

Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

Improving Adult Immunization Rates through Partnerships with Providers and National Organizations

CDC-RFA-IP15-1503

Application Due Date: 07/06/2015

Improving Adult Immunization Rates through Partnerships with Providers and National Organizations

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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-IP15-1503. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Improving Adult Immunization Rates through Partnerships with Providers and National Organizations

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-IP15-1503

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

93.268

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**07/06/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

The purpose of this cooperative agreement is to develop and implement programs designed to increase adult immunization rates, using the principles of the Standards for Adult Immunization Practice. The Standards are a call to action to healthcare providers to develop new approaches in the way they immunize their adult patients.

Applicants will propose a plan that will demonstrate:

1. ASSESSMENT: Increased number of healthcare providers who routinely assess vaccination status of their adult patients at every clinical encounter.

2. RECOMMEND: Stronger immunization recommendations that providers make to their patients.

3. GIVE VACCINE OR REFER OUT: Improvements in immunization systems at point of care (e.g. use of immunization information systems (IIS) or electronic health records changes in patient care procedures.)

4. DOCUMENT: Increased number of providers who document immunizations in IIS

Applicants will propose a workplan designed to increase adult immunization rates. The proposed package of activities should combine elements of 1. Quality improvement, 2. Clinician education, and 3. Changes in adult patient care procedures.

In the first phase of the project, the Demonstration Phase, the activities will focus on a target group of healthcare providers, and help them to improve their immunization services for a group of real patients. In the second phase of the project, the Dissemination Phase, efforts will focus on implementing effective models among a wider national audience of healthcare providers.

The FOA seeks efforts that demonstrate successful models of technical packages, defined by Frieden as "a selected group of related interventions, that together, will achieve and sustain synergistic improvements" in immunization rates.Evidence-based strategies for increasing immunization rates are outlined in The Guide to Community Preventive Services and other reputable science-driven sources. New approaches are needed for selecting, combining and implementing the most effective impact-driven set of activities for increasing adult immunization rates.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	4
d. Total Project Period Funding:	$4,000,000
e. Average One Year Award Amount:	$250,000
f. Number of Years of Award:	4
g. Estimated Award Date:	08/01/2015
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Adult vaccination rates are well below the national Healthy People 2020 goals and racial and ethnic disparities in vaccination coverage rates among adults are substantial. Improvement in adult vaccination is needed to reduce the health consequences of vaccine-preventable diseases among adults. The purpose of this cooperative agreement is to develop and implement programs designed to increase adult immunization rates, using the principles of the Standards for Adult Immunization Practice. Barriers that exist for improving vaccination rates in adults include limited patient awareness of the need for vaccines as an adult, shortcomings in procedures for incorporating adult immunizations into routine patient care structure, and documentation of adult immunizations, including limited use of immunization information systems (IIS) by adult vaccine providers. The Standards address a number of current issues in adult immunization, including: • Missed opportunities because many healthcare professionals are not routinely assessing vaccination status. • Different challenges for improving adult immunization rates, in contrast to pediatric immunization. Adult patients have multiple providers and multiple insurance/reimbursement scenarios. Clinical decision making around needed adult vaccination can sometimes be more complex and often requires a more advanced use of IIS or electronic health records. • Reducing immunization rate disparities will depend on making immunization a standardized, routine and efficient service for all adult patients To address barriers and reduce missed opportunities, the Standards for Adult Immunization Practice were approved by the National Vaccine Advisory Committee in 2013 and were published in Public Health Reports in February 2014. The Standards for Adult Immunization Practice call on healthcare providers to develop new approaches to assess, recommend, give and document immunizations. In the first phase of the project, the Demonstration Phase, the activities will focus on a target group of healthcare providers, and help them to improve their immunization services for a group of real patients. In the second phase of the project, the Dissemination Phase, efforts will focus on implementing effective models among a wider national audience of healthcare providers. Applicants should be national organizations representing a significant membership of healthcare providers who are licensed to immunize, such as primary or specialist physicians, nurses, or pharmacists. They must demonstrate reach into both the clinical setting on a local level, as well as the capacity for making impact on a national level. As noted by Williams et al, "Successful vac¬cination programs combine 1) education of potential vaccine recipients and publicity to promote vaccination, 2) increased access to vaccination services in health care settings, and 3) use of practices shown to improve vaccination coverage, including reminder-recall systems, efforts to remove administrative and financial barriers to vaccination, use of standing order programs for vaccination, and assessment of practice-level vaccination rates with feedback to staff members. Health care provider recom¬mendations for vaccination are associated with patients' receipt of vaccines. Routine assessment of adult patient vaccination needs, recommendation, and offer of needed vaccinations for adults should be incorporated into routine clinical care of adults. " Source: http://www.cdc.gov/Mmwr/preview/mmwrhtml/mm6404a6.htm Evidence-based strategies for increasing immunization rates have been previously identified in the Guide to Community Preventive Services and other reputable science-driven sources. However, new approaches are needed for selecting, combining and implementing the most effective impact-driven strategies to increase adult immunization rates. This funding opportunity is designed to bring about new approaches to the provision of adult immunization services. The FOA seeks efforts that demonstrate successful models of the "technical package", as defined by CDC Director Thomas Frieden as "a selected group of related interventions, that together, will achieve and sustain synergistic improvements in a specific risk factor or disease outcome." Source: http://www.ncbi.nlm.nih.gov/pubmed/24228653

b. Statutory Authorities

This program is authorized under section 317(k)(1) of the Public Health Service Act [42 US. C. 247b(k)(1)]. Under this statutory authority, for-profit entities are not eligible.

c. Healthy People 2020

Measurable outcomes of the program will be in alignment with Healthy People 2020 goals for immunization and infectious disease. Source: http://www.healthypeople.gov/

These include but are not limited to specific objectives: (IID-1) Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases Influenza Vaccination Goals for Adults IID-12.12 Increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza IID-12.13 Increase the percentage of health care personnel who are vaccinated annually against seasonal influenza IID-12.14 (Developmental) Increase the percentage of pregnant women who are vaccinated annually against seasonal influenza

Hepatitis B Vaccination Goals for Adults IID-15 (Developmental) Increase hepatitis B vaccine coverage among high-risk populations IID-15.1 (Developmental) Increase hepatitis B vaccine coverage among long-term hemodialysis patients IID-15.2 (Developmental) Increase hepatitis B vaccine coverage among men who have sex with men IID-15.3 Increase hepatitis B vaccine coverage among health care personnel IID-15.4 (Developmental) Increase hepatitis B vaccine coverage among injection drug users

Pneumococcal Vaccination Goals for Adults IID-13 Increase the percentage of adults who are vaccinated against pneumococcal disease IID-13.1 Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease IID-13.2 Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated against pneumococcal disease IID-13.3 Increase the percentage of institutionalized adults (persons aged 18 years and older in long-term or nursing homes) who are vaccinated against pneumococcal disease

Zoster Vaccination Goals for Adults IID-14 Increase the percentage of adults who are vaccinated against zoster (shingles)

In addition, HP2020's Health Communication and Health Information Technology objectives point to importance of using the internet and social media. These include: (HC/HIT-8) Increase the proportion of quality, health-related websites and (HC/HIT-13) (Developmental) increase social marketing in health promotion and disease prevention. Source: http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=23

d. Other National Public Health Priorities and Strategies

This FOA aligns and supports other relevant national strategies: Standards for Adult Immunization Practice: This FOA aims to develop models of Standards Implementation and demonstrate the practicalities of improved immunization assessment, service delivery, documentation and referral. Source: http://www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards/index.html Community Preventive Services Task Force This FOA direct applicants to propose evidence-based interventions, drawing on the Community Preventive Services Task Force findings. Among the relevant evidence-based intervention identified in the Community Guide: Reminder-recall. Standing orders Provider Assessment and Feedback Use of IIS Health systems interventions Multi-component interventions, rather than stand-alone unilateral activities While evidence-based interventions have been identified, new approaches are needed in the selection, combination and implementation of a set of interventions that results in immunization rate increases. Source: http://www.thecommunityguide.org/vaccines/vpd-jphpm-recs-IIS.pdf HHS Action Plan to Reduce Racial and Ethnic Health Disparities This plan calls on HHS agencies to work to promote integrated approaches, evidence-based programs and best practices to reduce health disparities. A number of adult immunization disparities persist and may be worsening. This project aims to develop small models on the practice or community level that ensure standardized and routine provision of immunization services across all demographic categories of adult patients. Source: http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&;lvlid=33&;ID=285 The "Pathway to Leadership" report, and the now emerging National Adult Immunization Plan. The Pathway to Leadership report was approved by the National Vaccine Advisory Committee on June 14, 2011. A new national adult immunization plan is emerging, under the leadership of the National Vaccine Program Office. To date, these national plans have developed recommendations for establishing a comprehensive, sustainable, national adult immunization program to ensure adults are up-to-date on their recommended immunizations. Among the recommendations targeting healthcare providers, these national plans call for: Education of providers on quality improvement/quality assurance activities Education of providers on standards of care and immunization practice Improving and expanding immunization information systems for adult vaccinations Source: http://www.publichealthreports.org/issueopen.cfm?articleID=2762

National Adult and Influenza Immunization Summit The National Adult and Influenza Immunization Summit (NAIIS) is dedicated to addressing and resolving adult and influenza immunization issues. A key priority for the Summit is the implementation of the Standards of Adult Immunization Practice The NAIIS now consists of over 400 partners, representing more than 100 public and private organizations. Summit participants include a wide range of stakeholders from the healthcare industry, public health and private medical sectors, vaccine manufacturers and distributors and consumers. Source: www. izsummitpartners.org

e. Relevant Work

CDC's National Center for Immunization and Respiratory Diseases is focused on reducing death and disability from vaccine-preventable diseases. Raising adult immunization rates and reducing disparities are important imperatives. NCIRD works on a number of fronts to increase adult immunization rates, including through the mechanisms of the National Adult and Influenza Immunization Summit and through the Standards for Adult Immunization Practice.

2. CDC Project Description

a. Approach

Activities of National Association/Professional Society	Short term Outcomes Among TARGETED HEALTHCARE PROVIDERS	Intermediate Outcomes AMONG National Audience of Healthcare Providers In This Category	Long-term Outcomes AMONG All HEALTHCARE PROVIDERS in this Category
Activities of National Association/Professional Society In Demonstration Phase ONE: Review, select, and implement relevant activities helping their TARGETED HEALTHCARE PROVIDERS improve the immunization rates of their adult patients. Document, analyze and collate practices and successes among Targeted Healthcare Providers In Dissemination Phase TWO:	In Demonstration Phase ONE TARGETED HEALTHCARE PROVIDERS will take actions to improve immunization rates among their adult patients, resulting in these outcomes: **- Increased documentation of the vaccination assessment in patient charts, as a routine practice** **- Increased or improved provider recommendations** **- Improved provision of immunization services at point of care, as measured through quality improvement activities** **- Changes in (adult) patient care procedures to ensure appropriate immunization assessment, recommendation and/or documentation. Includes changes in immunization referral procedures, where appropriate.** **-Evidence of collaboration and immunization data exchange among multiple categories of providers who share a defined pool of adult patients.** -Increased number of providers documenting adult immunizations in state	Among the defined NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS The vaccination assessment becomes a routine and integral part of healthcare visits of adult patients Adult patients are aware of the vaccines that are recommended for them, because of their provider's recommendation. Providers improve their delivery of immunization services, including referral protocols Adult vaccinations are documented in state immunization info registries and in electronic health records A greater degree of collaboration and communication among multiple healthcare providers is achieved, especially in use of immunization information systems.	Other providers nationally adopt best practices for implementing the *Standards for Adult Immunization Practice*. Providers routinely assess vaccination status at every healthcare visit. Providers make strong immunization recommendations to their patients. Adult patients are up-to-date on their recommended vaccinations. Adult immunizations are documented in immunization information systems. Multiple categories of health care providers collaborate and communicate to exchange information on vaccination status of adult patients. Increased vaccination uptake and coverage rates

Disseminate and promote best practices/ successes nationally to NATIONAL AUDIENCE of HEALTHCARE PROVIDERS and immunization community	immunization registries. . In Dissemination Phase TWO AMONG NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS- The grantee will generate these short-term outcomes: **- Creation of products/models/tools for a NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS that will enable them to improve the immunization rates of their adult patients.** **- Verification that the products/models/tools will contribute to improved immunization rates** **- Dissemination and promotion of best practices/successes to NATIONAL AUDIENCE OF HEATLHCARE PROVIDERS**		

i. Purpose

Increasing adult immunization rates is a compelling public health problem. The burden of vaccine-preventable diseases is substantial, and largely unnecessary.

The purpose of the cooperative agreement is to develop and implement programs designed to increase adult immunization rates. The aim is to bring about measurable improvements in the routine assessment of vaccination status, the strong provider recommendation, documentation of immunizations, and in measures of immunization service delivery.

This funding opportunity is designed to bring about new approaches to the provision of adult immunization services and to demonstrate successful models leading to immunization rate improvements.

ii. Outcomes

The logic model for this project identifies short, mid and long-term outcomes. Overall, the long-term outcome is an increased number of adult patients who are up-to-date on the vaccines recommended to them by the Advisory Committee on Immunization Practice.

Grantees are expected to show progress on all the short-term outcomes during the project period. They can propose activities that will demonstrate progress in mid or longer term outcomes, as outlined in the logic model for this project.

In Demonstration Phase ONE, TARGETED HEATLHCARE PROVIDERS will take actions to improve immunization rates among their adult patients, resulting in these outcomes:

- Increased documentation of the vaccination assessment in patient charts, as a routine practice

- Increased or improved provider recommendations

- Improved provision of immunization services at point of care, as measured through quality improvement activities

- Changes in (adult) patient care procedures to ensure appropriate immunization assessment, recommendation and/or documentation. Includes changes in immunization referral procedures, where appropriate.

- Changes in immunization documentation procedures so that multiple categories of providers document and exchange immunization information about their patients.

- Increased number of providers documenting adult immunizations in state immunization registries.

In Dissemination Phase TWO, AMONG NATIONAL AUDIENCE OF HEATLHCARE PROVIDERS-

The grantee will generate these short-term outcomes:

- Creation of products/models/tools for a NATIONAL AUDIENCE OF HEATLHCARE PROVIDERS that will enable them to improve the immunization rates of their adult patients.

- Verification that the products/models/tools will contribute to improved immunization rates

- Dissemination and promotion of best practices/successes to NATIONAL AUDIENCE OF HEATLHCARE PROVIDERS

iii. Strategies and Activities

The applicant will propose a combination of activities, hereafter referred to as the technical package. The technical package should propose the most cost-efficient, impact-driven set of activities in these areas: 1. Quality improvement; 2. Clinician education and outreach and 3. Changes in (adult) patient care procedures to ensure appropriate immunization assessment, recommendation and/or documentation.

This technical package of activities should be designed to specifically and efficiently achieve project period outcomes. The technical package of activities should reflect a ground-breaking approach, one that could be replicated and make a significant national impact on adult immunization rates.

In order to select and combine strategies and activities for this project, the Standards for Adult Immunization Practice can be used as a tool for identifying missed opportunities, and other opportunities to improve immunization services. As such, the proposed strategies and activities should be based on a planning process that asks these questions:

1. How can we make the vaccination assessment more routine?

2. How can we ensure that providers make strong immunization recommendations to their adult patients?

3. How can we streamline or improve immunization services as measured through quality improvement?

4. How can we better document immunization in IIS and ensure that all of a patient's healthcare providers have access to that information?

When possible, applicants should use evidence-based strategies as identified by the Community Guide. Applicants may propose strategies and activities to achieve project outcomes that are not described in the Community Guide, but they must then describe the rationale for developing and evaluating new strategies or practice-based interventions. While many evidence-based strategies have been identified, new approaches are needed for selecting, combining and implementing the most effective impact-driven set of activities for increasing adult immunization rates. Whenever possible, work plans should demonstrate ways to make systems changes through more automatic or electronic methodologies, (e.g. tracking immunization rate increases using chart pulls generated from electronic health records, rather than manual chart pulls.)

In Demonstration Phase ONE: In the first phase of the project, efforts will focus on building a successful effective model of adult immunization standards implementation among a smaller target group.

The strategies and activities for the Demonstration Phase are: Review, select, and implement a technical package of activities helping TARGETED HEALTHCARE PROVIDERS improve the immunization rates of their adult patients. Document, analyze and collate practices and successes among Targeted Healthcare Providers

In Dissemination Phase TWO: In the second phase of the project, efforts will focus on implementing the national adult immunization standards among a national-level audience of healthcare providers, as targeted by the applicant.

The strategies and activities for the Dissemination Phase of the project are: Disseminate and promote best practices/ successes nationally to NATIONAL AUDIENCE of HEALTHCARE PROVIDERS

Applicants should carefully define the target group, both for the first and second phase of the project. They should provide information about the population of adult patients whose immunization rates will be tracked over time in the Demonstration Phase One. They should also carefully define the products, models or tools they will develop for a national audience of healthcare providers in the Dissemination Phase of the project. This could be a model or products such as websites, learning collaboratives, resources, toolkits, examples of patient care protocol changes, peer-to-peer approaches, "how-to" type roadmaps. The applicant must demonstrate how they will verify that such products will be useful to healthcare providers and contribute to improved immunization rates. The application should demonstrate a historical understanding of the models or products that have been previously been developed in order to make the case that the technical package they are now proposing will make a significant contribution to the current adult immunization landscape.

Applicants should propose strategies in the areas of quality improvement, clinician education and outreach; and changes in adult patient care procedures. However, applicants are not required to stratify project activities into these three discrete areas, since they sometimes overlap.

Quality Improvement Activities: Examples might be:

• Use of software/electronic health records or other electronic methodology for tracking and using adult immunization rates • Use of quality improvement project requirements or metrics tracking to strengthen adult immunization rates. • Learning collaboratives or other coaching methodologies • P-D-S-A approaches : (Plan-Do-Study-Act) • Use of office champions or immunization champions tasked to strengthening team approaches • Use of prompts • Better use of information technologies for tracking and improving immunization rates. • Better monitoring of rate changes through run charts or other tools, along with continuous feedback to practice staff

Clinician Education and Outreach Activities: Examples might be: • Review, select, and implement relevant activities with the healthcare providers in your constituency/membership that aim to increase adult vaccination rates. • Support and actively facilitate activities such as peer-to-peer training (utilizing CDC tools and CME courses) at clinician conferences grand rounds, or through webinars or other online or in-person education opportunities. • Assess and evaluate change in knowledge, attitudes, and behaviors. • Disseminate to healthcare professionals the practical tools and/or information that will help them to better deliver adult immunization services, including how they assess, recommend and document vaccinations. • Utilize professional clinical mechanisms such as websites, newsletters, professional mailings, and other print and/or electronic media to help promote adult vaccination and ensure that clinicians make strong recommendations and stay up-to-date on current recommendations, their own state or local chapter immunization rates, and national goals for vaccination levels.

Changes in Adult Patient Care Procedures Examples might be:

• Procedures that make immunization assessment of adult patients more routine and efficient • Procedures than ensure a patient receives a strong immunization recommendation from relevant clinical staff. • Job descriptions or job tasks that are rewritten to improve immunization services • Documentation of immunization is entered in electronic health records and/or statewide immunization information systems • New standing order protocols are put in place • Reminder-recall systems are put in place or upgraded. • Electronic health record systems are adapted to improve adult immunization assessment, recommendation or documentation • Improved methods of communication among multiple categories of healthcare providers, particularly sharing of immunization documentation. • Staff are assigned to monitor quality improvement following changes in patient care procedures, to monitor and assure improvements in service delivery

1.Collaborations

a. With CDC-funded programs:

Applicants must describe intentions to collaborate with CDC to improve technical and program guidance and evaluation.

b. With organizations external to CDC:

Applicants are required to collaborate with external partners that have a role in achieving the FOA outcomes and proposed activities

2. Target Populations

Through the efforts of healthcare providers, this FOA is designed by ensure adult patients are up-to-date on their recommended vaccinations. There are three main target groups of the project, and the parameters are described below.

Applicants should propose activities in two phases: Firstly, in the Demonstration Phase, they should propose activities that demonstrate measurable improvement in the clinical practice setting on a local or regional level targeting real patients and real providers. For the Demonstration Phase, the applicant should define a TARGET GROUP of HEALTHCARE PROVIDERS, and a TARGET GROUP of Adult Patients.

Secondly, in the Dissemination Phase, they should propose activities that make a national impact on national audience of healthcare providers. For the Dissemination Phase, the applicant should define a NATIONAL AUDIENCE of HEALTH CARE PROVIDERS These definitions should include rationale for defining the populations, estimated cost of reaching the target populations, and how selection of these groups will contribute to making an impact on a national level. For each of the respective target populations, the applicant should present cost estimates in reaching these individuals, in order to demonstrate value and reach of their proposed project.

This FOA provides gives general parameters about the three target groups. It is the applicant's job to further refine and specify the definitions of their selected target groups

General Parameters for Defining "TARGETED HEALTHCARE PROVIDERS": The applicant defines their targeted group of healthcare providers, typically a smaller subset of their large national membership. This group is the target of the project interventions in Phase One, the Demonstration phase. These TARGETED HEALTHCARE PROVIDERS must be clinicians licensed to administer vaccines and they must serve a population of real adult patients on a local-level or large-systems level clinical setting. They could be nurses, general physicians, specialist physicians, pharmacists, medical assistants, physician assistants, or possibly teams of providers. The applicant should explain per capita costs designated to reach this group.

General Parameters for Defining TARGET GROUP of ADULT PATIENTS: "The applicant should define the TARGET GROUP of ADULT PATIENTS, as those who receive care from the TARGETED HEATLHCARE PROVIDERS. In defining the TARGET GROUP of ADULT PATIENTS, the applicant should describe how immunization rates will be determined at baseline and the post-intervention points. The applicant should explain per capita costs designated to reach this group. If relevant, the applicant may document evidence of disparate immunization rates and include actions in their work plan to reduce such immunization rates disparities.

General Parameters for Defining the NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS: This is the national level audience of healthcare providers targeted for Phase Two, the Dissemination Phase. It could be defined as the full membership of the national organization. The applicant should demonstrate why this group should be targeted and its potential for making a national impact on adult immunization rates. The applicant should also explain their organizational capacity for influencing, educating and/or bringing about behavior change in this group. The applicant will explain how effective model/tools/resources will be used by the NATIONAL AUDIENCE of HEALTHCARE PROVIDERS. The applicant should describe how they will ensure the project's dissemination plan will be utilized by NATIONAL AUDIENCE of HEALTHCARE PROVIDERS. In defining the NATIONAL AUDIENCE OF HEATLHCARE PROVIDERS the applicant should explain per capita costs of reaching the individual healthcare provider in this group. It may discuss other measures for measuring evidence of change in knowledge of behavior. Definition of ALL HEALTHCARE PROVIDERS: In the logic model for this project, the long-term outcomes aim to make an impact on all healthcare providers. The applicant is not required to specify a definition of all immunizing healthcare providers, but they may explain how their applicant-defined target groups of this project could have influence or impact on other healthcare providers

a. Inclusion

Low adult immunization rates are characterized by disparities associated with race, ethnicity, income, insurance coverage and other factors. Reducing immunization disparities will depend on making immunization a routine standardized service for all patients. Improved office-based practices that standardize and routinize immunizations could significantly impact Healthy People 2020 goals by increasing vaccine uptake among all groups. Rigorous implementation of the Standards for Adult Immunization Standards would help reduce corresponding racial and ethnic disparities. The applicant can provide data to document any relevant disparate immunization rates among their adult patients and identify the most promising interventions at hand for reducing such disparities.

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

Not applicable.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC Strategy for monitoring and evaluating program and awardee performance will include several activities, spanning both process and outcome evaluation and will be consistent with the logic model and approach presented earlier. CDC will monitor process and outcome measures of progress throughout the course of the project. Evaluation of the project should align with the project's short-term outcomes.

At the start of the project, CDC and the awardee will review the project work plan and evaluation strategy, ensuring process and outcome measures are concrete and achievable, and represent the best use of funding. The focus is on the SIX outcomes in the Demonstration Phase and THREE outcomes in the Dissemination Phase. Project modifications may occur, if merited. Awardees will submit further details or revisions to their Awardee Evaluation and Performance Management Plan six months following the award date.

CDC's evaluation and performance measurement strategy will be to ensure the applicants' proposed outcome and process measures are consistent with the purpose of the funding announcement opportunity. Applicants are directed to propose outcome and process measures that will demonstrate achievement relevant to these evaluation questions:

Evaluation Questions for Demonstration Phase Outcome Number 1: Increased documentation of the vaccination assessment in patient charts, as a routine practice Was there an increase in the routine vaccination assessment, as measured through documentation in patient records? Were new technologies or procedures utilized to streamline the vaccine assessment? Did healthcare provider use immunization information systems to prospectively screen or forecast for vaccination needs? Did multiple categories of providers communicate to determine vaccination status, appropriate intervals or medical conditions that impact vaccination decision-making? (* E.g. Pharmacists and primary care providers). Were state-based IIS used prospectively to check on patients' immunization status?

Evaluation Questions for Demonstration Phase Outcome Number 2: Increased or improved provider recommendations Were the immunization recommendations that providers make to their patients improved? Were the immunization recommendations made in a stronger way or in a more routine way? Were the procedures for making immunization recommendations improved or made more efficient? Did changes occur in the clinic set-up or patient flow procedures that resulted in a strong provider recommendation? Can a stronger provider recommendation be demonstrated through changes in patient care procedures either, before, during or after the office visit? Can stronger provider recommendations be demonstrated by an increase in immunization rates?

Evaluation Questions for Demonstration Phase Outcome Number 3: Improved provision of immunization services at point of care, as measured through quality improvement activities Were improvements in adult immunization services achieved? Did immunization rates increase among the adult patients targeted? Did quality improvement efforts result in increased immunization rates? If immunization rates did not increase, were the resulting lessons learned acted upon? Did referral procedures improve? If relevant, were disparities in immunization rates detectable? Could disparities be monitored and/or addressed through these quality improvement activities?

Evaluation Questions for Demonstration Phase Outcome Number 4: Changes in (adult) patient care procedures to ensure appropriate immunization assessment, recommendation and/or documentation. Includes changes in immunization referral procedures, where appropriate. Were there changes in (adult) patient care procedures to ensure appropriate immunization assessment, recommendation and/or documentation? Were new or improved systems of referral put in place? Were new procedures put in place either before, during or after the patient encounter? Did new patient care procedures result in increases in adult immunization rates?

Evaluation Questions for Demonstration Phase Outcome Number 5: Evidence of collaboration and immunization data exchange among multiple categories of providers who share a defined pool of adult patients. Were there improvements in how immunizations are documented in immunization information systems (IIS) or in electronic health records? Was there an increase in the exchange of immunization information among multiple categories of providers? Did providers use IIS or EHR data to help them forecast vaccine needs or ensure appropriate minimum intervals between vaccine doses? Did patients have greater access to their personal immunization record? Did multiple categories of healthcare provider work together to streamline immunization assessment, documentation, and/or recommendation of immunization? Did other collaborations among multiple categories of providers result in increased immunization rates of their shared patients, through improvements in vaccine ordering, inventory or forecasting procedures?

Evaluation Questions for Demonstration Phase Outcome Number 6: Increased number of providers documenting adult immunizations in state immunization registries. Was there an increased number of providers documenting adult immunizations in state immunization registries? Was there an increased number of patient records in the immunization registry? Was there an increased number of (adult) providers who registered as new users in their state IIS? Did different categories of healthcare providers share patient information about a shared pool of patients? Did patients have better access to their own immunization records? Was there evidence of greater reliance on state immunization registries?

Evaluation Questions for Dissemination Phase Outcome Number 1:

Creation of products/models/tools for a NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS that will enable them to improve the immunization rates of their adult patients. Did the project identify and develop useful national-level products to increase adult immunization rates? If the project is developing a model of change, is it clear what the model consists of, and why it will be used by healthcare providers? Does the definition of the national-level products reflect an expert understanding of the landscape of adult immunization? Does the definition of the national-level products demonstrate expert knowledge of the state of the art and of the successes and failures to date in the field of immunization?

Evaluation Questions for Dissemination Phase Outcome Number 2: Verification that the products/models/tools will contribute to improved immunization rates Did the project evaluate the effectiveness or utility of their national-level products? Will healthcare providers perceive the national-level products as helpful to them? Did the project demonstrate that the national-level products will be used or have been used by a national-level audience of healthcare providers? Did the project demonstrate that use of the national-level products contribute to improved immunization rates?

Evaluation Questions for Dissemination Phase Outcome Number 3: Dissemination and promotion of best practices/successes to NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS Did the project disseminate their national-level products to their national target audience? Did the project demonstrate use of the national-level products among their target audience? Did the project demonstrate changes in knowledge or behavior of their target audience?

Potential Process Measures: Phase One: Strategy: Review, select, and implement relevant activities helping their TARGETED HEALTHCARE PROVIDERS improve the immunization rates of their adult patients. Measure: Existence of inventory of relevant activities that have been selected through formal review and take into account the needs of the service area?

Strategy: Document, analyze and collate practices and successes among Targeted Healthcare Providers Measure: Existence of inventory of best practices and successes extracted from the experience of the targeted providers.

Phase Two: Strategy: Disseminate and promote best practices/ successes nationally to NATIONAL AUDIENCE of HEALTHCARE PROVIDERS and immunization community Measure: Existence of a dissemination and promotion plan that uses appropriate channels to reach the national audiences.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an initial evaluation and performance measurement plan to show how they will identify progress in implementing activities in their program strategies and achieving their selected outcomes. Applicants will already have described measurable objectives in the work plan referenced above. In this section, they will refine those into performance measures and add details of any additional evaluation to be completed. Applicants should also:

+ Describe how the target population will be engaged in the evaluation and performance measurement planning process;

+ Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data;

+ Describe how evaluation findings will be used for continuous program/ quality improvement; and

+ Describe how evaluation and performance measurement will contribute to development of the evidence base for improving immunization rates and enhancing disease prevention.

Here is guidance for the applicant as they develop their evaluation and performance measurement plan. This guidance provide examples of possible outcomes.

Demonstration Phase Outcomes:

In the Demonstration Phase, the applicant will propose working with a target group of healthcare providers in order to improve immunization rates of a target group of adult patients. The outcomes they plan to accomplish will largely depend on how they define these target groups of both patients and providers. Applicants are encouraged to neither over-estimate nor under-estimate what they can accomplish. Process measure likely will focus on such factors as: patient encounters, services rendered, distribution numbers to national-level of healthcare providers, number of providers educated or participating in other type of interventions. Outcome measures are more likely to demonstrate system change and be sustainable or permanent accomplishments.

Demonstration Phase Outcome: Increased documentation of the vaccination assessment in patient charts, as a routine practice

Was there an increase in the routine vaccination assessment, as measured through documentation in patient records? Were new technologies or procedures utilized to streamline the vaccine assessment? Did healthcare provider use immunization information systems to prospectively screen or forecast for vaccination needs? Did multiple categories of providers communicate to determine vaccination status, appropriate intervals or medical conditions that impact vaccination decision-making? (* E.g. Pharmacists and primary care providers). Were state-based IIS used prospectively to check on patients' immunization status?

Demonstration Phase Outcome: Increased or improved provider recommendations

Were the immunization recommendations that providers make to their patients improved? Were the immunization recommendations made in a stronger way or in a more routine way? Were the procedures for making immunization recommendations improved or made more efficient? Did changes occur in the clinic set-up or patient flow procedures that resulted in a strong provider recommendation? Can a stronger provider recommendation be demonstrated through changes in patient care procedures either, before, during or after the office visit? Can stronger provider recommendations be demonstrated by an increase in immunization rates?

Demonstration Phase Outcome: Improved provision of immunization services at point of care, as measured through quality improvement activities

Were improvements in adult immunization services achieved? Did immunization rates increase among the adult patients targeted? Did quality improvement efforts result in increased immunization rates? If immunization rates did not increase, were the resulting lessons learned acted upon? Did referral procedures improve?ý If relevant, were disparities in immunization rates detectable? Could disparities be monitored and/or addressed through these quality improvement activities?

Demonstration Phase Outcome: Changes in (adult) patient care procedures to ensure appropriate immunization assessment, recommendation and/or documentation. Includes changes in immunization referral procedures, where appropriate.

Were there changes in (adult) patient care procedures to ensure appropriate immunization assessment, recommendation and/or documentation? Were new or improved systems of referral put in place? Were new procedures put in place either before, during or after the patient encounter? Did new patient care procedures result in increases in adult immunization rates?

Demonstration Phase Outcome: Evidence of collaboration and immunization data exchange among multiple categories of providers who share a defined pool of adult patients.

Were there improvements in how immunizations are documented in immunization information systems (IIS) or in electronic health records? Was there an increase in the exchange of immunization information among multiple categories of providers? Did providers use IIS or EHR data to help them forecast vaccine needs or ensure appropriate minimum intervals between vaccine doses? Did patients have greater access to their personal immunization record? Did multiple categories of healthcare provider work together to streamline immunization assessment, documentation, and/or recommendation of immunization? Did other collaborations among multiple categories of providers result in increased immunization rates of their shared patients, through improvements in vaccine ordering, inventory or forecasting procedures?

Demonstration Phase Outcome: Increased number of providers documenting adult immunizations in state immunization registries.

Was there an increased number of providers documenting adult immunizations in state immunization registries? Was there an increased number of patient records in the immunization registry? Was there an increased number of (adult) providers who registered as new users in their state IIS? Did different categories of healthcare providers share patient information about a shared pool of patients? Did patients have better access to their own immunization records? Was there evidence of greater reliance on state immunization registries?

DISSEMINATION PHASE OUTCOMES

Successful outcomes in the Dissemination Phase Two of the project will depend on the products/model/tools/resources that are developed, hereafter referred to as the "national-level products."

What the applicant develops and disseminates is applicant-defined. National-level products should be designed to make national impact. National-level products could be some combination of websites, learning collaboratives, resources, toolkits, examples of patient care protocol changes, peer-to-peer engagement, "how-to" type roadmaps, expert opinions, interactive coaching. National-level products should reflect best practices or models of success, but should propose innovative methodologies for influencing national uptake of such best practices. National-level products do not need to be limited to paper-based or web-based methodologies. National-level products could be a "model of change." If the applicant proposes to develop a model of change, they must carefully define this, including the methodology for upscaling the model for a national audience. Innovation on how to engage providers is encouraged.

The applicant's definition of their national-level products should reflect an expert understanding of the national landscape. Applicants should make the case for why and how their national-level products will make a national impact, in contrast to any prior comparable efforts that have not. They should explain how they will verify or pilot test their products to ensure they will be useful and well received by their target audience. They should explain their plan for dissemination and value of their intended national impact. Careful attention should be taken to ensure non-duplication of efforts. For example, the

Community Preventive Services Task Force finds insufficient evidence to determine the effectiveness of provider education interventions when implemented alone. A single resource such as a stand-alone guidebook or toolkit is unlikely to make national impact. Applicants are encouraged to refer to the logic model in their planning, and consider how their national level products will contribute to the long –term goals of the logic model. At the start of the project, CDC and the awardee will review the plans for developing and disseminating national-level products to ensure effort will be directed towards the most effective and state-of-art efforts.

Dissemination Phase Outcome: Creation of products/models/tools for a NATIONAL AUDIENCE OF HEATLHCARE PROVIDERS that will enable them to improve the immunization rates of their adult patients.

Did the project identify and develop useful national-level products to increase adult immunization rates? If the project is developing a model of change, is it clear what the model consists of, and why it will be used by healthcare providers? Does the definition of the national-level products reflect an expert understanding of the landscape of adult immunization? Does the definition of the national-level products demonstrate expert knowledge of the state of the art and of the successes and failures to date in the field of immunization?

Dissemination Phase Outcome: Verification that the products/models/tools will contribute to improved immunization rates

1.

Verification of the usefulness of product/models/tools:

Did the project evaluate the effectiveness or utility of their national-level products? Will healthcare providers perceive the national-level products as helpful to them? Did the project demonstrate that the national-level products will be used or have been used by a national-level audience of healthcare providers? Did the project demonstrate that use of the national-level products contributes to improved immunization rates?

Dissemination Phase Outcome: Dissemination and promotion of best practices/successes to NATIONAL AUDIENCE OF HEATLHCARE PROVIDERS

2.

Dissemination and promotion of national-level products:

Did the project disseminate their national-level products to their national target audience? Did the project demonstrate use of the national-level products among their target audience? Did the project demonstrate changes in knowledge or behavior of their target audience?

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c. Organizational Capacity of Awardees to Execute the Approach

Applicants should demonstrate that they are a national (U.S.) organization representing a significant membership of healthcare providers who are licensed to immunize, such as primary or specialist physicians, nurses, or pharmacists. The applicant must demonstrate national and state-level membership of this category of healthcare provider, in 2/3rds of U. S States. They should provide evidence of their active membership, typically dues paying status. They should provide evidence of a substantial national role that their constituency/membership plays in adult immunization.

The applicant must provide documentation of a proven track record of outreach, education and implementation of behavior and systems change among the target population of healthcare providers. The applicant should provide evidence of past achievement when they have mobilized their constituency/membership to bring about measurable improvements in relevant health indicators.

In the first phase of the project, the applicant should select a smaller target group in which they can demonstrate success. In the second phase, they must demonstrate the ability to disseminate findings and practical tools that will be utilized by a national-level of their constituent category of healthcare provider. Thus, they must demonstrate reach into both the clinical setting on a local level, as well as the capacity for making impact on a national level. They must explain their capacity to track immunization rates of the adult patient population served by the TARGETED HEALTHCARE PROVIDERS in the Demonstration Phase of the Project.

d. Work Plan

Applicants must identify and address the activities under this FOA in no more than 15 pages. Specific details on how the proposed strategies will achieve the outcomes should be included. CDC will provide feedback and technical assistance to recipients to finalize the workplan post award. Workplans must include

a. For each selected activity, a descriptive plan, process and timeline with milestones/measures for efforts related to each short term outcome in the logic model, for the Year-One detailed work plan. A high-level work plan for Years Two through Four should address how progress will continue;

b. A description of the staff and administrative roles and functions to support the project work plan and the outcomes. Awardees should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of this FOA;

c. A description of administrative and assessment processes to ensure successful implementation, reporting and quality assurance;

d. A description of organizational capacity to successfully achieve the project outcomes, including demonstrated experience leading to collective action;

e. A description of capacity and plans to successfully implement sustainable practices that result in the improved immunization rates of the target population.

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

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

Monitoring may also include the following activities:

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

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

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

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

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

Monitoring may also include the following activities:

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

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

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

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

CDC will 1) provide technical assistance in identifying major immunization issues, setting program priorities, and implementing and evaluating project activities. 2) Assist in the review of immunization messages and materials both for technical accuracy and for compliance with proven health education and communication strategies. 3) Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of grantees, workshops, conferences, newsletters, and communications with project officers. 4) Monitor the recipient's performance of program activities and progress toward program goals.

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:	eeeee

3. Fiscal Year: 2015

Estimated Total Funding: $1,000,000

4. Approximate Total Fiscal Year Funding: $1,000,000

5. Approximate Project Period Funding: $4,000,000

6. Total Project Period Length: 4 year(s)

7. Expected Number of Awards: 4

8. Approximate Average Award: $250,000 Per Budget Period

9. Award Ceiling: $300,000 Per Budget Period

10. Award Floor: $100,000 Per Budget Period

11. Estimated Award Date: 08/01/2015

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

12. Budget Period Length: 12 month(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"

2. Additional Information on Eligibility

There are no special eligibility requirements. Applicants should note, however, the section of the FOA related to " Applicant's Organizational Capacity." Applicants should be able to demonstrate that they are national organizations representing a significant membership of healthcare providers who are licensed to immunize, such as primary or specialist physicians, nurses, or pharmacists. Under statutory authority, for-profit entities do not qualify for this Funding Announcement Opportunity.

The award ceiling for this FOA is $300,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http:// fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

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

www.SAM.gov.

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

N/A

b. Application Deadline

Due Date for Applications: **07/06/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

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

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A Letter of Intent is not requested or required as part of the application for this FOA.

8. Table of Contents

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

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

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

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

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

a. Background

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

b. Approach

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

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

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

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

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

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

The plan must:

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

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

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

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

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

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

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

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

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

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

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

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

indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

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

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

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

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13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

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

Nutrition Policies:

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

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

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

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

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying _Restrictions_ for_CDC_ Grantees_July _2012.pdf
- 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.

Not applicable

18. Other Submission Requirements

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

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

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

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

Applicants Organizational Capacity to Implement the Approach:	**Maximum Points: 35**

Applicants must demonstrate capacity in all three of these categories: 1. An important national constituency of healthcare providers 2. Documentation of a proven track record in bringing about measurable changes in immunization or other relevant health indicators 3. Reach into both the local-level clinic setting as well as to the national-level audience of healthcare providers.

This criteria is reviewed firstly by assessing if the applicant has met all three main criteria outlined in the "Organizational Capacity of Awardees to Execute the Approach." Applicants must demonstrate capacity in all three of these categories. If they cannot demonstrate capacity in all three categories, the application is no longer considered. If capacity is present in all three categories, the applicant's organizations capacity will be further reviewed and scored on a scale up to 35 points. Evidence of An Important National Constituency of Healthcare Providers Does the applicant serve as a national representative for a significant category of healthcare provider, i. e. clinicians who are licensed to administer vaccines and who make significant contributions to immunization service delivery in the United States? (Specialty physicians, primary care physicians, nurses, pharmacists, medical assistants (where licensed) or others.) Does the applicant demonstrate a significant membership on a national level, with active membership in two-thirds of the United States? (Active membership is typically characterized by dues paying status as well as other member actions, such as committee membership, active electronic communications between members and organization, strong conference attendance.) Does the applicant provide evidence of a substantial national role that their constituency/membership plays in immunization? Do they explain how and why their constituency can make an impact on practice-level and national-level immunization rates? Does the applicant describe strong and robust working relationships with their own state chapters, associations or affiliate members?

Documentation of a Proven Track Record For Bringing About Measurable Improvements in Immunization or Other Relevant Health Indicators Does the applicant provide documentation of a proven track record of outreach, education and implementation of behavior and systems change among healthcare providers? Is there evidence of past achievement for at least five years, when they have mobilized their constituency/membership to bring about measurable improvements in immunization or other relevant health indicators? Does the applicant demonstrate that the cited significant past achievement is equivalent or nearly equivalent to the achievement planned for this project?

Reach Into Both Local-Level Clinical Setting and on the National Arena. Does the applicant should demonstrate their reach on both a clinical/local level, as well as on a national level? For purposes of the Demonstration Phase One of the project, does the applicant provide evidence on how they can influence or impact immunization rates in a clinical setting on a local or regional level. Does the applicant provide evidence that their targeted healthcare providers can use state IIS in the relevant geographic location(s)? For purposes of the Dissemination Phase Two of the project, does the applicant demonstrate the ability to disseminate findings and practical tools that will be utilized by a national-level audience of healthcare providers? Through the description of the three applicant-defined target groups, has the applicant demonstrated its ability to influence and impact on both a clinical/local level and on a national level?

Approach	**Maximum Points: 40**

Approach: (40 Points)

The applicant has provided a sound evidence based approach to selection of activities and reaching the target population or constituents. The applicant outlines SMART (Specific, Measurable, Achievable, Relevant and Time-bound) objectives and clearly stated activities to support each objective. The applicant's program strategies are national in scope and not limited to one locale, region or state. The applicant has provided a clear plan showing education strategies. The applicant has provided plans to sustain efforts beyond the funding period. The applicant has proposed a solid 'Technical Package" of activities that will result in adult immunization rate increases in a cost-efficient, impact-driven manner. The applicant defines a target group of providers, both for the first demonstration phase of the project and the second dissemination phase of the project. The applicant also defines a secondary target group: The population of adult patients served by the identified target group of healthcare providers. The applicant should demonstrate an ability to track immunization rates of these adult patients, and if possible, identify or address any disparities in immunization rates.

Evaluation and Performance Management	**Maximum Points: 25**

ii. Evaluation and Performance Management: (25 Points) The applicant has provided a sound evaluation plan that includes both process and outcome measures. The applicant will demonstrate achievement of project outcomes, and relate these project outcomes to the overall goal of increasing adult vaccination rates on a national level.

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

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel.

The following factors may also affect the funding decision: Georgraphic diversity, diversity of provider type, racial and ethnic diversity among the target populations of patients and potential for significant impact on immunization rates.

2. Announcement and Anticipated Award Dates

FOA Announcement Date: March 30, 2015

Anticipated Award Date: August 1, 2015

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

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

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

3. Reporting

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

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

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

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

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

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

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

This report must include the following:

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

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

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

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Susan Farrall, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (404) 639-8852
Email: sof3@cdc.gov

Grants Staff Contact

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

Michael Vance, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
, GA
Telephone: (770) 488-2686
Email: mav5@cdc.gov

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

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

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

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

H. Other Information

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

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

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

information to a third-party or the general public

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional requirements/index.html. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

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

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

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

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

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

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

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

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

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

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

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

will determine whether activities are implemented appropriately and outcomes are achieved.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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