

Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Domestic Ebola Supplement to Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments

CK14-1401PPHFSUPP15

Application Due Date: 02/19/2015

Domestic Ebola Supplement to Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments

CK14-1401PPHFSUPP15

TABLE OF CONTENTS

Part 1. Overview Information
Part 2. Full Text of the Announcement

- Section I. Funding Opportunity Description
- Section II. Award Information
- Section III. Eligibility Information
- Section IV. Application and Submission Information
- Section V. Application Review Information
- Section VI. Award Administration Information
- Section VII. Agency Contacts
- Section VIII. Other Information

Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title:

Domestic Ebola Supplement to Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments

Announcement Type:

Competing Supplement

Agency Funding Opportunity Number:

CK14-1401PPHFSUPP15

Catalog of Federal Domestic Assistance Number:

93.323

Key Dates:

Due Date for Application: **02/19/2015**

Additional Overview Content:

Important Notes about this Competing Supplement:

- This supplement is being solicited within the existing ELC program (CK14-1401)
- This supplement will not change existing budget and project periods under CK14-1401
- This supplement covers three separate, but related, projects: (1) Healthcare Infection Control Assessment and Response, (2) Laboratory Biosafety and (3) Global Migration, Border Interventions, and Migrant Health
- Awards made under this supplement should have project lengths not to exceed three years (36 months)
- Applicants should include narratives and budgets spanning the entire length of the projects applied for, which may not exceed three years (36 months)
- Even though projects may continue for three years (36 months), all funding will be awarded to grantee as one lump sum
- CDC will work with applicants over the first six months post-award to develop and implement the evaluation and performance measurement strategy. This supplemental information and guidance containing CDC-required performance measures will be issued by the ELC following the posting of the funding announcement.
- Applicants should coordinate the supplemental ELC projects with supplemental activities under the HPP/PHEP Cooperative Agreement (TP12-12010302SUPP15)
- ELC grantees should work with tribal governments within their jurisdictions and reach out to those entities and include them in the implementation of funded activities.
- Applicants must submit a discrete itemized budget and budget narrative for each ELC project they are applying for. For example, Project A: Healthcare Infection Control Assessment and Response will have a separate budget from Project B: Enhanced Laboratory Biosafety Capacity and/or Project C: Global Migration, Border Interventions, and Migrant Health. Please also ensure that budget requests associated with various Activities within the same Project are clearly delineated. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative.

Funding Strategies

Project A: Healthcare Infection Control Assessment and Response

Funds should be used for personnel, travel, supplies and equipment, and/or contractual support (e.g., hospital, hospital association) for proposed activities. Activity A is the basic requirement for this funding. Applicants can choose to supplement Activity A with Activity B, thus applying for additional funding. Funding awarded for Activity A will be based on a 2-year project period. Funding awarded for Activity B will be based on a 3-year project period.

Funds should be used to expand current infection prevention and preparedness activities and efforts should be aligned, when appropriate, with related programs. Awardees must in detail describe how their partner program components (see collaboration section) are coordinated with (and directly complement) the activities proposed within this Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases cooperative agreement. For example, other programs may fund nurse educators in healthcare facilities, while ELC program funds DOH expertise to assess competency and content of nurse educator program.

Total availability of funds: $ 80,000,000
Approximate number of awards: 60
Approximate average range of awards: $300,000-2,000,000
Program Contact: Kim Zimmerman, DHQP, 404-639-4149

Project B: Enhanced Laboratory Biosafety and Biosecurity Capacity

Funding is intended to support one full-time position (and associated travel, training and supplies) over the three-year project length. Funds may also be used to address gaps relating to proper equipment to serve the jurisdiction in the inactivation and disposal of specimens and other laboratory waste from suspected Ebola or other highly infectious agents.

Total availability of funds: $21,000,000
Approximate number of awards given: 64
Approximate average per award: $328,125
Program Contact: Alvin Shultz, ELC Coordinator, 404-639-7028

Project C: Global Migration, Border Interventions, and Migrant Health

Funding should be used for personnel, travel, supplies, equipment, or contractual support that will enable the grantee to improve surveillance, investigation, and responses to infectious diseases including detection and response to Ebola Virus Disease as detailed in the proposed activities.

Total availability of funds: $5,000,000
Approximate number of awards given: 15
Approximate average per award: $ 330,000
Approximate range of awards: $250,000 - $400,000
Program Contact: Pamela Nonnenmacher, DGMQ Coordinator, 404-639-7112

Executive Summary:

This ELC Competing Supplement addresses priority domestic capacity building around Ebola and other emerging and highly-infectious diseases. The Competing Supplement (1) provides additional resources to accelerate ELC activities around infection control assessment and response, laboratory safety, and global migration, border interventions, and migrant health; and (2) aligns with ELC's existing purpose which is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic

capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory, and information systems components of public health departments.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the NCEZID:
N/A

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

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Sections 317(k)(2) and 2821 of the Public Health Service Act, as amended

Background

In March of 2014, the largest Ebola outbreak under record erupted in Western Africa. Unlike many smaller preceding outbreaks of Ebola Virus, this particular outbreak spread to multiple African countries and caused (as of January 2015) nearly 20,000 suspected human cases; the outbreak continues. This outbreak has truly demonstrated that in the modern world of travel, trade and migration, infectious diseases do not respect geopolitical boundaries. Gaps were discovered in September 2014 when an undiagnosed man traveled to the United States from Liberia to visit his family and subsequently infected two health-care workers in a Dallas hospital.

Project-specific issues listed below fall into three categories: (1) Healthcare Infection Control Assessment and Response, (2) Enhanced Laboratory Biosafety and Biosecurity Capacity and (3) Global Migration, Border Interventions, and Migrant Health.

Project A: Healthcare Infection Control Assessment and Response

The current Ebola outbreak response efforts have highlighted vulnerabilities in infection control practices within the U.S. healthcare system. Routine lapses in infection control that allow the estimated 700,000 healthcare-associated infections to occur each year in the U.S. also highlights the need to improve infection control infrastructure and practice in our healthcare system. Current policies and practices are highly variable, leaving gaps in patient and provider protection from healthcare-associated infections.

Project B: Enhanced Laboratory Biosafety and Biosecurity Capacity

The events surrounding laboratory testing of patient specimens suspected of Ebola virus infection point to a lack of biosafety programs in most U.S. clinical laboratories. For example, biosafety plans may be absent or outdated and staff charged with implementing and training additional staff on biosafety procedures may require additional education and practice to do so effectively and confidently. Some deficiencies illustrated during this event may span across many U.S. laboratories while others may only apply to some laboratories. Individual assessments should be conducted to identify the specific gaps for each laboratory.

In addition to biosafety needs, biosecurity assistance is also anticipated. Some common gaps expected to be identified by laboratories include lack of staff that are knowledgeable and practiced in safe, secure and appropriate handling and shipping of agents that are potentially life-threatening, such as Ebola virus. Some laboratories may also lack necessary physical biosafety and biosecurity resources (e.g., appropriate

Biological Safety Cabinets and approved shipping containers). Standard operating procedures for specimen testing may need to be updated based on what is learned from Ebola.

Once assessments are complete, it is imperative that reasonable measures are taken to communicate and develop plans to address the identified biosafety and biosecurity gaps. Even a delay in shipping a specimen because of uncertainty or lack of resources may result in delayed testing, delayed treatment for the patient, and potential for population exposure.

Project C: Project C: Global Migration, Border Interventions, and Migrant Health

Every day close to one million travelers arrive in the United States by air, sea, or land. Some arrive from countries with infectious disease epidemics and limited healthcare access. Communicable diseases can spread quickly and prevention methods are needed to reduce the opportunity for outbreaks.

Purpose

The purpose of this Competing Supplement is to accelerate this capacity building around (1) healthcare infection control assessment and response; (2) laboratory safety; and (3) global migration, border interventions, and migrant health.

In general, ELC capacity is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory, and information systems components of public health departments. While discreet areas of emphasis, they are inter-related. The first three are the cornerstones of the ELC and independent areas for building capacity while the fourth is fundamental to the approach work in all these areas of emphasis. As such, while ELC resources may support each of these individually (e.g., dedicated funding for microbiologists, epidemiologists, lab supplies, informatics hardware/software, etc.), it is only through integration that these complementary cornerstones are optimized. For example, public health labs play an indispensable role in infectious disease public health work by determining and providing essential information for epidemiology surveillance and outbreak activities. Therefore, ELC strives to build and strengthen public health laboratories that are equipped with the latest diagnostic technologies, highly trained staff, and systems that can efficiently transmit, receive and digest electronic data.

Project-specific purpose, national public health priorities and strategies, and outcomes listed below fall into three categories: (1) Healthcare Infection Control Assessment and Response, (2) Enhanced Laboratory Biosafety Capacity and (3) Global Migration, Border Interventions, and Migrant Health.

Project A: Healthcare Infection Control Assessment and Response

Purpose

The key to controlling contagious threats in healthcare, such as Ebola, Middle East Respiratory Syndrome (MERS), Severe Acute Respiratory Syndrome (SARS), pandemic flu, and drug-resistant organisms is rapid and effective deployment of infection control expertise. The techniques and practice on which infection control protocols are based form the backbone of infectious disease containment for these and other pathogens that are otherwise amplified and accelerated in healthcare settings. Investments in a more robust infection control infrastructure will prevent many healthcare associated infections (HAIs) transmitted to, and among, patients and health care workers

Funding will support efforts to define and apply basic standards of infection control in various healthcare settings which not only require bolstering of policy and capacity at local and state levels to not only promote good infection control, but also actively assessing and intervening to achieve best practice across all healthcare facilities.

This supplement will allow CDC to support states, cities and/or regions in developing Infection Control Assessment and Promotion (ICAP) Programs with essential core elements to prevent transmission of infections in healthcare settings. ICAP Programs should work with partners (e.g., State Survey Agency, Accrediting Organizations, Licensing Boards, State Hospital Association) to:

1. Perform targeted assessments of general infection control competency in core domains at healthcare facilities;
2. Identify gaps in infection control performance and facilitate and implement programs and policy change to address gaps in staff performance, competency, and plans/policy; and
3. Implement response and prevention activities aimed at making a large impact on reducing transmission of pathogens on the population overall (e.g., HAIs).

All healthcare facilities can provide safe healthcare. States and city departments of health (DOH) which are interested in more effective and proactive oversight of healthcare settings including acute care, long-term care, and outpatient facilities, may consider implementing time-limited programs to improve general infection control practice (e.g., disinfection/sterilization, environmental infection control, safe device use, standard and transmission-based precautions, Personal Protective Equipment) in these facilities through assessment of competency, training needs, and long-term programs to ensure ongoing adherence and promotion of best infection control practice.

- This program addresses the "Healthy People 2020" focus area(s) of Healthcare Associated Infections and Public Health Infrastructure.
- In September 2014, a national strategy for a global and domestic response was developed and outlined to address the Ebola response strategy. As part of the national public health Ebola response strategy, these efforts will be directed to improving the U.S. healthcare infection control infrastructure and capacity so that we have more expertise to quickly detect and contain any potential emerging infectious disease threat.
- To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC has begun measuring impact in targeted areas called "Winnable Battles." CDC has identified Healthcare-associated infections as a winnable battle based on the scope of the burden and our ability to make significant progress in improving outcomes.

Project Outcomes:

- Established leadership through an infection control advisory group including local opinion leaders, hospital leadership, infection control leaders
- Established inventory of healthcare settings to identify regulatory/licensing oversight authorities for each healthcare facility as a step to influence role of infection control competency in operating approvals
- State or city-wide healthcare system with comprehensive , effective infection control programs and practices (i.e., healthcare setting infrastructure, facility-level staff competence, healthcare provider competence, and infection prevention staff competence)
- Qualified personnel in both health department and healthcare facilities better prepared to respond to infectious disease outbreaks in healthcare settings (including interrupting cross transmission) through on-site assessments, observations, and relevant training
- Increased implementation of prevention guidelines and policies to assure best practice to eliminate cross-transmission of pathogens from patient-to-patient or patient-to-healthcare worker, across healthcare settings
- Trained informatics and analytic staff to access, analyze, and interpret HAI surveillance data from region to direct and inform actions and response

Project B: Enhanced Laboratory Biosafety and Biosecurity Capacity

Purpose:

To support public health departments and their clinical partners to assess, develop and implement measures to improve laboratory and biological safety practices for dealing with current and emerging infectious diseases.

Project Outcomes:

- More trained staff knowledgeable in working with infectious organisms and other emerging pathogens of public health concern.
- Improved biosafety practices for handling/processing Ebola and other highly infectious specimens at public health and clinical labs
- Better coordination of biosafety practices between public health labs and clinical partners
- Labs better equipped to serve jurisdiction in the inactivation and disposal of specimens and other laboratory waste from suspected Ebola or other highly infectious agents

Project C: Global Migration, Border Interventions, and Migrant Health

Purpose:

The purpose of this funding is to address the public health risks associated with travel, migration and importation of pathogens, and improve public health notification, case identification, response to ill travelers, and monitoring (as appropriate).

Project Outcomes:

- Improved notification and surveillance of public health cases of concern associated with or identified by travel or border crossings.
- Improved completeness and timeliness of travel associated case reports.
- Better coordination and exchange of surveillance or monitoring data between health authorities
- More timely and efficient efforts:
    - Detection of cases of public health concern and outbreaks.
    - Response to cases of public health concern and outbreaks.
    - Investigation of cases of public health concern and outbreaks.
    - Implementation of control measures.
- Improved public health practice.
- Minimized transmission of infectious diseases in globally mobile populations.

Program Implementation

Recipient Activities

Project-specific activities, collaborations, target populations, and evaluation and performance measures listed below fall into three categories: (1) Healthcare Infection Control Assessment and Response, (2) Laboratory Safety and (3) Global Migration, Border Interventions, and Migrant Health.

Project A: Healthcare Infection Control Assessment and Response

Activities

Activity A: Infection Control Assessment Program (states must address all strategies and activities to be considered for activity A funding). Local health departments receiving funding must work collaboratively with the state health department to assure strategies are complementary and coordinated.

Strategy 1: Assure an expanded State HAI Plan and Advisory Group is in place

- Update current state HAI plan (as required by HHS for initial HAI funding) to include a state/city plan that implements an assessment of gaps in infection control practices and outbreak reporting. Prioritize Ebola-designated assessment hospitals, Ebola Treatment Centers if needed, then expand to other acute care hospitals and non-acute care settings.
- Expand current HAI advisory group to include additional partners, specifically hospital preparedness (through representatives from hospital/healthcare coalitions funded through the ASPR Hospital Preparedness Program); additional representation from state and/or regional hospital associations, Quality Improvement Neworks/Organizations, and accrediting and/or licensing agency with surveyor authority is ideal.
- Actively involve State HAI/Infection Control advisory group (e.g., be a resource, provide guidance, etc.) with the health department's developing and implementing the state's plan which includes: a) updating the state's HAI plan; b) interpreting findings from infection control assessments (e.g., gap analysis); and c) developing mitigation strategies for addressing identified gaps.

Strategy 2: Improve coordination between public health and all healthcare settings (e.g., acute care and non-acute care) in the state through a mapping initiative

- Create an inventory of all healthcare settings (acute care, non-acute care, ambulatory) in the state (list must include at least one infection control point of contact at the facility and indication of what (if any) HAI-related data is available to recipient. This inventory should be sustainable and updated, as needed, to reflect changes.
- Identify current regulatory/licensing oversight authorities for each healthcare facility
- Explore, pilot and implement ways to expand oversight (e.g., licensing and credentialing) to include infection control capacity or competence as a requirement for operations
- In collaboration with HAI programs and other state partners, improve coordination and communication with healthcare facilities to complete other strategies and activities in Activity A and B, as applicable.

Strategy 3: Assess readiness of Ebola-designated facilities within the state

- Using CDC readiness assessment tool, conduct on-site infection control assessments of, at a minimum, all Ebola-designated assessment hospitals, and selected Ebola Treatment Centers as appropriate. This should include a onsite assessment by state health department staff or contractors.
- Determine gaps in infection control readiness within the facilities.
- Address gaps by providing general infection control consultation and/or training to assessment hospitals using CDC-based resources, working with the hospital to develop and implement a plan to mitigate identified gaps. State/City Program should identify opportunities to use and coordinate facility-specific pathways for Ebola assessment hospitals and Treatment Centers to reach preparedness through resources linked to either CDC's Public Health Emergency Preparedness Program and/or ASPR's Hospital Preparedness Program linked training resources for Ebola Treatment Facilities.
- Follow up assessments performed to confirm mitigation of gaps in infection control at the facilities previously evaluated.

Strategy 4: Assess outbreak reporting and response in healthcare facilities

- Using a standardized outbreak assessment tool (CDC can provide technical assistance on this approach), assess capacity of healthcare facilities to detect, report, and respond to potential outbreaks and emerging threats
- Determine gaps in outbreak reporting
- Determine gaps in outbreak response in all healthcare settings
- Address gaps in outbreak investigative capacity by working with healthcare partners to develop a plan (and infrastructure) to improve outbreak reporting and response
- Track healthcare associated infections outbreak response and outcome

<u>Activity B</u>: Targeted Healthcare Infection Prevention Programs (select at least Strategy 1 with or

without additional strategies to be considered for Activity B funding)

Strategy 1: Expand infection control assessments

- Expand infection control assessments both in number of facilities, and depth/content of assessment. Expand to healthcare settings beyond prioritized Ebola designated facilities to other acute care hospitals, long term care, and ambulatory care. Prioritize assessments based on local determinations made in consultation with advisory group (Activity A). Assessments may include a combination (i.e., hybrid approach) of on-site and remote assessments. Expand content to include infection control domains that align with local and federal priorities beyond Ebola assessment preparedness.
- Identify gaps in infection control practices and procedures at both the facility and provider level (based on expanded facility assessments)
- Perform follow up assessments to confirm and document mitigation of identified gaps (or potential problems identified from strategy 4) in second half of performance period; strive for streamlined sustainable capacity to perform such assessments.

Strategy 2: Increase infection control competency and practice in all healthcare settings through training

- Incorporate general infection control knowledge and practice assessments of competency into state licensing board requirements, credentialing, and continuing education requirements for clinical care providers (e.g., medical license, admitting privileges) and/or licensing/accreditation requirements for healthcare facilities.
- Develop a sustainable training program based on CDC guidance and technical assistance using a multidisciplinary approach that will address the most important infection control gaps among clinical care providers. Consider partnering with local organizations (e.g., hospital/health care organizations, academic centers, APIC chapters) to perform training, prioritizing on-site train-the-trainer programs in key domains of infection control, including the incorporation of hands on evaluations and competency assessments of best practices and a system to monitor ongoing compliance and competency. Prioritize facilities based on local health authorities' determination considering acute care facilities (including long term acute care) and non-acute care facilities. Training of general infection control should be distinct from training available through Public Health Emergency Preparedness Programs or ASPR's Hospital Preparedness Programs.

Strategy 3: Enhance surveillance capacity to improve situational awareness, describe emerging threats, and target on-site assessments to implement prevention programs

- Build capacity to analyze data reported by facilities in a defined region to allow for a comprehensive or representative assessment of potential healthcare-associated infection threats, and communicate summarized results with healthcare facilities. At a minimum, data should include those reported to NHSN as part of required reporting for facilities participating in CMS Inpatient Quality Reporting Programs (ideally through direct interaction with NHSN). Other data sources including viral infection outbreaks (influenza-like illness, norovirus) or antibiotic resistance data can also be incorporated).
- Work with CDC to guide analytic direction and identify facilities for prioritized assessments/response
- Improve outbreak reporting capacity by developing an infrastructure that includes clear definitions of infectious threats of epidemiologic importance that are communicated to facilities, thus reducing potential transmission of pathogens within acute care or long term care settings
- Implement a response plan to address potential emerging threats identified by using enhanced surveillance (e.g. enhanced or focused facility assessments, increased training, and enhanced targeted prevention activities); strive for response plan that is sustainable beyond the performance period.

<u>Collaborations</u>

With CDC-funded programs:

Collaborate with other funded programs and initiatives, as relevant (e.g., Public Health Emergency Preparedness (PHEP) Program and Office for State, Tribal, Local, and Territorial Support) to assure that

efforts are being maximized while reducing duplication of efforts.

With organizations external to CDC:

State and local health departments and healthcare facilities have limited resources available to assess gaps in infection control or to implement plans to mitigate those gaps through infection control training and promotion of best practices. Thus, it is imperative that health departments partner with other federal (e.g., Centers for Medicaid and Medicare Services) and state organizations working to improve infection control (hospital coalitions, facility surveyors, hospital associations) to effectively perform such work.

Awardees should also collaborate with other HAI partners (e.g., Hospital Associations, Centers for Medicare and Medicaid Innovation, Quality Improvement Networks/Organizations, Hospital Engagement Networks, ASPR's Hospital Preparedness Program (HPP), Accreditation Organizations and Partnership for Patients) and other state partners (e.g., healthcare coalitions) to assure that efforts are being maximized, while reducing duplication of efforts.

Evaluation and Performance Measurement:

Note: Measures have not been finalized and are subject to change. This supplemental information and guidance containing CDC-required performance measures will be issued by the ELC following the posting of the funding announcement.

Potential performance measures for the project period and associated collection time periods:

1. Discuss activities with CDC at beginning of project to discuss project plans and clarify activities; participate with monthly or quarterly technical assistance calls
2. Provide a line list of Ebola-Assessment facilities and status of on-site assessments, gaps, and mitigation within 3 months of award
3. Provide an updated HHS HAI Action Plan which includes a state plan to address HAI infection control issues within 6 months of the award (by August 1, 2015). d) Create an inventory of all healthcare settings (initial inventory due March 1, 2016) e) Report performance measures at least annually unless reporting requested more frequently as indicated below, and a final report approximately three month after the project period ends (year 2 for Activity A, year 3 for Activity B)

Performance Measures:

1. Complete inventory and mapping of healthcare facilities (annual)
2. Number of acute care facilities receiving on-site assessments, by type of facility (Ebola Assessment Facility, Ebola Treatment Center, other acute care, non-acute care) (at least semi-annual)
3. Number of surveyors, health department staff, and related partners trained in on-site assessments (annual)
4. Number of acute care facilities having staff participate in IC training program/activities (Annual)
5. Number of healthcare providers receiving training linked to competency assessment, licensure, or CE (Annual)
6. Line List of summary information documenting outbreaks reported and summary of response and outcome, using standard reporting instrument developed with CDC (Annual)
7. Number and Standardized Infection Ratios of each HAI (i.e., CDI and MRSA BSIs, CAUTI, CLABSI) among facilities in catchment and also the subsetting facilities receiving any assessment and/or any training activity (Annual, Activity B only)

Project B: Enhanced Laboratory Biosafety Capacity

NOTE: Applicants applying for Project B should address all the below elements of Project B

Strategy 1: Enhance Public Health Laboratory Biosafety Capacity

- Designate a laboratory biosafety officer within jurisdiction's public health laboratory

- Discuss this project's funded activities and work plan with APHL (CDC's designated Subject Matter Expert for this project).
- Update jurisdiction's biosafety guidelines for Ebola specimens and other emerging infectious diseases based upon CDC guidelines and make them readily available
- Perform risk assessment(s) of jurisdiction's public health laboratory to assure the lab can safely handle and dispose of specimens suspected of Ebola and other highly infectious agents
- Develop, provide or assure access to tools (i.e., risk assessment templates or models, exercises), guidance, trainings and other educational activities for sentinel clinical laboratories and facilities to maintain competent staff knowledgeable in working with infectious organisms of public health concern.
- Implement mitigation strategies based upon results of assessment at Public Health Lab Work with clinical labs to identify and implement mitigation strategies from the clinical laboratory risk assessments
- Address gaps identified through assessment at public health laboratory

Strategy 2: Improve Laboratory Coordination and Outreach

- Work with jurisdiction's clinical laboratory partners to perform their own risk assessments and coordinate this activity with any proposed infection control assessments performed as part of a proposed Infection Control Assessment and Promotion Program
- Work with jurisdiction's clinical laboratory partners to address gaps identified in their own risk assessments
- Work with clinical labs to identify and implement mitigation strategies from the clinical laboratory risk assessments

Collaborations:

With CDC-funded programs: Public Health Emergency Preparedness and Laboratory Response Network

With organizations external to CDC: Awardees should discuss funded activities and work plan with APHL, CDC's designated subject matter expert for this project. Awardees should also coordinate with their clinical laboratory partners and appropriate tribal affiliations.

Evaluation and Performance Measurement:

Awardees will be required to report on a small set of CDC-defined performance measures. This supplemental information and guidance containing these required performance measures will be issued by the ELC following the posting of the funding announcement.

Project C: Global Migration, Border Interventions, and Migrant Health

Applicants do not have to address all of the strategies and activities listed below.

Strategy 1: Improve surveillance and monitoring to drive public health action

- Analyze and report clinical and travel data for globally mobile populations (e.g., international travelers, those migrating in and out of United States for work, refugees, etc.).
- Improve notification and monitoring of travelers for quarantinable diseases such as Ebola Virus Disease (EVD) at ports of entry.
- Ensure local protocols are developed, available, trained and exercised (e.g., entry screening and medical assessment of suspect travel case(s) such as those at risk for EVD infection, rapid transfer to healthcare facility for evaluation, etc.)
- Implement CDC Monitoring and Movement Guidance and recommendations for travelers at risk for EVD and other quarantinable diseases.
- Develop, exercise, and update state and local protocols for quarantine and isolation of ill travelers as appropriate.

- Manage contact investigation of potentially exposed persons in coordination with CDC recommendations and guidance.

Strategy 2: Implement and evaluate epidemiologic public health practice

- Identify isolation capacity for management of multiple suspect cases among ill travelers.
- Enhance quarantine, infection control and waste removal capacity for the management of a cohort of potentially exposed persons.

Strategy 3: Coordinate and collaborate

- Enhance staff training and education on port of entry International Health Regulations core capacities (http://www.who.int/ihr/procedures/en).
- Prepare risk communication plan for internal staff and the public including general information on disease, risk to the public, risk of transmission, and protective measures.
- Improve public health response and port of entry capabilities through coordinated formal training, exercise and evaluation.
- Improve and enhance public health emergency communication protocols among all EVD response agencies and partners.

Strategy 4: Maintain and enhance integrated surveillance information

- Facilitate coordination/exchange of public health or clinical data for globally mobile populations.

Collaborations:

With CDC-funded programs: Collaboration with other CDC funded programs is optional. If chosen, applicant should provide evidence of prior collaborations with these groups and should describe the collaborating CDC-funded programs in their jurisdiction or community, describe their role in achieving the outcomes described herein, and describe how the applicant will work with the program. Prior evidence may be provided as a MOU, MOA, or letters of support.

With organizations external to CDC: Collaboration with organizations external to the CDC is optional. If chosen, applicant must provide evidence of prior collaborations with such groups and describe the organization's role in achieving this supplement's outcomes, and how the applicant will interact with the program in specific terms. Prior achievements and evidence may be provided as an MOU, MOA, or letters of support.

Target Population:

Projects should target globally mobile populations such as travelers, refugees, immigrants, expatriates. Emphasis and priority for funding will be placed on Ebola related activities or communities with significant travelers from Ebola affected countries. Applicants should clearly identify which population will be targeted by the proposed project.

Evaluation and Performance Measurement:

Note: Measures have not been finalized and are subject to change. This supplemental information and guidance containing CDC-required performance measures will be issued by the ELC following the posting of the funding announcement.

The performance measures will be closely tied to the pertinent strategies, activities, and outcomes. There may be both qualitative and quantitative data collected for evaluation purposes. Overall, reports summarizing the progress and short term outcomes of each project will be submitted, at a minimum, on an annual basis.

- Measurable outcomes in public health surveillance and monitoring, improved data analysis and reporting of travel associated diseases of public health concern or travelers with diseases of public health significance.
- Communicable disease response plans and standard operating procedures written and exercised among

port and community partners.
- Written standard operating procedures for referral system in place for ill travelers and/or those denied boarding on commercial conveyances.
- Quantifiable improvements in isolation capacity for management of multiple suspect cases.
- Standard operating procedures for issuance of isolation and quarantine orders.
- Measurable increases in stakeholder response coordination processes in handling EVD and other diseases of public health concern.
- Process improvements in transfer of cases between port of entry agencies, healthcare facilities, and jurisdictions.
- Development and implementation of guidelines and recommendations for infection control and decontamination at ports of entry.
- Demonstrable improvements in emergency communication protocols and public health messaging.

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

CDC Activities

1. Provide ongoing guidance, programmatic support (including evaluation, performance measurement, work plan changes), and subject matter expertise to the activities outlined in this supplemental funding announcement guidance.
2. Convene trainings, meetings, conference calls, and site visits with awardees.
3. Facilitate communication among awardees to advance the sharing of expertise on capacity building for supplemental funding announcement guidance.
4. National coordination of activities where appropriate

Section II. Award Information

Type of Award:	Cooperative Agreement CDC substantial involvement in this program appears in the Activities Section above.
Award Mechanism:	U50
Fiscal Year Funds:	2015
Approximate Total Supplemental Funding:	$106,000,000 This amount is subject to availability of funds. Includes direct and indirect costs.
Approximate Number of Awards:	64
Approximate Average Award:	$1,656,250 This amount is for a 12-month budget period, and includes both direct and indirect costs.
Floor of Individual Award Range:	$0
Ceiling of Individual Award Range:	$0 This ceiling is for a 12-month budget period.

There is no ceiling for individual awards.

Anticipated Award Date:	03/13/2015
Budget Period Length:	36 month(s)

Project Period Length: 3 year(s)
Competing Continuation Project Period Length: 5 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category: State governments
County governments
City or township governments
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Eligibility for these supplemental funds is limited to current ELC grantees (previously funded under CK14-1401PPHF2014).

Required Registrations

System for Award Management and Universal Identifier Requirements
All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services.

The recipient is required to have the original DUNS identifier to apply for additional funds.

An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the System for Award Management (SAM) and maintain their SAM registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/portal/SAM/#1.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program.

Other

Special Requirements

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

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

Please note, applicants must submit a discrete itemized budget and budget narrative for each ELC project they are applying for. For example, Project A: *Healthcare Infection Control Assessment and Response* will have a separate budget from Project B: *Enhanced Laboratory Biosafety Capacity* and/or Project C: *Global Migration, Border Interventions, and Migrant Health*. Please also ensure that budget requests associated with various Activities within the same Project are clearly delineated. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative.

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

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

- Maximum number of pages: 100. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

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

NOTE: All activities referenced in this supplemental guidance are intended to have a project length not-exceeding three years (36 months) from date of the award. Funding for the entire project length will be made in one lump sum, even for multi-year projects. While the maximum project length is three years (36 months), applicants may propose projects that are concluded in shorter periods of time.

This application should include separate project narratives for each of the three Projects for which applicants may apply: (A) Healthcare Infection Control Assessment and Response, (b) Laboratory Safety and (C) Global Migration, Border Interventions, and Migrant Health. Each project applied for must contain a complete narrative that includes a 'Background,' 'Current Capacity,' 'Approach and Work Plan,' and 'Evaluation and Performance Measurement Strategy.' Each of these project narratives should be succinct, self-explanatory, and in the order outlined in this section. The project narratives must address activities to be conducted over the entire project length, with a more detailed work plan for the first year (where applicable).

(A) **Background**

Problem Statement: Applicants must describe the core information relative to the specific CDC project they are applying and the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant's response to the supplemental will address the public health problem and support public health priorities.

Purpose: Describe in 2-3 sentences specifically how the applicant will address the project's problem as described in the 'Problem Statement.'

(B) **Current Capacity**

For each project component applied for, address the jurisdiction's current capacity to successfully implement the proposed project and associated activities (including describing staff and other infrastructure already in place that you will build upon) to meet project period outcomes.

(C) **Approach and Work Plan**

For each project applied for, applicants must clearly identify the outcomes they expect to achieve by the end of the project period and provide a clear and concise description of the strategies and activities they will use to achieve the project's outcomes. Briefly introduce the activity(ies) being proposed and describe what the expected outputs (e.g. milestones) will be over the first 12-month of the project and a higher-level description for years two and three (where applicable).

(D) **Performance Measurement and Evaluation Strategy**

Awardees will be required to report on a small set of CDC-defined performance measures that will demonstrate, or show progress toward, the accomplishment of program outcomes of the cooperative agreement. CDC expects to release supplemental information and guidance containing these required performance measures following the posting of the funding announcement.

As part of this application and for each project applied for, awardees should describe in a brief narrative (one paragraph maximum) a plan to affirm and acknowledge the awardee’s ability to collect and respond to required CDC-defined performance measures. For example, awardees may describe who will be monitoring and responding to required performance measures, potential data sources, and anticipated barriers and challenges and how this will be resolved. Awardees may also describe how evaluation data will be shared with key stakeholders and used by the awardee to improve program quality and demonstrate the value of this supplemental funding.

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

Curriculum Vitas, Resumes, Organizational Charts, etc.

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

No more than 5 electronic attachments should be uploaded per application.

CDC Assurances and Certifications: *All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.*

Applicants may follow either of the following processes:

- *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.* Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grant assurances/ (S(mj444mxct 51lnrv1hljjjmaa))/ 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.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.

If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Application Deadline Date

Due Date for Applications: 02/19/2015

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Funding Restrictions

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

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

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http:// www.cdc.gov/ od/pgo/funding /budget guide. htm.

Other Submission Requirements

Application Submission

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

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

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

Electronic Submission of Application:

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

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

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives

the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

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

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

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CK14-1401PPHFSUPP15**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Background	**Maximum Points: 10**

Does the Background provide an adequate description of relevant information, including context the problem described?

Current Capacity	**Maximum Points: 20**

Does the applicant provide adequate details about existing staff and other infrastructure necessary for successful completion of the project? To what extent does the capacity described ensure successful completion of the project?

Approach and Work Plan	**Maximum Points: 60**

Does the applicant clearly describe the work plan proposed? Is the plan adequate to carry out the proposed objectives? How complete and comprehensive is the plan for the entire project period?

Evaluation and Performance Measurement Strategy	**Maximum Points: 10**

Does the awardee demonstrate and afirm the ability to monitor and collect data on performance measures specified by CDC? *Note:* Performance measures included in this guidance have not been finalized and are subject to change. This supplemental information and guidance containing CDC-required performance measures will be issued by the ELC following the posting of the funding announcement.

Please note that in addition to the SF424A, applicants must submit a discrete itemized budget and budget narrative for each ELC project they are applying for. For example, Project A: Healthcare Infection Control Assessment and Response will have a separate budget from Project B: Enhanced Laboratory Biosafety Capacity and/or Project C: Global Migration, Border Interventions, and Migrant Health. Please also ensure that budget requests associated with various Activities within the same Project are clearly delineated. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative.

Review and Selection Process

Review

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

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

All applications will be reviewed initially for completeness by CDC Procurement and Grants Office (PGO) staff and will be subsequently reviewed jointly for eligibility by the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the second phase of review. A streamlined objective review will be conducted to evaluate complete and responsive applications according to the evaluation criteria. The review will be conducted by a number of subject matter experts in the National Center for Zoonotic and Emerging Infectious Diseases (NCEZID).

Selection

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

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

Anticipated Announcement and Award Dates

Section VI. Award Administration Information

Award Notices

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

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

Administrative and National Policy Requirements

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

Continuing Continuations -

AR-7: Executive Order 12372
AR-9: Paperwork Reduction Act
AR-10: Smoke-Free Workplace
AR-11: Healthy People 2010
AR-12: Lobbying Restrictions
AR-14: Accounting System Requirements
AR-24: Health Insurance Portability and Accountability Act
AR-25: Release and Sharing of Data
AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973

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

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over $25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

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

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of

2006, please review the following website: http:// frwebgate .access.gpo.gov/ cgi-bin/ getdoc.cgi? dbname=109_ cong_ bills&docid= f:s2590enr.txt.pdf.

Each funded recipient must provide CDC with an Annual Performance Report (APR) submitted via www.grants.gov:

The Interim Progress report will be submitted as a part of the non-competing continuation applications for CK14-1401, and must contain the following elements:

- Standard Form ("SF") 424S Form.
- SF-424A Budget Information-Non-Construction Programs.
- Budget Narrative.
- Indirect Cost Rate Agreement.
- Project Narrative.
- Interim FFR (SF425)

Additionally, funded recipients must provide CDC with (*not as a part of continuation applications for CK14-1401 submitted to Grants.gov)*:

- Federal Financial Report (FFR)(SF425): (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.
- Final Performance and Financial Status Reports*, due 90 days after the end of the project period

Note: Any activities involving information collections (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance was not provided.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Alvin Shultz, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (404) 639-7028
Email: fcu9@cdc.gov

For **financial, grants management, budget assistance and general inquiries**, contact:

Anella Higgins, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
Telephone: (770) 488-2710
Email: aoh2@cdc.gov

For **application 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
Email: pgotim@cdc.gov

Section VIII. Other Information

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