

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Maternal and Child Health Epidemiology: National and State Coalition Capacity Building to Improve Outcomes

CDC-RFA-DP15-1507

Application Due Date: 05/18/2015

Maternal and Child Health Epidemiology: National and State Coalition Capacity Building to Improve Outcomes

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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-DP15-1507. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Maternal and Child Health Epidemiology: National and State Coalition Capacity Building to Improve Outcomes

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-DP15-1507

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

93.946

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**05/18/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**03/25/2015**

CDC will conduct an informational conference call for interested applicants on March 25, 2015 at 2pm Eastern Standard Time.

The call-in information is: 1 (877) 775-8419 Passcode: 22860968

G. Executive Summary:

1. Summary Paragraph:

The CDC announces the availability of funds for projects with national membership organizations to increase the capacity of the maternal and child health (MCH) professional workforce to analyze and use data, and to apply evidence-based approaches to MCH program and policy development at local, state, and national levels. Funding will support these organizations to work cooperatively with local, state, and national public health agencies in all 50 states. Effective use of these funds results in targeted investment of resources to develop strategies such as training, peer exchange, and dissemination of guidelines and programmatic recommendations. These strategies result in an increase in the use of evidence-based MCH program, policy, and practice at local, state, and national levels by MCH professionals. Achievable results may include: a knowledgeable, capable, and well-trained workforce; improved collaboration and engagement with clinicians and other care providers; and broader dissemination of research findings. Results are accomplished by partnering with national organizations that support local, state, and tribal public health agencies as well as clinical and other care providers to implement multi-modal workforce development and capacity building strategies. The long-term outcome is a change in maternal behavior that impacts birth, infant, and childhood outcomes and ultimately improves the health of women, infants, and families. Each stand-alone application should target MCH professionals through one of the following categories: 1) Category A: Urban-focused

national membership organizations, 2) Category B: State-focused national membership organizations, and 3) Category C: Clinical-focused national membership organizations.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	3

One award in each category (up to three awards total)

d. Total Project Period Funding:	$9,375,000
e. Average One Year Award Amount:	$300,000

Category A: $300,000; Category B: $300,000; Category C: $250,000

f. Number of Years of Award:	5
g. Estimated Award Date:	09/01/2015
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Safe motherhood begins before conception with proper nutrition and a healthy lifestyle and continues with appropriate prenatal care, the prevention of complications when possible, and the early and effective treatment of complications. The ideal results are a pregnancy at term without unnecessary interventions, the delivery of a healthy infant, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the woman, infant, and family. The presence of chronic diseases prior to conception, unintended and teen pregnancy, HIV/STDs, health inequalities and disparities have each been found to contribute to sub-optimal outcomes in maternal, infant and child health.

The recent economic climate has negatively affected the epidemiological capacity of state and local maternal and child health (MCH) programs, resulting in a significant loss of the skills and knowledge necessary for the translation of scientific research into public health programs and policies. In 2009, a Council of State and Territorial Epidemiologists' (CSTE) assessment found that more than 30% of states expressed a need for additional staff training for 23 of the 27 applied epidemiology competencies.

The Division of Reproductive Health (DRH), Maternal and Child Health Epidemiology Program's (MCHEP) mission is to build capacity at state, local, and tribal levels to use and apply sound epidemiologic research evidence to impact MCH programs and policies. Aiding in data/result translation provides these agencies with information for use in pursuing new policies, changing existing practices, and implementing new programs. Evaluation findings and lessons learned from the current project, FOA CDC-RFA-DP10-1006, indicated that as a result of participation in data skills building trainings, MCH professionals increased their knowledge and applied the obtained information to their work.

b. Statutory Authorities

This program is authorized under Sections 301(a) and 317(k)(2) of the Public Health Service Act [42 U.S.C. 241(a) and 247b(k)(2)]

c. Healthy People 2020

This FOA addresses the Healthy People 2020 topic area of Public Health Infrastructure, an essential foundation for all other topic areas. Increasing attention to public health infrastructure has led to the identification of various emerging issues, with one being the issue of Public Health Systems Research. According to Healthy People 2020, expanding the evidence base for community interventions and for the effective organization, administration, and financing of public health services is critical to the development of public health infrastructure. The emerging field of public health systems and services research plays an important role in the development of this evidence base.

This FOA also addresses the Healthy People 2020 topic area(s) with objectives related to the maternal and child health population. These include the following: Maternal, Infant, and Child Health, Early and Middle Childhood Health, Adolescent Health, Family Planning, Sexually Transmitted Diseases (STDs), Human Immunodeficiency Virus (HIV), Injury and Violence Prevention, and Mental Health and Mental Disorders. The strategy is accessible at: www.healthypeople.gov

d. Other National Public Health Priorities and Strategies

This FOA also embraces several tenets of the *National Prevention Strategy (NPS)* which acknowledges that lifelong health starts at birth and continues throughout all stages of life (National Prevention Council, 2011). The NPS also suggests that prevention begins with planning and having a healthy pregnancy. The National Prevention Strategy encourages partnerships among Federal, state, tribal, local, and territorial governments. This site is accessible at: http://www.surgeongeneral.gov/initiatives/prevention/strategy/#The%20Goal

e. Relevant Work

This FOA addresses essential components of the Centers for Disease Control and Prevention's Winnable Battles related to teen pregnancy, HIV in the United States, and nutrition, physical activity, and obesity. For more information, please visit: http://www.cdc.gov/winnablebattles/

Additionally, the FOA supports CDC's priority to have strong, well-resourced public health leaders and capabilities at national, state and local levels to protect Americans from health threats. The Division of Reproductive Health (DRH) advances this CDC priority and accomplishes its work by strategically focusing on building capacity in the MCH workforce, translating scientific findings into public health practice and strengthening partnership with other public health agencies. The DRH supports national and state-based surveillance systems to monitor trends and investigate health issues; conducts epidemiologic, behavioral, demographic, and health services research; and works with partners to translate research findings into health care practice, public health policy, and health promotion strategies to better understand the burden of maternal and infant mortality and to decrease disparities among populations at risk.

To further support CDC's priority, the primary goal of the DRH Field Support Branch (FSB) is to improve health systems, build the evidence base, and translate science to practice by strengthening public health agency capacity. The FSB Maternal and Child Health Epidemiology Program (MCHEP) supports this goal by providing direct assistance to state public health agencies (e.g., state health departments, state Medicaid programs). The MCHEP assigns senior CDC MCH epidemiologists and fellows to the state agencies to provide scientific and technical assistance. This assistance results in an increase in a state agency's ability to apply scientific and research evidence in MCH program and policy development. The program also partners with various federal, state, tribal, and local agencies to move the science to practice, build capacity, increase infrastructure, and translate MCH findings for programmatic and policy use at MCH agencies.

This FOA also supports the mission of the National Center on Birth Defects and Developmental Disabilities

to promote the health of babies, children and adults, and enhance the potential for full, productive living.

This FOA builds upon current capacity building programs funded under CDC-RFA-DP10-1006, “Maternal, Infant, and Reproductive Health: National and State Coalition Capacity Building”, which ends in June, 2015.

2. CDC Project Description

a. Approach

The approach of this FOA is to enhance the continued development of the national public health infrastructure including the provision of comprehensive epidemiology services through a capable and qualified workforce with a strong focus on translating research into practice.

This FOA provides funding for capacity-building work with the target population of MCH professionals under three headings: Category A: Urban-focused national membership organizations, Category B: State-focused national membership organizations, and Category C: Clinical-focused national membership organizations. Organizations may submit no more than one stand-alone application total.

The logic model below is a visual depiction of the program approach and reflects how the proposed strategies and outcomes are interrelated to achieve the project goals and objectives.

CDC-RFA-DP-1507 Logic Model: Maternal and Child Health Epidemiology: National and State Coalition Capacity Building to Improve Outcomes

[outcomes with ** are those expected during the project period]

Strategies		**Outcomes**		
Activities	Outputs	Short-Term	Medium-Term	Long-Term
Identify and strenghten key MCH partnerships -Train staff at state and local levels -Create peer exchange opportunities -Develop and disseminate clinical guidelines and programmatic recommendations	Successful and sustainable partnerships Results of data analyses & evaluations Evidenced -Based recommendations for changes in policy, program or practice Training & program materials / manuals / toolkits Presentations and in-person meetings at conferences Peer-reviewed publications, briefs and/or reports Inventory of all products (eg, websites/ trainings, webinars, etc.)	Increased state, local, and tribal capacity to analyze & use data, and to apply the evidence -base to MCH program and policy development.** Increase MCH Capacity in the following domains:** -Awareness -Knowledge -Skills -Application of skills	An increase in the use of evidence -based MCH program, policy and practice at local, state and/or national levels**	Changes in maternal behavior to impact birth, infant, and childhood outcomes Improved health of mothers and children

i. Purpose

The purpose of this project is to increase MCH epidemiology workforce capacity to promote Safe Motherhood, and improve maternal, infant, child, and reproductive health. This will be accomplished by partnering with national organizations that support state and urban public health agencies and clinical providers to implement multi-modal workforce development and capacity building strategies. These strategies will result in the application of evidence-based approaches to support the development and implementation of MCH program, policy, and public health and clinical practice.

ii. Outcomes

Awardees are expected to achieve the short- and medium-term outcomes specified in the logic model. By the end of the project period, it is expected that state, local, and tribal-serving organizations will increase capacity to analyze and use data, and apply the evidence base to MCH program and policy development. Achievable results include increased MCH capacity within the domains of awareness, knowledge, skills and the application of skills. These efforts are expected to result in an increase in the use of evidence-based MCH program, policy, and practice at local, state, and national levels.

iii. Strategies and Activities

Capacity to analyze and use data and apply the evidence base among states, localities, and tribal-serving organizations will be increased through the activities conducted by national organizations that have a state, urban, or clinical membership focus.

Funded activities include but are not limited to the following strategies:

- Identifying and strengthening key MCH partnerships;
- Training of staff at state and local levels to promote the capability of state and local health departments to conduct maternal and child health epidemiology and surveillance;
- Creating peer exchange opportunities to present research, share experiences, enhance knowledge, and discuss emerging MCH topics; and
- Developing and disseminating clinical guidelines and programmatic recommendations nationally with other federal agencies, CDC, chapter organizations, and state, local, and tribal-serving agencies.

Expected outputs resulting from implemented activities include the following:

- Successful (e.g., reaching a broader target population, completing activities and products) and sustainable partnerships;
- Results of data analyses and evaluations;
- Evidence-based recommendations for changes in policy, program, or practice;
- Training and program materials, manuals, and/or toolkits;
- Presentations and in-person meetings at conferences;
- Peer-reviewed publications, briefs, and/or reports; and
- Inventory of products (e.g., websites, trainings, webinars, etc.).

The strategies and related activities for this project are based on CDC/DRH priorities, MCHEP program experience, and evidenced-based recommendations from the Healthy People 2020 and the Council of State and Territorial Epidemiologists.

1.Collaborations

Collaborative activities support developing a firmer foundation in evidence-based decision-making for all partnering agencies involved. Additionally, aiding in data/result translation provides such agencies information to consider in pursuing the enactment of new policies, change of existing practices, and implementation of new programs. A strategic focus for the DRH is to strengthen partnerships at the local, state, tribal, and national levels. This project highlights the importance of engaging partners nationwide in the applied public health process, including increasing the capacity of the MCH work force to conduct analysis of relevant data, interpret results, and translate findings into public health practice.

For more information, please refer to CDC's Policy Analytical Framework at: http://www.cdc.gov/policy/process/docs/CDCPolicyAnalyticalFramework.pdf

a. With CDC-funded programs:

It is expected that awardees will work closely with state, local, and county health departments. Thus, awardees are encouraged to collaborate nationally with other CDC funded programs, including, but not limited to the following examples:

- Perinatal Quality Collaboratives funded through the Division of Reproductive Health;
- Enhanced state-based birth defects surveillance and use of surveillance data to guide prevention and intervention programs funded through the National Center on Birth Defects and Developmental Disabilities;
- Preventive Health and Health Services Block Grant through the Division of Population Health;
- Community Transformation Grants (CTG) and Racial and Ethnic Approaches to Community Health (REACH) through the Division of Community Health;
- Tips from Former Smokers Education Campaign through the Office of Smoking and Health;
- Fetal Alcohol Spectrum Disorders Practice and Implementation Centers and National Partnership grantees funded through the National Center on Birth Defects and Developmental Disabilities;
- Learn the Signs. Act Early. through the National Center on Birth Defects and Developmental Disabilities, Division of Birth Defects and Developmental Disabilities;
- State Oral Disease Prevention Program through the Division of Oral Health;
- A Comprehensive Approach to Good Health and Wellness in Indian Country - through the National Center for Chronic Disease Prevention and Health Promotion.

It is expected that awardees will also work with CDC funded training programs including, but not limited to the following examples:

- Epidemic Intelligence Service (EIS)
- Public Health Prevention Service (PHPS)
- Preventive Medicine Residency Program
- Public Health Associates Program (PHAP)

b. With organizations external to CDC:

Collaborative activities with the MCH agencies and organizations are required under this Funding Opportunity Announcement. Applicants must provide evidence of current and/or historical collaboration with agencies including, but not limited to one or more of the following federal or non-federal agencies:

- Health Resources and Services Administration (HRSA) Title V grantees
- Office of Population Affairs (OPA) Title X grantees
- March of Dimes
- Association of Maternal and Child Health Programs (AMCHP)
- CityMatCH
- Association of State and Territorial Health Officials (ASTHO)

- Council of State and Territorial Epidemiologists (CSTE)
- Centers for Medicare and Medicaid Services (CMS) / Center for Medicaid and Children's Health Insurance Program (CHIP) Services
- National Association of Chronic Disease Directors (NACDD)
- Administration on Children and Families
- Department of Education/Office of Special Education Programs

Evidence of current and/or historical collaboration includes Memoranda of Agreement, Memoranda of Understanding, and Letters of Support, describing the activities or type of support received through each collaborative effort.

Awardees are required to establish new partnerships and/or formal relationships with federal agencies and non-federal organizations that share an interest in mutually beneficial collaborative activities.

Anti-Lobbying Act: The Anti-Lobbying Act governs the lobbying activities of federal agencies. The purpose of the Act is to prevent agencies, acting through their employees, from using appropriated funds, or resources secured with appropriated funds, to lobby any federal, state, or local government official with respect to any pending or proposed legislation, resolution, appropriation, or measure. For more information, see: http://ethics.od.nih.gov/Topics/lobbying.htm

2. Target Populations

Applicants should propose to address capacity-building activities based on the most relevant evidence for MCH professionals (MCH Leadership Competencies, MCH Epidemiology Competencies, etc.). Successful applicants should target public health professionals in the field of MCH in local and/or county health departments, or state health departments. Specifically those professionals that generate, use, and apply MCH epidemiologic data. Providers of clinical care to the MCH population, specifically obstetrics, gynecology, and pediatrics, are also targeted by this Funding Opportunity Announcement. Organizations may submit no more than one stand-alone application total.

By increasing MCH epidemiology capacity through the workforce development and training of these target populations, it is expected that MCH outcomes will be improved through increased use of the evidence-base in program and policy development at the local, state, and/or national levels.

a. Inclusion

N/A

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

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The agencies awarded through this Funding Opportunity Announcement will develop the nationwide scope of their strategies and provide CDC with the projected policy and/or program changes expected from the proposed activities to be implemented and proposed products.

The evaluation and performance measurement strategy will document the implementation of the awardee's proposed workforce development strategies and activities. The CDC will partner with awardees to examine progress towards achieving the short- and medium-term project period outcomes presented in the included project logic model. The CDC staff will also work with each awardee to revise, as necessary, the overall evaluation and data collection procedures. Awardee staff will be responsible for collecting all data, analyzing data from their own sites, and providing an evaluation report to the CDC.

Development of Process Measures (For the Strategies and Activities to achieve outcomes)

In addition to these performance measures, awardees will be expected to develop their own evaluation strategy, including relevant measures. The program intends to use the outputs as the basis for constructing process measures of successful implementation of the strategies and activities in the logic model and narrative, as described below:

STRATEGY/ACTIVITY: Identify and strengthen key MCH partnerships

OUTPUT: Successful (e.g. reaching a broader target population, completing activities and products) and sustainable partnership

PROCESS MEASURE(S): How many key MCH partnerships were successful? How many key MCH partnerships were sustained?

STRATEGY/ACTIVITY: Train staff at state and local levels to analyze and use data

OUTPUT(S): Training and program materials/manuals/toolkits; Peer-reviewed publications, briefs and/or reports; inventory of all products (e.g. websites/trainings/webinars, etc.); Results of data analyses and/or evaluations

PROCESS MEASURE(S): How many trainings have been conducted? How many training and program materials/manuals/toolkits have been developed? What types of training and program materials/manuals/toolkits have been developed? How many peer-reviewed publications, briefs, and/or reports have been developed? What is included in the inventory of all products? How many products are included in the inventory? How many data analyses or evaluations have been developed? What types of data analyses or evaluations have been developed?

STRATEGY/ACTIVITY: Create peer exchange opportunities to present research, share experiences, enhance knowledge, and discuss emerging MCH topics

OUTPUT: Presentations and in-person meetings at conferences by state and local staff

PROCESS MEASURE(S): How many presentations have been completed? How many in-person meetings at conferences have occurred?

STRATEGY/ACTIVITY: Develop and disseminate clinical guidelines and programmatic recommendations nationally to state, local and tribal-serving organizations and MCH clinical providers.

OUTPUT(S): Training and program materials/manuals/toolkits; Peer-reviewed publications, briefs and/or reports; Evidence-based recommendations for changes in policy, program, or practice

PROCESS MEASURE(S): How many training and program materials/manuals/toolkits have been developed? What types of training and program materials/manuals/toolkits have been developed? How many peer-reviewed publications, briefs, and/or reports have been developed? How many data analyses or evaluations have been developed? What types of data analyses or evaluations have been developed? How many evidence-based recommendations have been developed?

Development of Outcome Measures (Short and Medium-term)

OUTCOME: Increased state, local, and tribal capacity to analyze & use data, and to apply the evidence-base to MCH program and policy development.

MEASURE(S): 1) Is there evidence of raised awareness, increased knowledge, and increased skills in data

analysis among MCH professionals? 2) Is there evidence of raised awareness, increased knowledge, and increased skills in data use among MCH professionals? 3) Is there evidence of raised awareness, increased knowledge, and increased skills in applying the evidence base among MCH professionals?

OUTCOME: Increased MCH Capacity in the following domains: 1) Awareness; 2) Knowledge; 3) Skills; and 4) Application of skills

MEASURE:
1) Is there evidence of raised awareness, increased knowledge, and increased skills in applying the evidence base among MCH professionals?

OUTCOME: An increase in the use of evidence-based MCH program, policy and practice at local, state and/or national levels

MEASURE(S): 1) Is there evidence of program modifications (e.g., publications or reports demonstrating more efficient targeting of services at the highest risk groups as a result of data analyses of groups experiencing highest burden, identifying additional service needs based on analyses of health outcomes, demonstrated receipt of additional funding for MCH programs based on results of needs assessments, revised program or operational guidance based on findings)? 2) Is there evidence of policy changes supporting MCH (e.g., new policies, change in policies, funding changes, or redistribution of state or local funding for new MCH services)? 3) Is there evidence of changes in practice (e.g., the development and implementation of evidence-based practice guidelines for clinical care as a result of determination by special committees, review of the literature, or provided evidence)? 4) Is there evidence of increased use of the evidence base in MCH programs, policies, and practice at local, state, and/or national levels?

Evaluation findings are intended to demonstrate an increase in the use of evidence-based MCH program, policy, and practice at local, state, and/or national levels

Using the epidemiology capacity assessment tool developed and implemented by CSTE, the MCHEP will measure changes in the MCH capacity at the state and national levels. The assessment is completed every five years, and the last cycle of measurement was calendar year 2013. The 2013 MCH capacity assessment will be used as a baseline measurement. The next cycle is expected to occur in 2018, close to the ending of this funding cycle. Evaluation findings will be combined with the CSTE capacity assessment tool to provide a comprehensive picture of MCH epidemiology capacity in the United States. Findings will be shared with awardees and the broader MCH field.

The previous epidemiology capacity assessment tool and summary reports are available at: http://www.cste.org/group/ECA .

Data collected by awardees is limited to data that will be analyzed and used (For guidance regarding the *Paperwork Reduction Act*, please visit: http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html). Performance measures and evaluation findings will be used by the CDC to further refine strategic planning efforts of the CDC MCH Epidemiology Program, to re-prioritize current activities, and strengthen partnerships for continuous program quality improvement.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that is consistent with the CDC strategy presented in the included logic model. Their plan must:

• Describe the design and implementation of an overall evaluation, including the development and selection of process and outcome performance measures, and appropriate procedures for data collection and analysis.

• Describe how data will be reported.

• Describe how evaluation and performance measurement will yield findings that impact MCH capacity, the increased use of the evidence base, and ultimately, improve MCH population health as described in this Funding Opportunity Announcement.

• Describe how evaluation findings will be used for continuous program quality improvement.

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

c. Organizational Capacity of Awardees to Execute the Approach

The organizational capacity statement must clearly demonstrate applicant ability to execute CDC program requirements in a timely and efficient manner. Applicants should describe the organizational mission, how the applicant agency is organized, the nature and scope of its work and/or the capabilities it possesses. Applicants should demonstrate adequate infrastructure (physical space and equipment), workforce capacity and competence, relevant skill sets, information and data systems, and electronic information and communication systems to implement the project successfully.

The applicant must demonstrate the following organizational capacity:

- Documented history of establishing effective relationships with state, local, and/or clinical health agencies.
- Documented history of partnering with public health associations and organizations, federal organizations, foundations and other non-profit organizations.
- Appropriately qualified staff with competency in providing technical assistance in MCH epidemiology, capacity building, and data translation to local and state health departments.
- Appropriately trained staff to oversee project implementation, including the budgetary, program management, reporting, and evaluation aspects of the cooperative agreement (include organizational charts and staff resumes as necessary).
- Appropriate information technology systems to produce required federal progress reports, financial and annual reports.

For Category A, Urban-focused National Membership Organization applicants must also provide evidence of the following criteria:

- Represent urban MCH communities in the United States through affiliation with Urban, local, or county health departments.
- Have a documented history of providing MCH capacity-building assistance to local MCH programs.
- Have ten years or more experience in providing information, education, and developmental support to urban MCH epidemiologists and MCH program staff.
- Ability to document previous continuing education opportunities and training initiatives on topics such as health equity, applied epidemiology and surveillance, and the use of relevant scientific information and health data to improve MCH policies and programs at the urban / local level.
- Have a documented history of disseminating MCH epidemiology, surveillance and policy related information to a large network of urban professionals.
- Have a documented history of working to advance public health policy and epidemiologic capacity.

For Category B, State-focused National Membership Organization applicants must also provide evidence of the following criteria:

- Represent state MCH Directors and MCH program staff through affiliation with state health

departments.
- Have a documented history of providing MCH capacity-building assistance to state MCH programs.
- Have ten years or more experience in providing information and education to MCH Directors and MCH epidemiologists.
- Ability to document previous continuing education opportunities, training initiatives, and action learning collaboratives (ALC) on topics such as emerging MCH issues, MCH indicators, MCH surveillance systems, and the use of relevant scientific information and health data to improve MCH policies and programs.
- Have a documented history of disseminating MCH epidemiology, surveillance and policy related information to a large network of MCH professionals.
- Have a documented history of working to advance public health policy and MCH epidemiologic capacity.

For Category C, Clinical-focused National Membership Organization applicants must also provide evidence of the one of the following criteria:

- Represent regional or state chapters for obstetricians and gynecologists and providers of women's health care and provide the highest quality education worldwide, continuously improve health care for women through practice and research, lead advocacy for women's health care issues nationally and internationally, and provide excellent organizational support and services for members in the clinical community.
- Represent regional or state chapters that include primary care pediatricians, pediatric medical sub-specialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults.

d. Work Plan

Applicants are required to provide a work plan that describes the projected framework and timeline for the implementation of the proposed 5-year project. This work plan should also provide a detailed description of Year 1 of the project, including the strategies, activities, personnel and/or partners responsible for the project. The work plan should outline the details of all necessary activities that will be supported by the approved budget.

NOTE: The work plan **MUST** clearly correspond to the strategies and activities, outcomes, and performance measures presented in the logic model and narrative sections of the Funding Opportunity Announcement.

The work plan must, at a minimum, include:

1) A narrative that provides clear description for each part of the proposed logic model and direct linkage to the logic model provided within this Funding Opportunity Announcement (see Logic Model for suggested strategies / outcomes).

2) Process and outcome measures should be written in SMART (specific, measureable, achievable, realistic, and time-sensitive) format.

Project Period Outcome: [*from Outcomes section and/or logic model*] Example: Increased state, local, and tribal capacity to analyze and use data, and to apply the evidence -base to MCH program and policy development.		SMART Outcome Objective: [*should draw on measures in Evaluation and Performance Measurement section*] Example: # of states and local jurisdictions increase application of skills through # analyses of MCH data by the end of YR 01.	
Strategies/Activities	SMART Process Measure: [*from Evaluation and Performance Measurement section*]	Responsible Person:	Status: (Update / Completion Date)
Example: Provide # Training Webinars to MCH Epidemiologists	Example: By January 2016, provide 5 training webinars on emerging methodological issues in MCH epidemiology to MCH epidemiologists in state / local health departments.	Program Coordinator	Two of five webinars complete as of October 15, 2016

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)

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. A cooperative agreement is a mechanism under which substantial involvement is anticipated between the Federal agency and the recipient during performance of the contemplated project or activity. Substantial involvement means that the recipient can expect Federal programmatic collaboration or participation in carrying out the effort under the award.

As such, the CDC proposes the following involvement in support of the cooperative agreement:

- Provide scientific and programmatic consultation for development and delivery of training, technical assistance, and evaluation activities.
- Provide technical resources to assist the awardee in successful project implementation.
- Facilitate collaborations, which promote the goals of the project, between other CDC programs (e.g., National Center for Chronic Disease Prevention and Health Promotion, the National Center on Birth Defects and Developmental Disabilities), other federal agencies (e.g. Health Services Resources Administration, Maternal Child Health Bureau), other partners, and the awardee.
- Monitor implementation of awardee project activities, and issue annual program guidance.
- Provide critical review of the content of all proposed awardee training, publications, and technical assistance activities.
- Provide a synthesis of known best practices and interventions regarding promotion of reproductive and infant health and development of MCH epidemiology and surveillance capacity as subject matter experts.
- Monitor development of awardee trainings and partnerships.
- Advise awardee on adequacy of the anticipated evaluation methodology.
- Review the awardee's evaluation plan to ensure that it addresses all project activities.
- Assess the short-term term outcomes of the project.
- Provide critical feedback on work plan activities in order to revise activities as necessary.
- Provide guidance and support for translation of project findings.
- Support information sharing between awardees in the form of conferences, material development, partner meetings, committees, and conference calls focused on identifying common practices, lessons learned, and evaluation of projects.

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:

3. Fiscal Year: 2015

Estimated Total Funding: $1,875,000

4. Approximate Total Fiscal Year Funding: $1,875,000

5. Approximate Project Period Funding: $9,375,000

6. Total Project Period Length: 5 year(s)

7. Expected Number of Awards: 3

One award in each category (up to three awards total)

8. Approximate Average Award: $300,000 Per Budget Period

Category A: $300,000; Category B: $300,000; Category C: $250,000

9. Award Ceiling: $1,875,000 Per Budget Period

Category A: $625,000; Category B: $625,000; Category C: $625,000

10. Award Floor: $200,000 Per Budget Period

Category A: $200,000; Category B: $200,000; Category C:$150,000

11. Estimated Award Date: 09/01/2015

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

Direct Assistance (DA) is available through this FOA.

Consistent with the cited authority for this announcement, direct assistance may be available in the form of equipment, supplies and materials, and/or federal personnel. If DA is provided as a part of your award, CDC will reduce the financial assistance award amount provided directly to you as a part of your award. The amount by which your award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to you, the awardee.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities

Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses
Small businesses

Government Organizations:

State (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in 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.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities
Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

N/A

The award ceiling for this FOA is $1,875,000. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

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

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

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

N/A

b. Application Deadline

Due Date for Applications: **05/18/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 03/25/2015

CDC will conduct an informational conference call for interested applicants on March 25, 2015 at 2pm Eastern Standard Time.

The call-in information is: 1 (877) 775-8419 Passcode: 22860968

5. CDC Assurances and Certifications

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

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

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

8. Table of Contents

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

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

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

Applicants must file letters of support, as appropriate, name the file "Letters of Support", and upload it 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 CDC Project Description section – Approach: Target Population.

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

The plan must:

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

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

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

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

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

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

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

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

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel

- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

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

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

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

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

There are no additional requirements for this section.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

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

Nutrition Policies:

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

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

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

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

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying _ Restrictions _ for_CDC _ Grantees_July _ 2012.pdf

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

There are no additional requirements for this section.

18. Other Submission Requirements

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

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

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

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

Approach	**Maximum Points: 45**

Evaluate the extent to which the applicant:

a. Outcomes [15 points]

- Clearly identifies the outcomes they expect to achieve by the end of the project period.
- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model. More specifically, the extent to which the applicant explains how the proposed strategy will: 1) increase local, state, and national capacity to analyze and use

data, and apply the evidence base to MCH programs and policy development; 2) increase MCH capacity within the domains of awareness, knowledge, skills, and application of skills; and 3) increase the use of evidence-based MCH program, policy and practice at local, state, and/or national levels.

b. Strategies and Activities [15 points]

- Describes an overall strategy, activities, and products consistent with the CDC Project Description and logic model, and are achievable within the project period.
- Shows that the proposed activities are an efficient and effective way to implement the strategies and attain the project period outcomes.
- Shows that the proposed outputs are efficient and effective products of activities implemented to achieve the strategies and attain the project period outcomes.
- Provides evidence of current and/or historical collaboration with organizations external to CDC (see listing of organization type and criteria in Collaborations section).

c. Workplan [15 points]

- 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.
- Proposes objectives that are Specific, Measurable, Achievable, Realistic and Time-Sensitive.
- Develops a complete and comprehensive plan for the first year budget period.

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

Evaluate the extent to which the applicant:

- Defines and describes the process and outcome performance measures presented in the proposed approach. [10 points]
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. [10 points]
- 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. [5 points]

Applicants Organizational Capacity to Execute the Approach	**Maximum Points: 30**

Evaluate the extent to which the applicant:

- Provides an organizational capacity statement that demonstrates adequate infrastructure and capacity to implement the project. [10 points]
- Provides evidence of staff competency in and organizational history of providing technical assistance in MCH epidemiology, capacity building, and data translation to local and/or state health departments, or clinical providers. [15 points]
- Possesses appropriately trained staff to oversee project implementation, including the budgetary, program management, reporting, and evaluation aspects of the cooperative agreement (provides an organizational chart and staff resumes). [5 points]

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

c. Phase III Review

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

2. Announcement and Anticipated Award Dates

The Awardees will be notified by the CDC via a Notice of Award letter no later than July 30, 2015.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

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

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

3. Reporting

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

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

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes

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

Applicants are advised that any activities involving information collection (i.e. surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance.

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

This plan should provide additional detail on the following:

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

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

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the

project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
    - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The carryover request must:

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

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

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

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

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

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

There are no additional requirements for this section.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Donna Addison, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy, NE
MS F-74
Atlanta, GA 30341
Telephone: (770) 488-6501
Email: dnp7@cdc.gov

Grants Staff Contact

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

LaKasa Wyatt, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office

2920 Brandywine Rd.
MS E-14
Atlanta, GA 30341
Telephone: (770) 488-2728
Email: lgw5@cdc.gov

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

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

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

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

H. Other Information

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

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

Optional attachments, as determined by CDC programs

- Resumes/CVs
- Position descriptions
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additionalrequirements/index.html

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

National Membership Organization: An organized body of people with a particular purpose defined by the population of solicited members.