertise will be available to assist in the planning, implementation, and evaluation of this project. CDC will participate on regularly scheduled calls initiated by the awardee that are relative to this project. CDC/DTBE may share project findings, evaluation results, lessons learned, and best practices with the awardee.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Award Mechanism:	U52
3. Fiscal Year:	2018
4. Approximate Total Fiscal Year Funding:	$5,338,040
5. Approximate Project Period Funding:	$26,690,200

This amount is subject to the availability of funds.

Estimated Total Funding:	$26,690,200
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	5
8. Approximate Average Award:	$1,334,510 Per Budget Period
9. Award Ceiling:	$0 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:	$0 Per Budget Period
11. Estimated Award Date:	12/04/2017
12. Budget Period Length:	12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required for this specific program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-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 can require 10 or more 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 at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/

		DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

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

b. Application Deadline

Due Date for Applications: **09/25/2017** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

The date for the information conference call is set for 08/08/2017 from 2:00- 3:00 p.m. EST. The call in information is 1.866.806.8575; passcode is 4862475.

5. 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."

6. Content and Form of Application Submission

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

7. Letter of Intent

A Letter of Intent (LOI) is not requested or required as part of the application for this Funding Opportunity Announcement.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name

this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from

the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of

these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.
Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

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

15. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (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.

16. Copyright Interests 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.

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- 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 direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- 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).

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

Federal Policy on Indirect Cost for Training Grants

Please see the information below regarding the allowable indirect costs associated with this project.

(i) Indirect costs on training grants are limited to a fixed rate of eight percent of modified total direct cost (MTDC) exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Source: Code of Federal Regulations (CFR), Title 45, Subtitle A, Subchapter A, Part 75. §75.414(c)(1)

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional

information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

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

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

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified

electronically if their application does not meet eligibility or published submission requirements.

i. Approach Maximum Points:35

Evaluate the extent to which the applicant:

- **Describes the problem of the TB and LTBI in the United States (2 points)**
- **Describes the purpose of the TB COE (3 points)**
- **Describes strategies, activities, and work plan for TB Knowledge, Skills, and Abilities:Communication, Education, and Training (15 points)**
  The extent to which the applicant provides:
  - a communication and engagement strategy to reach public and private providers serving high-risk populations for TB and LTBI
  - planned activities to determine the training and education needs of state and local health department staff, health care providers, and other partners involved in TB and LTBI control activities
  - an approach to develop a training and education plan based on needs assessment results
  - a description of their capacity to provide in-person training
  - a description of capacity to provide distance-based learning activities using innovative technologies
  - a plan for acquiring continuing education credits such as CME, CEU, CNE, and CHES, as appropriate for trainees
  - a plan to produce course materials and resources for trainees
  - a description of plans for providing technical assistance to TB education and training focal points, TB ETN members, and other educators/ trainers
  - a description of the process for developing, marketing, and distributing TB and LTBI education and training materials in a variety of formats to a variety of target audiences
  - a plan to work with other FTCC partners in deliver trainings and develop products
  - a description of their capacity to provide individualized mini-fellowships/reverse mini-fellowships annually
  - a plan to participate and host medical TB expert network meetings
- **Describes strategies, activities, and work plan to provide expert medical consultation (15 points)**
  The extent to which the applicant provides
- a plan to assess the current and future needs for medical consultation for TB disease and LTBI in their assigned region
- a plan to provide appropriate and high-quality expert medical consultation for TB disease (including drug-resistant TB) and LTBI to public and private providers in the assigned region
- a plan to ensure medical consultations are informed by the most up-to-date practices and guidelines and apply standard-of-care medical consultation practices

- a strategy to develop a network of expert TB clinicians with appropriate expertise available to provide consult
- a description of their capacity to provide structured, longitudinal (ongoing) medical consultation for TB clinical cases and contacts
- a strategy to adequately provide medical consultations to panel physicians who medically screen immigrants for TB prior to U.S. departure
- a plan to work with state programs and CDC as requested to identify inpatient TB treatment facilities for complex TB patients
- a marketing plan for medical consultation services
- a plan to use a national database to document consultations in collaboration with other TB COE and CDC
- a plan to share consultation results with relevant parties
- a plan to use national database to define local and national medical consultation needs and identify gaps in training/education

ii. Evaluation and Performance Measurement Maximum Points:30

Evaluate the extent to which the applicant provides:

- a plan for utilizing program evaluation data to provide continuous quality improvement of training activities and material development processes (8 points)
- a plan for conducting evaluation activities that determine the process, outcome, and impact of training activities and educational materials (8 points)
- a plan to evaluate customer satisfaction, effectiveness, and impact of medical consultation services (8 points)
- a plan to reach and communicate with target audiences (6 points)

iii. Applicant's Organizational Capacity to Implement the Approach Maximum Points:35

Evaluate the extent to which the applicant provides a description of:

- a staffing plan for proposed TB COE staff, including credentials and appropriate experience (7 points)
    - The applicant should also have a staffing plan composed of a Prinicipal Investigators, Executive Director, Director of Medical Consultation, and a Director of Education and Training. With the exception of the Prinicipal Investigator, these positions are unique and as such individuals assigned to these positions cannot serve in dual roles. The Executive Director should have programmatic and fiscal management skills. The Director of Medical Consultation should have experience in diagnosing and treating TB and multidrug-resistant TB patients. The Director of Education and Training should

have knowledge and skills in developing partnerships, trainings, and educational initiatives. The applicants staffing plan should also include other persons with TB nursing experience as well as those who can develop and deliver trainings in a variety of formats

- experience working on issues pertaining to TB prevention and control and collaborating with TB programs and other health care providers (6 points)
- experience in TB training and TB product development and delivery (6 points)
- experience providing expert TB medical consultation (6 points)
- a description of the infrastructure available to support medical consultation activities (3 points)
- a proposed protocol and communication strategy for collaborating with regional, state, and local TB control programs, private providers serving high-risk populations, medical schools and related hospitals and/or teaching hospitals, other TB COE, CDC, TB ETN/PEN members, other potential TB control partners, and other FTCC training partners. Communication strategy should include use of social media and other innovative approaches (3 points)
- a description of available facilities, equipment, and technologies (e.g., distance learning technology and other innovative technologies) for developing and delivering trainings and educational products (2 points)
- a plan for developing and maintaining a website that is section 508 compliant and that follows all federal rules for web-accessibility (2 points)

Budget

Is the budget concise and clear?

Is the budget reasonable, itemized, clearly justified and consistent with the intended use of the funds?

Is the budget consistent with the proposed work plan?

Does the budget include itemizations, justifications, scope, and deliverables for consultatnts, if applicable?

c. Phase III Review

Applications will be evaluated in order by score and rank determined by the review panel. In addition, funding preference maybe given (out of rank order) based on geographic diversity, technical reviews, prior experience, and past performance.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to

review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Awards will be announced via electronic copy of the Notice of Award (NoA) from CDC's Office of Grant Services (OGS) on 12/4/2017.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html

3. Reporting

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

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

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

Project Officer.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due April 30, 2017; July 30, 2017; October 30, 2017; January 30, 2018.	No

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

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

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

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances);
- and Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

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

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

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

- Performance Measures – Recipients must report final performance data for all process

and outcome performance measures.

- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

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:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year,

by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Dawn Tuckey, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, NE

Division of Tuberculosis Elimination MS-E-10

Atlanta, GA 30333

Telephone: (404) 639-5323
Email: dmt1@cdc.gov

Grants Staff Contact

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

Sandra Jackson, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Centers for Disease Control and Prevention (CDC)

2920 Brandywine Rd, MS E-15

Atlanta, GA 30341

Telephone: (678) 475-4945
Email: njz6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the

project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the

program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

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

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

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

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

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

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

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

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

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding

limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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

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

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

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

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

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

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

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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

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

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through

Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms