

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands
CDC-RFA-OT16-16010202SUPP17
Application Due Date: 07/12/2017

Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands
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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title:

Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands

Announcement Type:

Revision - Type 3

Agency Funding Opportunity Number:

CDC-RFA-OT16-16010202SUPP17

Catalog of Federal Domestic Assistance Number:

93.874

Key Dates:

Due Date for Application: **07/12/2017**

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

Additional Overview Content:

Executive Summary:

CDC announces supplemental funding for the awardee initially funded under the Funding Opportunity Announcement (FOA) CDC-RFA-OT16-1601: Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands (USAPI) July 1, 2016. This supplemental FOA permits the eligible awardee to apply for five new project plans to provide capacity building assistance in various ares of the public health system. The additional funding is for the regional, nonprofit organization to strengthen the quality, performance, and sustainability of the U.S.-Affiliated Pacific Islands' (USAPI) governmental and nongovernmental components of the public health system through the provision of capacity-building assistance. This supplemental FOA will fund activities that increase the capacity for public health leadership related to noncommunicable and vectorborne diseases, workforce segments, public health surveillance systems, and other components of the public health system. Capacity building is defined as the development and strengthening of human and organizational resources. Capacity building involves enhancing the ability to perform functions, solve problems, and achieve objectives at the individual, institutional and societal levels. Over the project period the applicant is expected to increase capacity in at least three of the six areas: 1) USAPI public health leadership knowledge and skills; 2) organizational infrastructures and processes; 3) public health workforce competencies and performance; 4) development and implementation of public health laws and policies; 5) dissemination of evidence-based practices; and 6) establishment of monitoring and surveillance systems. The overall goal is to optimize the quality and performance of public health systems, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, and public health resources.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the OSTLTS:
OSTLTS GPRA (Government Performance and Results Act) Goals:

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

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

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

This program is authorized under Public Health Service Act, Section 317(k)(2) (42 USC 247b(k)(2), as amended, and Section 1703 (42 USC 300u-2), and Section 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148.

Background

The U.S.-Affiliated Pacific Islands (USAPI) consist of three U.S. Flag Territories of American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands, along with three Freely Associate States: the Republic of the Marshall Islands, Republic of Palau, and Federated States of Micronesia. The USAPI are populated by more than 500,000 people, its jurisdictions span millions of square miles of ocean and cross five Pacific Time zones.

The USAPI face a high incidence of communicable diseases along with an increasing prevalence of non-communicable diseases (NCDs). In addition, the jurisdictions rank among the world's highest prevalence of obesity and other related NCDs. The USAPI are also burdened by environmental disasters in far excess of the United States. Their health systems are hindered from effectively addressing the growing burden of non-communicable and infectious diseases, high infant mortality, and health threats resulting from climate change.

Public health challenges in this region are exacerbated by widely dispersed populations, limited resources, and fragmented health systems (see *Preventing Chronic Disease*, 2014, 11, 130344). A former District Health Officer for the Federated States of Micronesia noted their many challenges include lack of fully trained health workers, unreliable systems (i.e., power grids, government finances, transportation infrastructure), and the organizational complexity and interdependency of these systems account for poor public health delivery (*International Journal for Quality in Health Care*, 2010, 22[1]). A recent comprehensive assessment of the status of

non-communicable diseases across 10 Pacific Island nations demonstrated significant strains on public health systems to deliver services, effect policies, and implement programs (see the *Hawaii J Med Public Health*, 2013, *72*(5;1). Some of the top priorities from the assessment included develop and implement national health plans with viable resources and technical assistance; create national data systems/registries and provision of data training for personnel; improved collaboration with community partners to provide prevention services in communities; implement strategies that minimize fragmentation of healthcare and ensure continuity of care; and provide continuing education courses for public health professionals such as physicians, nurses and other health professionals.

For the purpose of this FOA, the public health system refers to "activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals" (IOM, 1988). Specifically, the purpose of this program is to ensure the provision of CBA to optimize the quality and performance of public health systems, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, and public health resources as they relate to prevention and control of the Zika virus. Moreover, in this FOA, capacity building is defined as the development and strengthening of human and organizational resources and systems. It involves enhancing the ability to perform functions, solve problems, and achieve objectives at the individual, institutional and societal levels. Capacity building strategies can include workforce development to enhance knowledge, skills, competencies, and create resources; organizational development to enhance management structures, processes and procedures within and between organizations and different sectors (public, private & community); and partnership development to build relationships to effectively address community needs, manage resources, and communicate with the public. Strategic investments in capacity building for the USAPI are expected to generate an increase in the quality, quantity, efficiency, effectiveness and prevention capacity of public health services and related outcomes, thus ultimately improving population health.

Purpose

The purpose of this supplemental funding initiative is to provide capacity building assistance through a regional, nonprofit organization to strengthen the USAPI's public health leadership, workforce, and public health systems and infrastructure in response to Zika virus within the US Pacific territories. Areas include public health risk communications, community and partner education, laboratory detection, human vector (mosquito) control, vector surveillance, prevention of transfusion-transmitted Zika virus, and the conduct of epidemiologic studies to evaluate health outcomes. The overall goal is to optimize the quality and performance of public health business services, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, laws and policies, and public health resources related to public health emergencies.

This FOA addresses the "Healthy People 2020" focus area of "Public Health Infrastructure". Infrastructure is the foundation for planning, delivering, and evaluating public health, which is why "Healthy People 2020" establishes goals to ensure that all governmental public health departments have the necessary infrastructure to provide essential public health services in an effective manner (U.S. Department of Health and Human Services, 2011). It also addresses the

Topic Area "Preparedness": Preparedness involves Government agencies, nongovernmental organizations, the private sector, communities, and individuals working together to improve the Nation's ability to prevent, prepare for, respond to, and recover from a major health incident.

Program Implementation

Recipient Activities

The activities listed below are not exhaustive and should be augmented on the basis of the priority needs of the target population(s) related to Zika virus prevention and control.

1) Public Health Leadership –Activities that build leadership knowledge, skills, and competencies to improvegovernance, decision making, and accountability:

- Assess and identify skills sets, competencies, and needs of health officials and other health agency leaders. Implement evidence-based strategies such as leadership institutes and workgroups.
- Provide training to health officials and other health agency leaders regarding current USAPI public health priorities and the official responsibilities of the health department and governing entity.
- Acquaint leadership on operational definitions and statements of the public health sector roles, responsibilities, and authorities. Strengthen existing leadership platform for effective leadership practice and multi-sector communication to address shared public health concerns.

2) Public Health System and Infrastructure - Activities that strengthen system and agency needs and determine steps to improve operational capacity may include but are not limited to:

- Assess and identify strengths and weaknesses related to operational efficiency and effectiveness.
- Examine capacity to deliver the core functions and essential public health services and the structures needs to carry out these functions.
- Determine needs, develop processes, and establish standards to build performance management capacity.
- Develop and implement a health department organizational strategic plan.
- Facilitate mobilization of public and private sectors to enhance collaboration and partnerships.
- Identify strategies to disseminate health information to targeted populations.
- Provide technical assistance on developing effective financial management systems.

3) Public Health Workforce Segments - Activities that enable improvement of competencies and workforce attrition and retention, may include but are not limited to:

- Recruit and hire qualified staff with public health backgrounds.
- Assess workforce competencies.
- Provide training and professional development. Develop and sustain supportive work environments.

- Create resources to facilitate achievement of public health workforce competencies.
- Provide technical assistance to build and sustain workforce competencies.
- Promote public health internships and fellowships to recruit and strengthen workforce.

4) Public Health Laws and Policies* - Activities that strengthen responses to current challenges and the evolving physical, social and built environments that contribute new challenges, may include but are not limited to:

- Review, study and disseminate information about existing laws and policies that may have application to public health.
- Engage multiple sectors of society such as education, court systems, law enforcement, business, political leadership in identifying priorities and in developing and applying legal tools.
- Create and/or engage public health councils of relevant government agencies.
- Recruit legal counsel with public health expertise for public health agencies.
- Develop practical, legal-centered tools for public health practitioners and policy makers.
- Provide consultation and technical assistance to public health agencies.
- Evaluate the health effects and costs of legislation, regulations, and policies that could have a meaningful impact on health.

5) Evidence-based Public Health Practices and Services - Activities that strengthen delivery essential public health services in a comprehensive manner, may include but are not limited to:

- Provide technical assistance to deliver essential public health services.
- Review of existing laws and policies to determine cultural, geographical and current relevance andprovide revisions as needed.
- Translate and disseminate evidence-based public health science.
- Promote understanding and use of research results, evaluations, and evidence-based practices.
- Facilitate the adoption of initiatives to develop, implement, and evaluate effective strategies that promote health and prevent disease and injury.
- Create materials, manuals and toolkits that build knowledge, skills, and practices in public health policy.

6) Public Health Monitoring and Surveillance Systems - Activities that increase the capacity to support integration, maintenance, and interpretation of data and information systems across the public health system, may include but are not limited to:

- Provide technical assistance on readiness for implementation, use and maintenance of informationsystems.
- Create manuals and protocols to ensure best practices and standardization of data and information systems.
- Establish data governance through the creation of policies and guiding principles to improve the collection, interpretation, and dissemination of population health data.
- Foster health information systems buy-in and understanding of agency staff. Provide

staff training on data collection, analysis, interpretation, and reporting. Increase information access, data use and sharing across public health agencies. Integrate information systems and public access at the community level.

The applicant is advised that any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance was not provided in FOA.

*For the purpose of this FOA, laws and policies are considered important tools for improving the health of the population. Policies and laws represent directives, regulations, or position statements that establish the authority of public health agencies and delineate their functions. They play an increasingly important role in addressing public health threats and emergencies such as food security, healthcare-associated infections, and the Ebola and Zika virus.

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

CDC Activities

CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to provide capacity building assistance to governmental and nongovernmental components of the public health system.
2. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
3. Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between funded organizations that would not normally interact with each other or collaborate on public health efforts.
4. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.
5. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.
6. Collaborate on strategies to ensure the provision of CBA to state, tribal, local and territorial (STLT) health departments on an as needed request basis.

Section II. Award Information

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

Award Mechanism: U38

Uniform National Health Program Reporting System

Fiscal Year Funds: 2017

Approximate Total Supplemental Funding: $770,000

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

This table lists the FY2017 CIO Projects Plans for this supplemental FOA, year 2 of the CDC-RFA-OT16-1601, "Strengthening the Public Health System in the U.S.- Affiliated Pacific Islands". Please note that if any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance.

Project Title	Proposed Project Funding	Target Population Category	Target Population Description
Support for Arboviral Disease Prevention and Control	$250,000	USAPI-Territories	Local and territorial leadership, specifically Ministers, Secretaries, and Directors of Health of the U.S.-Affiliated Pacific Islands
Disaster Risk Reduction: Reducing the Risk of Environmental Disasters in the Pacific	$175,000	USAPI - Territories	Public health leadership and workforce for disaster risk reduction
NCD Surveillance – Hybrid Survey	$55,000	USAPI-Territories	Health departments and territorial leadership, including chronic disease staff who work with surveillance data to inform public health priorities and programs
Strengthening Business Services and Project Management in the USAPIs	$200,000	USAPI-Territories	Territorial health departments or ministries of health
Evaluation of the Comprehensive STD/HIV and Viral Hepatitis Prevention Plan and Program Capacity Building for the Pacific Islands Jurisdictions	$90,000	USAPI-Territories	Public health professionals who serve in a leadership or a programatic capacity to guide, influence, and collaborate across health systems and organizations to strengthen US-Affiliated Pacific Islands STD/HIV Prevention Programs

Approximate Number of Awards: 1

Approximate Average Award: $770,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range: $55,000

Ceiling of Individual Award Range: $770,000
This ceiling is for a 12-month budget period.

Anticipated Award Date: 09/01/2017
Budget Period Length: 9 month(s)
Project Period Length: 5 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category: Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

The FOA is a single eligibility opportunity. Eligibility is limited to only the Pacific Island Health Officers' Association (PIHOA) due to its unique relationship with the collective interests of the Ministers, Secretaries, and Directors of Health of the US-Affiliated Pacific Islands (USAPI) and Freely Associated Territories.

PIHOA competed and was successfully awarded under the CDC-RFA-OT16-1601 FOA in July 1, 2016.

It is the only organization that is designed to or that serves the public health needs of USAPI population in the following ways:

- PIHOA is a non-profit organization that is led by and represents the collective interests of the Ministers, Secretaries, and Directors of Health of the USAPI.
- It is the only organization that represents the health officials of all of the six US-affiliated Pacific Islands, providing a regional voice for all.
- The PIHOA Board of Directors consists of the Ministers, Secretaries and Directors of health for the six USAPI. Additional membership includes USAPI health deputies and senior subordinates, along with eight health professional associations for medicine, nursing, dentistry, behavioral health, primary care, cancer control, and education.
- PIHOA members represent a USAPI population of more than 500,000 people who live

on hundreds of islands and atolls spanning millions of square miles of ocean and crossing five Pacific Time zones.
- PIHOA Affiliate Membership is reserved for Pacific-based and Pacific-governed health professional organizations that PIHOA recognizes as having a role in the establishment of health policy. These entities sometimes form "sub-committees."

Required Registrations

System for Award Management and Universal Identifier Requirements
An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.
a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-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.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Other

Special Requirements

Note: Title 2 of the United States Code Section 1611 states that an organization described in

Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort
Maintenance of effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.
If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

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

Including the Project Abstract, the applicant's submission of the Work Plan in response to the "FY2017 CIO Project Plan" must address the key headings identified in the template:

- Project Description (NARRATIVE)
- Program Strategies that Related to FOA
- Program Outcomes that Related to FOA
- Applicant Organizational Capacity
- Applicant Program Experience
- Expectations for Collaboration -if applicable
- Expected Subcontractual Work and Recommended Criteria for Identifying/Selecting Subcontractors - if applicable
- Budget

A. The proposed budget should be based on the federal funding level stated in the letter from

CDC. In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested, including any request to use unobligated funds, to support the activities to be carried out with those funds. Attach in the "Miscellaneous Attachments" section and title it "Budget Narrative". Document needs to be in the PDF format.

B. The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Guidance. The sample budget guidance is provided on CDC's internet at: http ://www .cdc .gov /grant s /apply ing /appli catio n -resou rces .html .

C. Below are instructions on creating multiple tabs (components) in the GrantSolutions Budget Worksheet, if needed:

i. Click within "Add Activity" box to name each individual component/project.

ii. Click "Add Activity" to create the tab.

iii. Enter the requested amounts within the "requested" column of the worksheet.

iv. Each project will calculate and populate the total budget request in the "Totals" worksheet tab.

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

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

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

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www .grant s .gov . 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. Failure to follow the guidance and format may negatively impact scoring of the application.

To align with the structure of this supplemental FOA, the WORK PLAN represents the Project Narrative. Note that the maximum number of pages are 20 for the Work Plan (Project Narrative) submission. The Work Plan in response to CIO Project Plans should include the proposed objectives and for the budget period. The Work Plan will include an abstract, the project description including the selected strategies, activities, outputs, and outcomes; organizational capacity; program experience; anticiapated collaboratios; and budget narrative.

The applicant 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 the Strategies and Activities section of the FOA Project Description.

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

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

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

- Project Abstract Summary
- Table of Contents for Entire Submission
- Budget Narrative
- CDC Assurances and Certifications
- Work Plan
- Nonprofit organization IRS status forms, if applicable
- Indirect cost rate, if applicable
- Curriculum Vitas of key staff

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

No more than 10 electronic attachments should be uploaded per application.
CDC Assurances and Certifications: *All applicants are required to sign and submit "Assurances and Certifications" documents indicated at* http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx.

Applicants may follow either of the following processes:

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

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

Duplication of Efforts

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

Submission Dates and Times

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

Application Deadline Date
Due Date for Applications: **07/12/2017**

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Pilot Program for Enhancement of Employee Whistleblower Protections
All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that 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.

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as

amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

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

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

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

Funding Restrictions

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

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

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

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

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

http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission

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

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

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

Electronic Submission of Application:

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

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

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

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7

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

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

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

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-OT16-16010202SUPP17**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Project Approach	Maximum Points: 15

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

1. Describes the overall strategy or approach to accomplishing the objectives of the project

2. Demonstrates evidence for the target population's priority capacity building assistance (CBA) needs.

3. Demonstrates a comprehensive understanding of the CBA needs for the target population.

Work Plan	Maximum Points: 35

1. Develops and describes a plan to adequately achieve the CBA program outcomes and carry out the proposed objectives.
2. Develops a complete and comprehensive plan for the first budget period.
3. Demonstrates how the plan will focus on priority CBA that addresses the needs of the target population.

- Objectives (5 points): Objectives that are SMART and address the needs of the target population and relate to the recipient activities.
- Activities (10 points): The extent to which the described activities are achievable, able to build capacity and likely to lead to the attainment of the proposed objectives.
- Outputs (5 points): Outputs/deliverables that are a thorough representation of the direct results of the activities. Outcomes (5 points): Outcomes that are achievable and address the purpose of the project plan.

4. Demonstrates coordination (10 points): Activities that are comprehensive and likely to produce program support for the implementation of the CBA.

Applicant Organizational Capacity	Maximum Points: 25

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

1. Scope of work (10 points): Demonstrates the entity's experience and capabilities to perform the work.
2. Staffing (10 points): Demonstrates how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities.
3. Readiness (5 points): Demonstrates readiness to establish contracts in a timely manner and plan for long-term sustainability of the project

Applicant Program Experience	Maximum Points: 20

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

1. Content Expertise (5 points): Demonstrates content expertise as it relates to the project.
2. Relationship with Target Population (5 points): Demonstrates a relationship with the target population.
3. CBA Experience (10 points): Demonstrates an established track record of providing CBA services to the target population.

Collaboration, if applicable	Maximum Points: 5

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

1. Collaboration (5 points): Demonstrates an ability to build and/or access specific organizations or entities that are appropriate for accomplishing the outlined project objectives (if required by the Project Plan).

Budget	Maximum Points: 0

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

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

1. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative. The budget must include the following headers:

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

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

Review and Selection Process

Review

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

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

Selection

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

Only one applicant is eligible to apply for this supplemental FOA. This applicant was previously awarded under the CDC-RFA-OT16-1601 FOA: *Strengthening the Public Health System in the U.S.-Affiliated Pacific* Islands. As the only one organization is eligible to to submit an application in response to the FY2017 CIO Project Plan, a technical review may be more efficient in place of an objective review. If an objective review process is required, the application will be reviewed by a panel of three subject matter experts.

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

Anticipated Announcement and Award Dates

The applicant will receive notification of selection for the supplemental funding award September 1, 2017.

Section VI. Award Administration Information

Award Notices

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

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

Administrative and National Policy Requirements

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

Continuing Continuations -

- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status
- AR-24: Health Insurance Portability and Accountability Act Requirements

- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-27: Conference Disclaimer and Use of Logos
- AR-28: Inclusion of Persons Under the Age of 21 in Research
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency

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

Reporting

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

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

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Gayle Weaver, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Telephone: (770) 488-1526
Email: gew6@cdc.gov

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

Nicole Comick, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: (4040 718-5907
Email: ktv6@cdc.gov

Section VIII. Other Information

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