

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

Strengthening the Nation's Public Health System Through a National Voluntary Accreditation Program

CDC-RFA-OT18-1801

Application Due Date: 04/23/2018

Strengthening the Nation's Public Health System Through a National Voluntary Accreditation Program

CDC-RFA-OT18-1801

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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-OT18-1801. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Strengthening the Nation's Public Health System Through a National Voluntary Accreditation Program

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-1801

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

93.097

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**04/23/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Not applicable.

G. Executive Summary:

1. Summary Paragraph:

The Centers for Disease Control and Prevention (CDC) announces the availability of funds to support a national accreditation program through CDC-RFA-OT18-1801, *Strengthening the Nation's Public Health System Through a National Voluntary Accreditation Program for State, Tribal, Local, and Territorial Health Departments.* This five-year project, with approximately $900,000 available for each 12-month budget period, seeks to support the operations and continuous improvement of a national accreditation program for state, tribal, local, and territorial public health departments. Through this project, CDC will support the single recipient to 1) promote, communicate, and provide education regarding accreditation to diverse and relevant audiences; 2) evolve, improve, or develop new products, services, and tools to ensure a relevant, current, and smoothly functioning program; 3) strengthen strategic partnerships to

support and advance accreditation; and 4) strengthen the evidence base for accreditation and the use of accreditation to advance public health practice. Short-term and intermediate outcomes/outputs of this project will include an increase in the number of public health departments using quality improvement and meeting national standards as evidenced by accreditation status. Ultimately, this can result in stronger public health agencies and improved community health outcomes.

a. Eligible Applicants:	Single
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Period of Performance Funding:	$6,000,000
e. Average One Year Award Amount:	$900,000
f. Total Period of Performance Length:	5
g. Estimated Award Date:	06/01/2018
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 NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

National standards and accreditation programs have played important roles in ensuring accountability and advancing improvement for other community services and organizations, such as schools, daycare centers, hospitals, and police departments. Until recently, there had not been a national accreditation program or standards for public health departments.

This project supports the operations and continuous improvement of a national accreditation program for state, tribal, local, and territorial public health departments. The short-term and intermediate outcomes of this project include an increased number of state, tribal, local, and territorial public health departments meeting national consensus standards and achieving accreditation status, increased use of quality improvement, and increased accountability. Long-term outcomes include stronger public health agencies, improved community health and reduced health disparities, increased recognition of the role and value of public health, and new evidence of the relationship between accreditation, performance, and health outcomes.

Support for the national accreditation program is critical at this stage of its existence and is vital for determining the opportunities for improvement and impact of the national accreditation

activities. This project will build on work conducted through previous cooperative agreements (OT13-1301 and HM08-805) through which necessary elements of the accreditation program—such as nationally established standards and measures, an assessment process, information technology, and staffing— were put into place. The Public Health Accreditation Board (PHAB), which was established in 2007, is widely recognized as the national accrediting body for state, tribal, local, and territorial health departments.

PHAB launched the nation's first national accreditation program for public health departments in 2011. As of December 2017, nearly 70% of the US population is served by a nationally accredited health department. Accredited health departments include 31 state health departments (SHDs), 1 tribe, 179 independently accredited local health departments (LHDs), and 1 system of 67 county LHDs. The large majority of states (39) are either accredited or have formally applied to PHAB. The first accredited sites are already preparing for reaccreditation through PHAB. More than 90% of accredited sites surveyed agreed or strongly agreed that accreditation stimulated performance improvement, created greater accountability, and improved management processes.

Through this project, CDC will support the recipient to 1) promote, communicate, and provide education regarding accreditation to diverse and relevant audiences; 2) evolve, improve, and/or develop new products, services, and tools to ensure a relevant, current, and smoothly functioning program, as well as respond to needs from the field; 3) strengthen strategic partnerships to support and advance accreditation; and 4) strengthen the evidence base for accreditation and the use of accreditation to advance public health practice.

b. Statutory Authorities

The statutory authority for this NOFO is Section 317(k)(2) of the Public Health Service Act, [42 U.S.C. section 241(a) and 247 b(k)(2), as amended].

c. Healthy People 2020

Healthy People 2020 (HP2020) provides national objectives (http://www.healthypeople.gov) to improve the health of all Americans. National accreditation is the focus and data source for *HP* Public Health Infrastructure (https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure) objective, "Increase the proportion of Tribal, state, and local health agencies that are accredited," and adds momentum toward objectives in core competencies, performance assessment , health improvement plans, and quality improvement. PHAB standards cite *HP2020* as an important document for state/community health assessments and health improvement plans.

d. Other National Public Health Priorities and Strategies

The national accreditation program aligns with and supports numerous national public health priorities and strategies, including

1) The National Quality Framework

2) The National Prevention Strategy (https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html)

3) Numerous recent Institute of Medicine reports (http://nationalacademies.org/hmd/Reports

.aspx?filters=inmeta:activity=Public Health Strategies to Improve Health)

4) The National Health Security Preparedness Index (see m87 at http://nhspi.org/indicator/cpe-community-planning-engagement-coordination/)

e. Relevant Work

This funding opportunity builds upon the work completed previously under

- CDC-RFA-OT13-1301, which ends in FY18
- CDC-RFA-HM08-805

Through each of these funding opportunities, the national accreditation program has continued to evolve, from the initial work in developing and testing the program, to launching and initial implementation, to current efforts around reaccreditation, while also expanding and continuously improving accreditation efforts.

For additional information about the above mentioned cooperative agreements, please visit www.grants.gov and search the archived opportunities.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-OT18-1801 Logic Model: Strengthening the Nation's Public Health System Through a National Voluntary Accreditation Program for State, Tribal, Local, and Territorial Health Departments

Bold indicates period of performance outcome

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Promote, communicate, and educate about accreditation to diverse and relevant audiences -Develop, implement, support broad communications -Develop educational materials and tools -Communicate about accreditation in national	**Public health professionals well-prepared to play their role in the accreditation process (accreditation coordinators, health officials, site visitors)**	**Increased accountability and transparency around public health department services** Increased adoption	**Stronger public health agencies** Improved community health and/or reduced health disparities

discussions -Provide training to different audiences serving roles in the accreditation process	**National consensus standards for public health departments (that are kept updated, relevant, etc.)** **Public health agencies seeking accreditation or reaccreditation** **Accredited public health agencies** **Contributions to the evidence base around public health practice**	of evidence-based practices **Increased use of quality improvement** **Improved management practices** **Increased internal and external collaboration** New knowledge of public health practice	Increased recognition of the role and value of public health **Evidence of the relationship between accreditation, performance, and health outcomes**
Evolve, improve, and/or develop new products, services, and tools to ensure a relevant, current, and smoothly functioning accreditation program that is responsive to needs from the field -Monitor changes and refinements needed -Explore issues that might drive needed changes -Develop new standards or new elements of accreditation -Implement accreditation program changes			
Strengthen strategic partnerships to support and advance accreditation -Sustain partnerships with key stakeholder organizations -Develop/strengthen partnerships with categorical			

programs -Develop/strengthen partnerships with traditional and non-traditional partners -Develop/strengthen partnerships with other accrediting bodies			
Strengthen the evidence base for accreditation and the use of accreditation to advance public health practice -Conduct evaluation activities -Support a data infrastructure -Monitor/analyze data from accredited sites -Explore the impact of accreditation			

i. Purpose

The purpose of this project is to support the operations and continuous improvement of a national accreditation program for state, tribal, local, and territorial health departments. The goal of the national accreditation program is to "improve and protect the health of the public by advancing quality and performance" of health departments. The national accreditation program was launched in September 2011.

ii. Outcomes

Support for this program will lead to a smoothly functioning accreditation program, with

professionals who are trained and well-prepared to play their role in the accreditation program and national consensus standards that are updated and kept relevant. Other short-term outcomes will include an increased number of accredited and reaccredited public health agencies and new contributions to the evidence base around public health practice. As a result, intermediate outcomes will include increased accountability and transparency around public health department services, increased adoption of evidence-based practices, increased use of quality improvement, improved management practices, increased collaboration, and new knowledge of public health practice. Ultimately, these outcomes ideally contribute to stronger public health agencies, improved community health and reduced health disparities, increased recognition of public health, and new evidence for the relationship between accreditation, performance, and health outcomes.

iii. Strategies and Activities

The applicant must propose activities to address each of the strategies listed. However, the activities listed below are not exhaustive and should be augmented, as needed.

1. Promote, communicate, and provide education regarding the accreditation program to diverse and relevant audiences. Activities may include but are not limited to
    - Develop, implement, and/or continually support broad communications regarding the value and impact of accreditation to public health practitioners, other stakeholders and the general public
    - Develop and disseminate educational materials, training curricula, and assessment tools to assist health departments that are participating in the accreditation process
    - Strategically and proactively communicate about accreditation and public health practice to public health practitioners, national organizations, and in national-level discussions
    - Provide training for specific groups of public health professionals who play key roles in the accreditation process, such as health officials, accreditation coordinators, PHAB site visitors who serve as peer reviewers, and technical assistance providers
2. Evolve, improve, and/or develop new products, services, and tools to ensure a relevant, current, and smoothly functioning program, as well as respond to new needs from the field. (All elements of the current program can be found at www.phaboard.org.) Activities will include but are not limited to
    - Continually monitor changes and refinements needed through ongoing field-driven input
    - Explore issues that might drive needed changes or updates to the accreditation standards and measures, tools, information systems, and processes by conducting targeted activities (e.g., calls for input, topic-specific meetings, expert panels)
    - Develop and support new standards or new elements of the accreditation program, as needed, such as requirements and processes for reaccreditation or programmatic accreditation modules, including accreditation for Vital Records and Health Statistics
    - Implement and communicate changes incorporated into the accreditation program

3. Strengthen strategic partnerships to support or advance accreditation. Activities will include but are not limited to
    - Sustain partnerships with key stakeholder organizations that are critical to the success of the national accreditation program, including but not limited to the organizations that represent the constituencies being accredited
    - Develop and/or strengthen partnerships with organizations and sectors that represent programmatic or categorical interests within public health to explore and illustrate the connection between accreditation and all elements of public health practice
    - Develop and/or strengthen partnerships with traditional and non-traditional partners, such as healthcare providers, academia, or sectors that affect the social determinants of health (education, housing, finance)Develop and/or strengthen relationships with other accrediting bodies to clarify the distinction between accreditation programs, identify collaborations, and create new learning opportunities
4. Strengthen the evidence base for accreditation and the use of accreditation to advance public health practice. Activities to support and enhance the accreditation program will include but are not limited to
    - Conduct evaluation activities to better understand process and outcomes of the accreditation program
    - Support a data infrastructure that provides information about accredited agencies and can contribute to understanding and exploration of the current state of health department performance
    - Monitor and analyze data from accredited and applicant agencies to increase understanding of health department practice
    - Explore the relationship between accreditation, public health agency performance, and health outcomes to better understand impact

1. Collaborations

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

The applicant must collaborate with OSTLTS, CDC programs, and other CDC centers, institutes, and offices to improve program activities. Collaboration with CDC/OSTLTS and CDC's National Center for Health Statistics is expected for work related to the support of accreditation for Vital Records and Health Statistics Programs. Collaboration with other CDC programs will occur as appropriate (i.e., CSELS for surveillance related work or OPHPR for emergency preparedness related efforts.) Participation in stakeholder meetings and the provision of expert consultation to CDC/OSTLTS and other CDC programs (as requested) are additional activities required of the applicant. OSTLTS's Division of Public Health Performance Improvement, which leads CDC's support of national accreditation of health departments, will help identify and coordinate needs and opportunities for collaboration within CDC.

The applicant should build and/or continue strategic partnerships and collaborations with CDC-funded organizations that have a role in achieving the NOFO outcomes and proposed activities. This includes partnerships with CDC-funded national organizations that are involved in supporting national accreditation.

b. With organizations not funded by CDC:

The applicant should build and/or continue strategic partnerships and collaborations with organizations that can advance progress toward the NOFO outcomes and proposed activities. This includes state, tribal, local, and territorial public health agencies, and other funding organizations. The recipient should seek to establish and strengthen partnerships with organizations and sectors that represent programmatic or categorical interests within public health. The recipient should also explore building partnerships with traditional and non-traditional partners, such as healthcare providers, academia, or sectors that affect the social determinants of health (education, housing, finance).

2. Target Populations

The primary target populations for the accreditation program supported through this funding opportunity are state, tribal, local, and territorial health departments. The populations that will benefit are people served by state, tribal, local and territorial (STLT) health departments.

a. Health Disparities

A long-term outcome of this NOFO is to strengthen the role that accreditation can play in reducing health disparities and improving social determinants of health. The applicant/award recipient is encouraged to incorporate efforts to reduce health disparities and address social determinants of health in the execution of cooperative agreement activities, when appropriate. The national accreditation program has great potential for addressing health disparities in communities, reaching persons with disabilities, and more effectively serving populations that experience language or cultural barriers. The accreditation program is intended to strengthen health departments serving different settings, such as rural areas, tribal jurisdictions, territories, and freely associated states. Further, the national accreditation standards advance attention to health equity by establishing expectations for health department activities in health equity, strengthening attention to the determinants of health, and advancing activities and engagement with different populations throughout the community served.

iv. Funding Strategy

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement will demonstrate achievement of the work plan outcomes and show effective implementation of the strategies over the entire five-year period of performance. Evaluation findings can be used by the recipient and CDC to ensure continuous program and system improvement, help create an evidence base for accreditation, and assess which program strategies are most effective.

Within six months post-award, CDC and the recipient will collaboratively finalize process and outcome measures to ensure they are concrete and achievable. As part of the application, the applicant should define measures that will be used to

- Track implementation of recipient strategies and activities (process evaluation)
- Determine progress on achieving the period of performance outcomes (outcome evaluation)

Process measures related to strategies/activities

- **Promote, communicate, and educate about accreditation**
    - Number of participants completing PHAB trainings to support their health department's role in applying for accreditation (accreditation coordinator, online orientation, reaccreditation training)
    - Number of participants completing PHAB trainings to support their role in delivering the accreditation program (i.e., site visitor trainings)
    - Number of conference sessions, webinars, and workshops conducted by PHAB
    - Number of news stories or social media mentions that are about PHAB-accredited sites or that mention PHAB
- **Evolve, improve, and/or develop new products, services, and tools to ensure a relevant, current, and smoothly functioning program, as well as respond to new needs from the field**
    - Updated products and tools to support the national accreditation program
    - Updated e-PHAB accreditation information system
    - Number of committee meetings, think tanks, expert panels convened
    - Percentage of site visitors who said they would serve again
    - Percentage of accredited sites that participate in the PHAB Accredited Site Learning Community (a service available to accredited sites)
- **Strengthen strategic partnerships to support and advance accreditation**
    - Number of collaborations or meetings with key national accreditation partners (i.e., those serving the constituencies being accredited or providing technical assistance)
    - Number of organizations or national initiatives in which PHAB participates (as a proxy indication for illustrating recognition of the role PHAB is playing in the national public health system)
- **Strengthen the evidence base for accreditation and the use of accreditation to advance public health practice**
    - Manuscripts developed and submitted for publication to peer reviewed journals by PHAB
    - Number of signed PHAB data use agreements in place, indicating provision of PHAB data for use in relevant research or other data exploration efforts
    - Data systems that are developed and/or improved so as to access, analyze, and report on information related to accredited health departments

Outcomes measures (tied to short-term, intermediate and long-term outcomes)

Short-Term Outcomes:

- **Public health professionals well-prepared to play their role in the accreditation process (accreditation coordinators, health officials, site visitors)**
    - Number of public health professionals trained by PHAB (accreditation

coordinator training, site visitor training, online training)
    - Proportion of public health professionals trained who positively indicated they were well-prepare
- **National consensus standards for public health departments (that are kept updated, relevant, etc.)**
    - Release of Version 2.0 of the PHAB Standards and Measures
    - Launch of new Vital Records and Health Statistics (VRHS) accreditation program module
- **Public health agencies seeking accreditation or reaccreditation**
    - Number of health departments applying for initial accreditation (state, tribal, local, territorial)
    - Proportion of accredited health departments applying for reaccreditation (state, tribal, local, territorial)
    - Number of health departments applying for VRHS accreditation
- **Accredited public health agencies**
    - Number and proportion of accredited public health agencies (state, tribal, local, territorial)—ties to *HP2020* PHI-17
    - Number of health departments applying for accreditation (state, tribal, local, territorial)
    - Population served by accredited health departments (total and by each type of health department)
    - Number of accredited VRHS programs
- **Contributions to the evidence base around public health practice**
    - Number of published manuscripts that address PHAB accreditation or include PHAB accreditation data (contributions to the evidence base)

Intermediate Outcomes:

- **Increased accountability and transparency around public health department services**
    - Proportion of sites indicating that accreditation has improved accountability to stakeholders
- **Increased use of quality improvement**
    - Percent of accredited sites that indicate accreditation has improved quality and performance
- **Improved management practices**
    - Percent of accredited sites that indicate accreditation has strengthened their management practices
- **Increased internal and external collaboration**
    - Proportion of sites indicating that accreditation has increased collaboration (or integration) internally and externally

Long-Term Outcomes:

- **Stronger public health agencies**
    - Proportion of sites indicating that accreditation has had a positive financial

impact

- **Evidence of the relationship between accreditation, performance, and health outcomes**
    - Proportion of sites reporting positive changes in health indicators through the reaccreditation outcomes reporting process

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

Specifically, applicants for this NOFO must provide an evaluation and performance measurement plan that meets the requirements noted above and more specifically must describe how key program partners will participate in the all aspects of evaluation and performance measurement processes (not only the planning process).

Applicants must provide a statement of commitment to provide a Data Management Plan (DMP) post award, when specific data generation and collection activities are defined. Recipients will describe how they intend to manage, preserve, and make accessible data

generated or collected with CDC funds in a DMP. The funding program will define the details of how a DMP is to be provided (e.g., as a narrative, table format). DMPs will be submitted, evaluated, and approved before beginning data collection.

Recipients will be required to submit a more detailed Evaluation and Performance Management plan including a DMP, within the first 6 months of award as described in the Reporting Section of this NOFO.

The applicant evaluation and performance measurement plan must provide a detailed description for year one evaluation activities and specific elements to be evaluated over the five-year period of performance. Applicants are expected to develop performance measures specific to the strategies, activities, and outcomes outlined in the proposed work plan. The evaluation and performance measurement plan must meet the minimum requirements, as stated above.

c. Organizational Capacity of Recipients to Implement the Approach

The successful applicant for this sole source NOFO will be recognized as the accrediting body for state, tribal, local, and territorial public health departments. Additionally, the successful applicant organization will have the capacity and demonstrate its ability to successfully execute CDC program goals and strategies and meet period of performance outcomes. The recipient should have adequate infrastructure (physical space and equipment), workforce capacity and competence, relevant skill sets, and information and data systems to implement the award. Required infrastructure, workforce capacity, and information systems to implement the award may include, but is not limited to, program management, performance measurement, evaluation, financial reporting, management of travel requirements, development of staffing plans, workforce development and training, and full capability to manage the required procurement efforts including the ability to write and award subcontracts in accordance with 45 CFR 75. Flexibility will be provided to enable applicants to implement NOFO requirements based on their own organizational design and approach, unless otherwise required by statute. See the "Application and Submission Information" section for more information.

d. Work Plan

No specific work plan format is required, as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO.

A sample work plan format is presented below to show how a traditional work plan aligns with the

logic model and narrative.

- In this format, **the table would be completed for each period of performance outcome**. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Period of Performance Outcome:	**Outcome Measure:**
[from Outcomes section and/or logic model]	*[from Evaluation and Performance Measurement section]*

Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			

e. CDC Monitoring and Accountability Approach
Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient 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 recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient 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 deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients 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.

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 recipients.

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

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

1. Collaborate to ensure coordination and implementation of strategies to support the accreditation program
2. Identify and implement appropriates activities that CDC can undertake to uniquely support and advance the national accreditation program (e.g., establishing incentives, providing technical expertise)
3. Provide guidance and coordination to the funded organization to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations
4. Participate in key meetings and workgroups convened by the applicant and in support of NOFO program strategies and accreditation program objectives
5. Support ongoing opportunities to foster networking, communication, coordination, and collaboration and serve as a conduit for information exchange, including fostering collaboration with other areas of CDC and other CDC-funded organizations
6. Collaborate to compile and publish accomplishments, successful strategies, lessons learned, and impacts during the period of performance
7. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U90
Cooperative Agreement	
3. Fiscal Year:	2018
4. Approximate Total Fiscal Year Funding:	$900,000
5. Approximate Period of Performance Funding:	$6,000,000
This amount is subject to the availability of funds.	
Estimated Total Funding:	$6,000,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	$900,000 Per Budget Period
9. Award Ceiling:	$0 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $900,000 Per Budget Period

11. Estimated Award Date: 06/01/2018
12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

The only eligible applicant for this award is the Public Health Accreditation Board, a 501(c)3 independent accrediting body that administers the national voluntary accreditation program for health departments.

3. Justification for Less than Maximum Competition

The anticipated recipient, PHAB, is the only organization with demonstrated capacity to implement and ensure the continuity of activities outline in this NOFO. PHAB's efforts will focus on the development guidelines and measures related to the accreditation of public health departments.

The nature of the activities under this award are best employed by focusing on the entity to which this cooperative agreement is limited, per memorandum for approval for single-

eligibility competition, which was approved and dated June 7, 2017.

PHAB was found to be uniquely qualified, as it is the organization that has been established as the national accrediting body for state, tribal, local, and territorial health departments. PHAB was determined to have the experience and program infrastructure, which includes field-driven and tested standards, measures, and accreditation assessment process. PHAB is also widely accepted as the national accrediting body for state, tribal, local, and territorial health departments by the constituency organizations for these agencies and as evidenced by the visible mention of PHAB within national policy documents (e.g., Institute of Medicine reports, *Healthy People 2020*).

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 NOFO 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. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients 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 a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov***.

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

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

		create new password 4. This authorizes the AOR to submit applications on behalf of the organization	number and SAM account before applying on grants.gov)	

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

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

b. Application Deadline

Due Date for Applications: **04/23/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

Not applicable.

5. CDC Assurances and Certifications

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

- Complete the applicable assurances and certifications with each application submission,

name the file “Assurances and Certifications” and upload it as a PDF file with at www.grants.gov

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

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

Duplication of Efforts

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A letter of intent is not requested or required as part of the application for this NOFO.

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. 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 period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

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

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

iii. Strategies and Activities
Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-

based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations
Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities
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. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

- Describe the type of evaluations (i.e., process, outcome, or both).

- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's 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 recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health

Organization.
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 NOFO 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 NOFO. 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 Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

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

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

- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Recipients may not use funds for research.

- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

- *Recipients may not use funds for construction.*
- *The recipient may not use funds awarded under this cooperative agreement to duplicate activities supported with other federal funding streams. For example, if the recipient receives accreditation application fees that originate as federal funds, those fees must be used to support activities separate and unique from activities supported by funds awarded under this cooperative agreement.*
- *Applicant is expected to collaborate with CDC in selecting meeting venues that conform to federal statutes on accessibility (ADA), availability of federal per diem rates for expected federal participants, and other appropriate requirements.*

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

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

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

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach	Maximum Points:45

1. Work Plan Background – The extent to which the applicant demonstrates evidence for accreditation program needs and a comprehensive understanding of the accreditation program needs for state, tribal, local, and territorial health departments target population *(10 points)*
2. Work Plan (over period of performance) – The extent to which the applicant develops and describes a five-year plan to adequately achieve or advance the long -program outcomes and carry out the proposed objectives *(10 points)*
3. Work Plan (first year of the period of performance) – Develops a complete and comprehensive plan for the first budget period and demonstrates how the plan will focus on priority activities that address the needs of the target population that include achievable and relevant outcomes; SMART objectives that address the needs of the target population and relate to the recipient activities; and achievable activities that build capacity and are likely to lead to the attainment of the proposed objectives *(20 points)*
4. Coordination – The extent to which the coordinated activities are comprehensive and likely to produce program support for the implementation of the activities *(5 points)*

ii. Evaluation and Performance Measurement	Maximum Points:25

Evaluation and Performance Measurement Plan – The extent to which the applicant 1) proposes a feasible evaluation plan, consistent with their work plan and the CDC evaluation performance strategy, which is likely to demonstrate grantee performance outcomes, including successes and needed improvements and 2) develops measures of effectiveness that are consistent with the components and objectives in their work plan and are likely to measure the intended performance outcomes and to relate to the NOFO's performance goals *[25 points]*

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

Organizational Capacity Statement – The extent to which the applicant demonstrates adequate infrastructure and capacity to carry out or implement the program and achieve the proposed objectives and outcomes *(10 points)*

Project Management/Staffing Plans – The extent to which the applicant indicates appropriate staff member experience, demonstrates clearly defined roles for staff members, and has sufficient staff member capacity to accomplish program goals *(10 points)*

Relationship with Target Population – The extent to which the applicant demonstrates an

established relationship and ongoing engagement with the target population (e.g., existing resolutions or policy statements from organizations representing the target population constituencies) *(10 points)*

Budget

Budget and Budget Narrative – The extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities *(reviewed, but not scored)*

c. Phase III Review

Phase III Review: Applicants will be funded by score and rank determined by the review panel.

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

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

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Notification of selection and award date will be between June 1 and July 1, 2018.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity 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

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

- AR-7: Executive Order 12372 Review
- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: *Healthy People 2020*

- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status
- AR-25: Data Management and Access
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency

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

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance 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 NOFO.

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 NOFO copying the CDC Project Officer.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes

Annual Performance Report (APR)	No later than 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 the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

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

Performance Measurement

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

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on

improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

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

The carryover request must

- Express a bona fide need for permission to use an unobligated balance
- Include a signed, dated, and accurate Federal Financial Report for the budget period from which funds will be transferred (as much as 75% of unobligated balances)

Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to 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 recipients 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 90 days after the end of the budget period. 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, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients 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.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory

Report, Final Invention Statement).

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

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

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

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

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

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

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be

submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Bobbie Erlwein, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Branch Chief, Health Department Systems Development Branch
Division of Public Health Performance Improvement
Centers for Disease Control and Prevention

Liza Corso, Senior Advisor
Division of Public Health Performance Improvement
Centers for Disease Control and Prevention

Telephone: 404-498-0313

Email: LCorso@cdc.gov

Telephone: (404) 915-4484
Email: RErlwein@cdc.gov

Grants Staff Contact

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

Rose Mosley, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Centers for Disease Control and Prevention

Office of Financial Resources

Office of Grants Services

2920 Brandywine Road, MS E-14

Barbara Benyard, GMO

Grants Management Officer

Centers for Disease Control and Prevention

Office of Financial Resources

Office of Grants Services

2920 Brandywine Road, MS E-14

Telephone: 770-488-2757

Email: BBenyard@cdc.gov

Telephone: (770) 488-2450
Email: RMosley@cdc.gov

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Organization Charts

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
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 NOFO 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 period of performance (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 recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
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 NOFO evaluation plan is used to describe how the recipient 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.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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 activitIes; 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.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

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 NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

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.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
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 period of performance 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.

NOFO-specific Glossary and Acronyms