

Centers for Disease Control

Center for Global Health

Polio Eradication and Emergency Response in Priority Countries
CDC-RFA-GH16-1721
Application Due Date: 06/15/2016

Signature

Date

Polio Eradication and Emergency Response in Priority Countries

CDC-RFA-GH16-1721

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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-GH16-1721. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Funding Opportunity Title:

Polio Eradication and Emergency Response in Priority Countries

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

Non-research

D. Agency Funding Opportunity Number:

CDC-RFA-GH16-1721

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

93.185

F. Dates:

1. Due Date for Letter of Intent (LOI): **N/A**

2. Due Date for Applications: **06/15/2016**, 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:

Purpose: Support the governments of polio endemic and high-risk countries to achieve polio eradication in 2016-2018 and provide for post-eradication sustaining efforts.

Strategies:

- Support polio campaign activities in security compromised and inaccessible areas of polio endemic and high risk countries.
- Improve training and supervision of polio eradication initiative (PEI) activities in high risk districts of polio endemic countries and in at-risk regions of countries that border endemic countries.
- Inactivated Polio Vaccine (IPV) catch-up vaccination of children < 5 years of age in low-performing districts of polio endemic and high risk countries.

Outcomes:

- Increased access to children with polio vaccine in the insecure and inaccessible areas of polio endemic

and high risk countries.

- Improved quality of polio campaigns in low-performing, high risk districts or LGAs of polio endemic countries and in at-risk regions of countries that border endemic and high risk countries.
- Improved IPV coverage among children < 5 years of age in polio endemic and high risk countries.

a. Eligible Applicants:	Single
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Project Period Funding:	$2,000,000
e. Average One Year Award Amount:	$0

There is not an award ceiling. However, funding is estimated to be $500,000 per 6 month budget period.

f. Total Project Period Length:	2
g. Estimated Award Date:	07/15/2016
h. Cost Sharing and / or Matching Requirements:	N

No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Eradicating polio in 2016 is a high priority for the US government and the global community. Nigeria, Afghanistan and Pakistan are the only three countries where polio remains endemic. The most recent Independent Monitoring Board (IMB) report indicated that failure to eradicate polio in 2016 is a threat to the global program, would cost ~ $1.5 billion a year for every year of delay, and likely result in the exportation of polio to neighboring countries. WHO has established the polio end game strategy over the next five years which is dependent on interruption of transmission in the remaining polio endemic countries in 2016, and on increasing surveillance and routine immunization activities in high risk districts/regions of non-endemic neighboring countries.

Currently, polio eradication programs in Nigeria, Pakistan and Afghanistan are using a whole of government approach to achieve eradication. The programs have established a presidential task force and activated Emergency Operation Centers to implement and monitor activities. Multiple partners are working with the Emergency Operation Center (EOC) including Rotary International, WHO, UNICEF, Bill and Melinda Gates Foundation, USAID and others.

Support for the program in insecure areas of each of the three countries have been inadequate in terms of the quality of campaigns and limited access for vaccination teams. These countries cannot eradicate polio without improving the quality of campaigns in the insecure areas. Specifically, the Afghan Polio program has requested emergency assistance from IFRC and the Afghanistan Red Crescent Society (ARCS) for emergency support for program activities in the insecure areas of Nangarhar, Helmand, and Kandahar provinces. These are the provinces with ongoing polio transmission and the main reservoirs of polio virus in Afghanistan. ARCS has volunteers and ongoing health activities in most of the very high risk (Priority 1 LPDs) and high risk (Priority 2 LPDs) districts. IFRC and its movement partners (ICRC and ARCS) are uniquely qualified to support polio eradication activities as outlined in the proposal.

There are similar problems with access for polio vaccination activities in the insecure and tribal areas of

Pakistan and in the insecure areas of northeastern Nigeria, as well as in the border areas of countries in the Lake Chad basin that border Nigeria (Cameroon, Chad, Niger, Central African Republic). Working with the Pakistan Red Crescent Society (PRCS), grantee will support oral polio vaccination (OPV) and IPV Catch-up vaccination in the high risk districts in Pakistan. In Northeast Nigeria, IFRC and the Nigerian Red Cross (NRCS) will work with partners to conduct enhanced community-based surveillance (CBS) and response to priority diseases and conditions among children younger than five, in communities in hard to access and newly liberated areas of Borno state. IFRC will also work with partners in Cameroon, Chad, Niger, and Central African Republic to develop and implement strategies to reach and vaccinate children < 5years in remote, insecure, difficult to reach areas, as well as in nomadic populations during routine immunizations and supplementary immunization activities.

b. Statutory Authorities

Section 307 of the PHS Act (42 U.S.C. 242); section 317(k)(1) and (2) of the PHS Act (42 U.S.C. 247b(k)(1) and (2)).

c. Healthy People 2020

Healthy People 2020 goals for immunization and infectious diseases are rooted in evidence-based clinical and community activities and services for the prevention and treatment of infectious diseases. Objectives new to Healthy People 2020 focus on technological advancements and ensuring that States, local public health departments, and nongovernmental organizations (NGOs) are strong partners in the Nation's attempt to control the spread of infectious diseases. Awareness of disease and completing prevention and treatment courses remain essential components for reducing infectious disease transmission. http://www.healthypeople.gov/2020/topics-objectives/topic/global-health.

d. Other National Public Health Priorities and Strategies

This FOA will support the US Government endorsed Global Polio Eradication Initiative (GPEI) and the Global Immunization Vision and Strategy (GIVS), 2006-2015. http://www.polioeradication.org/Aboutus/Governance/PolioOversightBoard.aspx

e. Relevant Work

CDC is supporting work in IFRC through secondment of a medical officer to the IFRC office in Geneva. In addition, CDC supports ongoing GPEI activities in Afghanistan through cooperative agreements with UNICEF under CDC-RFA-GH13-1302 and WHO under CDC-RFA-GH13-1301. This grant will build on the efforts of WHO and UNICEF by addressing communities that are not accessed through their efforts.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

Strategies and Activities in polio endemic countries and countries in the Lake Chad Region	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes

Support for polio campaign activities in low-performing districts Increase supervision of polio campaign in low-performing districts Implement community-based surveillance for priority diseases in hard-to-reach LGAs with NRCS access in Borno state IPV catch-up campaigns among children < 5 years of age living in low-performing districts Cross border coordination to support polio eradication Outreach to underserved communities in low-performing districts Improve delivery of routine infant immunizations to low-performing polio districts	**Increased vaccination coverage among children living in insecure and inaccessible areas** **Improved quality of polio campaigns** **Facilitate rapid case investigation and response to suspected cases of infectious diseases with epidemic potential** **Increased polio immunity among children < 5 years of age living in low-performing districts** **Coordination in vaccination delivery along Pakistan and Afghan borders, and along the borders of countries in the Lake Chad Basin** Improved polio vaccination among migratory and underserved populations Increased routine infant vaccination coverage	**Improved polio immunity among children living in low-performing districts.** **Increased vaccination coverage among children in low-performing districts** Support access to essential health services and commodities **Decreased circulation of polio virus** **Decreased wild polio virus circulation among high-risk populations** Prevention of cross-border transmission of wild polio virus Increased number of polio vaccine doses given to children through routine infant immunization	Improved polio immunity in low-performing districts leading to polio eradication Population-based immunity leading to polio eradication Improved health outcomes by facilitating basic primary care services for the most vulnerable people Prevention of polio reservoirs among hard to reach mobile populations Increased routine infant vaccination coverage. Polio eradication

i. Purpose

This FOA will support the governments of polio endemic countries and other polio high risk areas and countries to achieve polio eradication between 2016-2018 and provide for post-eradication sustaining efforts. Grantee will work in partnership with ARCS and its extensive network of volunteers to reach children in security compromised and inaccessible areas of polio endemic countries and high risk areas with potentially life-saving polio vaccines.

ii. Outcomes

Short-term Outcomes

• Increased vaccination coverage among children living in insecure and inaccessible areas
• Improved quality of polio campaigns
• Increased polio immunity among children < 5 years of age living in low-performing districts
• Coordination in vaccination delivery along Pakistan and Afghan borders, and along the borders of the countries of the Lake Chad Basin region (Nigeria, Chad, Cameroon, Niger, Central African Republic)

Intermediate Outcomes

• Improved polio immunity among children < 5 years of age living in low-performing districts
• Increased vaccination coverage among children in low-performing districts
• Decreased circulation of poliovirus in core polio reservoirs of Afghanistan, Pakistan and Nigeria
• Decreased poliovirus circulation among high risk populations – the migrant and hard-to-reach populations of Afghanistan, Pakistan, and Nigeria

Progress to be made within the 2 year grant period

1. Short-term Outcomes

• Improved polio vaccination among migratory and underserved populations
• Increased routine infant vaccination coverage

2. Intermediate Outcomes

• Prevent cross-border transmission of wild poliovirus between Afghanistan and Pakistan and between Northeast Nigeria (Borno, Adamawa, Yobe States) and neighboring countries in the Lake Chad Basin Region (Chad, Cameroon, Niger, Central African Republic)
• Increased number of polio vaccine doses given to children through routine infant immunization

3. Long-term Outcomes

• Interrupt endemic circulation of wild poliovirus
• Achieve population immunity to wild poliovirus.

• Prevent persistence of polio reservoirs among hard-to-reach and mobile populations of Nigeria, Afghanistan and Pakistan
• Increased routine infant vaccination coverage in all 3 countries and the countries in the Lake Chad Region
• Polio eradication

iii. Strategies and Activities

1. Support for polio campaign activities in low-performing districts: Grantee will recruit and train local red cross society volunteers such as the ARCS and the NRCS who will serve as social mobilizers and work in teams to vaccinate children <5 years of age against polio in high-risk districts of polio-endemic countries and at-risk neighboring countries. Their activities will target security compromised and inaccessible areas of selected districts with evidence of ongoing or at high-risk of wild poliovirus transmission.

    a. Identify the underserved and hard-to-reach populations in Chad, Cameroon, Central African Republic, and Niger by conducting assessments such as the equity assessment. This activity requires the use of informal channels and collaboration with community leaders (traditional healers, religious and opinion leaders, others), local volunteers, and NGOs active in the

community. Local ethnic and religious leaders should be involved to help understand and overcome barriers (cultural, educational, logistical, political, language, or religious) that prevent caregivers from bringing their children for immunization (e.g. adjustment of time for daily immunization activities) and to help in planning and social mobilization.

2. Implement community-based surveillance for priority conditions and diseases in hard-to-reach LGAs with NRCS access in Borno state through weekly reporting to wards and LGA focal points: In Borno State, Nigeria, Grantee will recruit local community members to identify priority health needs and facilitate the response to those needs in order to improve health outcomes by facilitating basic primary care services for the most vulnerable people. Grantee will partner with the Nigeria Red Crescent Society to identify and report new cases of the six identified conditions or diseases (see table below) to the LGA level. The CBS project will be based on the Red Cross Red Crescent's community-based health and first aid (CBHFA) approach, which prioritises community engagement and empowers volunteers and their communities to take charge of their own health.

a. Facilitate rapid case investigation and response to suspected cases of infectious diseases with epidemic potential: Grantee will engage community volunteers to identify possible cases of polio or measles in low performing districts and communities. Upon identification of a possible case, the Red Cross divisional programme manager/divisional secretary will trigger appropriate responses by the Red Cross and/or other agencies, based on access to and security in the community in question. Grantee will work with the volunteer in the affected community to identify strategies to investigate suspect cases.

b. Support access to essential health services and commodities: In Borno State, Nigeria and in Chad, Central African Republic, and Niger, Grantee will provide Red Cross volunteers with primary health kits to respond to health needs within their communities as outlined in the table below.

Table. Detection, management and case investigation of priority conditions in Borno State, Nigeria

Condition	**Management**	**Case investigation**
Severe diarrhea	Oral rehydration, zinc,	Weekly reporting aggregate, stool sample for community with > 2 cases
Suspect malaria	Rapid diagnostic tests (RDT), artemisinin-based combination therapy (ACT) (infant, and child)	Weekly reporting, aggregate numbers
Measles	Case investigation, vitamin A, referral for severe cases	Weekly, case-based data
AFP	Support case investigation	Immediate reporting and referral
Severe undernutrition	If referral is not possible, treatment in the community with ready-to-use therapeutic foods (RUTF)	Weekly reporting

ARI	IMCI treatment recommendation	Weekly reporting

3. Increase supervision of polio campaigns in low-performing districts/LGAs: Grantee will recruit and train supervisors, who will manage teams of polio vaccinators as they work to access and conduct quality supplementary immunization activities in insecure and inaccessible areas

- Of the Eastern and Southern regions of Afghanistan at high-risk of wild poliovirus transmission,
- In Northeast Nigeria, especially in Borno, Yobe, and Adamawa States
- Along the border regions of countries in the Lake Chad Basin

4. IPV Catch-up campaigns among children < 5 years of age living in low-performing districts: Children living in high-risk districts of polio-endemic countries and at-risk neighboring countries with recent (<12 months) evidence of wild poliovirus transmission or areas which have not been accessible for polio campaigns for >12 months will be targeted for special catch-up vaccination campaigns using IPV, which has been shown to boost population immunity to polio.

5. Cross border coordination to support polio eradication: Grantee will recruit ARCS/NRCS and other applicable red cross society volunteers who will liaise with cross-border teams

- between Afghanistan and Pakistan on the Eastern and Southern borders of Afghanistan;
- between Borno, Adamawa, and Yobe States in Northeast Nigeria and the other countries of the Lake Chad Basin (Chad, Cameroon, Niger, Central African Republic)

The volunteers will work to strengthen links between teams working on both sides of the national borders, with a view to improving coordination and information sharing.

6. Outreach to underserved communities in low-performing districts: Volunteers will be constituted into special mobile teams that will track and vaccinate children under five years of age among migrant and hard-to-reach communities of Afghanistan, Pakistan, Nigeria, and in the countries within the Lake Chad Basin Region (Cameroon, Chad, Niger, and Central African Republic). The teams will develop and maintain registers of children in these communities to track their vaccination status and ensure they are adequately immunized against polio.

7. Improve delivery of routine infant immunizations to low-performing polio districts: High risk communities will be targeted for routine immunization strengthening in order to improve the quality of service delivery. This will be done through staff recruitments in areas with understaffed facilities, training of existing staff and local capacity-building on supervision and monitoring for highly experienced staff.

1. Collaborations

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

Awardee is required to collaborate with CDC Global Immunization Division (GID), UNICEF, and WHO country teams.

b. With organizations not funded by CDC:

Awardee may collaborate with other organizations external to CDC as deemed necessary to achieve project outcomes. Organizations include: Bill and Melinda Gates Foundations (BMGF), USAID, GAVI, Rotary International, International Committee of the Red Cross (ICRC) and/or other organizations.

2. Target Populations

Children in low-performing districts at high-risk of poliovirus transmission in Eastern and Southern regions of Afghanistan as well as neighboring areas of Pakistan; in the security compromised and newly liberated areas of Borno, Adamawa and Yobe States, in Northeast Nigeria; and along the borders of Nigeria and the other countries of the Lake Chad Basin, including Niger, Cameroon, Chad, and Central African Republic.

a. Inclusion

FOA requires grantee collaboration with local Red Cross/Red Crescent Societies who will utilize local volunteers to conduct outreach to underserved communities in low-performing districts: special mobile teams will track and vaccinate children under five years of age among migrant and hard-to-reach communities of Afghanistan. The teams will develop and maintain registers of children in these communities to track their vaccination status and ensure they are adequately immunized against polio. The use of volunteers from within the underserved community will assure language does not impede inclusion.

Federal disability rights laws apply to foreign assistance programs. Funded programs consider including people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.), and ensure to best of their ability that persons with disabilities are not discriminated against in hiring processes, and that facilities and communications are accessible.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation Question: Has engagement of grantee through ARCS volunteers increased access to and vaccination of children against polio in security compromised and inaccessible areas of low-performing districts of Afghanistan?

Performance Evaluation (See Table)

Outcomes	Performance Measures		Data Sources
	Process Measures	**Outcome Measures**	
Short Term Outcomes			
Increased vaccination coverage among children living in insecure and inaccessible districts	- Number of vaccination teams recruited in each district - Number of trainings conducted for vaccinators in each district Number of microplanning meetings held before each vaccination campaign	- Number previously inaccessible districts in which campaigns were conducted - Number of children vaccinated against polio in each district - Number of children vaccinated for the first time against polio	- Country reports - Partner reports - Campaign planning reports - Intra- and post-campaign monitoring data

Improved quality of polio campaigns in security compromised areas	Number of supervisors and monitors recruited Number of trainings conducted for supervisors Number of districts where intra- and post-campaign monitoring were conducted	Percentage of districts with >80% coverage Percentage of children fingermarked in each district Percentage of districts that achieved a "pass" by lot quality assurance sampling (LQAS)	Country reports Partner reports Campaign planning reports Intra- and post-campaign monitoring data
Improved case investigation and response to suspected cases of infectious diseases with epidemic potential	- Number of community volunteers recruited in each LGA Number of trainings conducted for community volunteers Number of health facilities visited by community volunteers	Number of cases of polio and measles reported, including zero-case reporting Percentage of volunteers submitting weekly surveillance reports Percentage of health facilities reported as non-functioning, partially functioning, and functioning	- Partner reports Country reports Weekly surveillance reports
Improved cross-border coordination between Country PEI teams in low-performing, high risk districts	Number of cross-border coordination meetings held monthly in each district	Percentage of low-performing districts submitting monthly cross-border activity reports	Country reports Partner reports Cross-border reports
Intermediate Term Outcomes			
Increased population immunity to polio	Number of doses of OPV administered to children in insecure districts during each campaign Number of doses of IPV administered to children in insecure districts during each campaign	Number of districts reporting no wild poliovirus cases in following first six months of project implementation Absence of orphan viruses from districts targeted for project implementation	Country reports Partner reports Weekly surveillance reports Laboratory reports
Long-term Outcomes			

Interrupt endemic circulation of wild poliovirus in Afghanistan, Nigeria and Pakistan	Number of polio supplementary immunization activities conducted in security compromised districts	Absence of wild poliovirus cases for 12 months following first full year of project implementation	Country reports Partner reports Vaccination campaign data Weekly surveillance reports PEI certification reports
Increase routine infant vaccination coverage	Number of EPI staff hired and trained Number of EPI supervisor trainings held annually	Percentage of districts with >80% OPV3 and DTP3 coverage Percentage of districts reporting decreased dropout rates from previous year's levels	National EPI coverage data EPI coverage survey reports Partner reports

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

c. Organizational Capacity of Awardees to Implement the Approach

Eligible applicant must have demonstrated experience and collaboration in the following areas:

- Collaboration in public health programs with priority country national governments
- Collaboration with multiple polio eradication partners including BMGF, USAID, WHO, UNICEF, Rotary and others
- Collaboration with movement partners IFRC, ARCS NRCS,and other country-specific Red Cross

society volunteers who will negotiate for safe access in insecure areas
- Demonstrated accomplishments in designing and implementing public health action and programs in complex settings
- Demonstrated capacity to mobilize sufficient culturally competent personnel to achieve outcomes
- Ability to manage grants and contracts

d. Work Plan

The work plan allows the CDC Project Officer to monitor implementation of activities and progress on project period outcomes. Applicants should provide a high-level work plan that covers the duration of the project with more detail for the first year of the project period. The work plan must include, at minimum:

- Activities and timelines to support achievement of FOA outcomes. These activities must be in alignment with the FOA Logic Model and have appropriate performance measures or milestones for accomplishing tasks
- Staff and administrative roles and functions to support implementation of the award
- Monitoring and evaluation plan to determine quality and effectiveness of program activities within each country

A suggested work plan format is provided below. If using this format, the table should be completed for each project period outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Project Period Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position /Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6.			

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.

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

CDC Activities:

- Organize an orientation meeting with the grantees to discuss applicable U.S. Government, HHS, and other key management requirements, as well as financial and program reporting formats and contents.
- Meet on a bi-annual basis with the grantee to assess expenditures and program progress in relation to approved work plan and Evaluation and Performance Measurement Plan and modify plans, as necessary.
- Meet on bi-annual basis with the grantee to review budget period progress report and budgets for the subsequent year.
- Monitor implementation of supported activities, and the use of funding during the collaboration period.
- Recommend approval for the grantee's annual work plan, detailed budget and monitoring and evaluation plan.
- Provide assistance and technical consultation on all aspects of design, program planning, implementation, monitoring and evaluation, and coordination between components and activities as needed.
- Provide consultation and scientific assistance based on appropriate HHS/CDC documents to promote the use of best practices known at the time.
- Provide in-country administrative support through short temporary duty assignments (TDY) to assist the grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
- Assist in establishing partnerships that will build global public health capacity and increase field support.
- Assist in the preparation and implementation of training and conferences.
- Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the awardee. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project

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: U2G

3. Fiscal Year: 2016

4. Approximate Total Fiscal Year Funding: $500,000

5. Approximate Project Period Funding: $2,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $2,000,000

6. Total Project Period Length: 2 year(s)

7. Expected Number of Awards: 1

8. Approximate Average Award: $0 Per Budget Period

There is not an award ceiling. However, funding is estimated to be $500,000 per 6 month budget period.

9. Award Ceiling: $0 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $0 Per Budget Period

11. Estimated Award Date: 07/15/2016

12. Budget Period Length: 6 month(s)

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).

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

2. Additional Information on Eligibility

The International Federation of Red Cross and Red Crescent Societies (IFRC) Route de Pre-Bois, 1, 1214 Vernier, Geneva, Switzerland

3. Justification for Less than Maximum Competition

The International Federation of Red Cross and Red Crescent Societies(IFRC) is the world's largest humanitarian organization, providing assistance without discrimination as to nationality, race, religious beliefs, class or political opinions. Founded in 1919, the IFRC comprises 190 member Red Cross and Red Crescent National Societies, a secretariat in Geneva and more than 60 delegations strategically located to support activities around the world. Through the national societies, the Afghan Red Crescent Society, for example, the IFRC possesses the unique ability to access remote areas of the world where wild polio virus is still being transmitted, such as Nigeria, Afghanistan and Pakistan. On-going polio transmission and the main reservoirs of polio virus are located in the complex settings such as the insecure Afghan provinces of Nangahar, Helmand and Khandahar or the countries in the Lake Chad Basin Region, or the Nigerian States of Borno, Yobe, and Adamawa which are affected by the Boko Haram insurgency and the resulting humanitarian crisis Polio cannot be eradicated without improving the campaigns in these areas and the Afghan government has requested emergency assistance from IFRC. This organization already provides on-going health activities in most of these areas, which are inaccessible to Americans due to State Department prohibitions, which other nations are also enforcing on their citizens, making this region inaccessible. The polio high transmission season begins in May. Successful interruption of transmission is dependent upon providing support to IFRC to increase activities as close to the beginning of the high transmission season as is possible. IFRC is the only organization with the necessary access to these regions. Disapproval will delay the administration of life-saving polio vaccines, put nearly 41,000 children under the age of 5 at risk for polio infection and likely result in the exportation of polio to neighboring countries. Further, disapproval would delay the world-wide eradication of Polio by years, resulting in additional efforts by numerous partners in the eradication effort around the world as well as additional costs which are estimated by the Independent Monitoring Board at $1.5 billion per year for every year of delay.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

If funds are awarded to an applicant organization that includes sub-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 can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov*.**

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option atwww.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up	Same day but can take 8 weeks to be fully registered and	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	

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 OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

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

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

b. Application Deadline

Due Date for Applications: **06/15/2016** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

N/A

5. CDC Assurances and Certifications

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

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov

- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

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

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

LOI is not requested or required as part of this application.

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

(Maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. The 20 page limit includes the work plan.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include all of the 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.

a. Background

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

b. Approach

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

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

iii. Strategies and Activities
Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the 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 CDC Project Description.

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

Applicant is encouraged to upload MOU or MOA and/or Letters of Support as appropriate, naming the file "MOU/MOAs" and/or "Letters of Support" respectively and upload as a PDF file at www.grants.gov.

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 Target Population section in the CDC Project Description.

a. Inclusion*: Applicants must address how they will include specific populations who can benefit from the program, refer back to the CDC Project Description section – Approach: Inclusion*

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. See Section E (pages 4 and 5) at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf . For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

- Describe other information (e.g., measures, data sources).

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

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicant is encouraged to upload "CVs/Resumes" and/or "Organizational Charts" named as in quotations and uploaded to www.grants.gov.

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.

12. Budget Narrative

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

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

Indirect costs 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).

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http:// www.cdc.gov /grants /interested in applying /application resources.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 at www.grants.gov.

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 Pro-Children Act of 2001, 20 U.S.C. Sections 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. Funds Tracking

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

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

15. 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.

16. Intergovernmental Review

Executive Order 12372 does not apply to this program.

17. Pilot Program for Enhancement of Employee Whistleblower Protections

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

18. Copyright Interests Provisions

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

encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

19. 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 except as allowed by law.
- 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 generally is not allowed, unless the CDC provides written approval to the awardee.
- 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 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.

Pre-award costs will allowed for up to 30% of the initial budget period award across all budget categories to allow for timely performance of the scope of work in the project narrative.

20. Data Release Plan

Applications involving release and sharing of data must include a copy of the applicants Data Release Plan. The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the CDC data sharing agreement will be released in a timely manner, completely, and as accurately as possible, to facilitate the broader community, and developed in accordance with CDC policy on Releasing and Sharing Data.

21. Other Submission Requirements

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

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

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the 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 Grants.gov Online User Guide. http:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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

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

1. Include the www.grants.gov case number assigned to the inquiry

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

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

E. Review and Selection Process

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

a. Phase I Review
All applications will be initially reviewed for completeness by CDC OGS staff. Complete applications will be reviewed for responsiveness by the CDC. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach	Maximum Points:40

Evaluate the extent to which the applicant addresses the items below.

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

ii. Evaluation and Performance Measurement	Maximum Points:30

Evaluate the extent to which the applicant addresses the items below.

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence

base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:30

Evaluate the extent to which the applicant addresses the items below.

- Demonstrates relevant experience and capacity (both management, administrative, and technical) to achieve the goals of the project.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles.
- Provides an organizational chart.

Budget

When scoring budgets, CDC programs must assess whether the budget aligns with the proposed work plan. For additional guidance, check with the Center for Global Health extramural program office, GMO or GMS

c. Phase III Review

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this funding opportunity announcement.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

Only 1 application is expected for this single eligibility single award FOA. Should additional applicants be received, they will be deemed non-responsive and will not be reviewed.

2. Announcement and Anticipated Award Dates

The Grants Management Officer will provide electronic communication to the successful awardee(s) in the form of a notice of award letter. Award date is expected to be 06/01/2016.

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the 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 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

- *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-14: Accounting System Requirements*
- *AR-15: Proof of Non-profit Status*
- *AR-25: Release and Sharing of Data*
- *AR 32 - Enacted General Provisions*
- *AR-34: Language Access for Persons with Limited English Proficiency*

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that 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	3 months into award	Yes
Annual Performance Report (APR)	The awardee must submit the APR via www.grants.gov no later than 60 days before the end of the 6 month budget period.	Yes
Data on Performance Measures	Monthly.	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30, 2015; April 30, 2015; July 30, 2015; October 30, 2015; January 30, 2016.	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. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

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

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving FOA goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

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

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

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov no later than 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.

Annual Progress Report will be submitted on a bi-annual basis in relation to the budget periods.

The awardees 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.

Grantee is to report the following data points monthly to the CDC Project Officer

- *monthly expenditures*
- *cumulative expenditures to date*
- *number and name of provinces served*
- *number of vaccines administered by type*

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the 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 OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report
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).

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

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation__110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

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

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

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

1) Annual Report: The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]

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

3) Terms: For purposes of this clause:
“Commodity” means any material, article, supplies, goods, or equipment;

"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Sandy Templeton, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Center for Global Health/Global Immunization Division
1600 Clifton Road NE, Bldg 24, MS A-04
Atlanta, GA 30329-4027
Telephone: (404) 718-8795
Email: ynd3@cdc.gov

Grants Staff Contact

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

Dionne Bounds, Grants Management Officer, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd., MS K75
Atlanta, GA 30341
Telephone: (404) 488-2082
Email: vhv5@cdc.gov

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

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

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

H. Other Information

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

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

For international FOAs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the 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 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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: Plain Writing Act of 2010, Public Law 111-274 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.

FOA-specific Glossary and Acronyms