

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations, financed in part by 2017 Prevention and Public Health Funds
CDC-RFA-OT13-13020502SUPP17
Application Due Date: 07/12/2017

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title:

Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations, financed in part by 2017 Prevention and Public Health Funds

Announcement Type:

Revision - Type 3

Agency Funding Opportunity Number:

CDC-RFA-OT13-13020502SUPP17

Catalog of Federal Domestic Assistance Number:

93.424

Key Dates:

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

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

Additional Overview Content:

Executive Summary:

CDC announces a supplemental funding opportunity for the 26 national, nonprofit organizations that previously were awarded under the CDC-RFA-OT13-1302 FOA: "Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations." The 26 grantees are eligible to submit applications for new FY17 CIO Project Plans according to the Target Population Category (A, B, or C) for which they received initial funding in FY2013. This supplemental funding opportunity permits awardees to strengthen the public health infrastructure and improve the performance of governmental and nongovernmental components of the public health system. Public health system refers to "activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals" (Institute of Medicine, 1988). The purposeof this new supplemental FOA is to ensure provision of capacity-building assistance (CBA) to optimize the quality and performance of public health systems, workforce, data and information systems, evidence-based practices and services, partnerships, and resources. CBA is defined as the development and strengthening of human and organizational resources and systems. It involves enhancing the performance of functions, problem-solving, and achievement of objectives at individual, institutional and societal levels. It encompasses activities such as technical assistance, training, information sharing, technology transfer, materials development, or funding that enables an organization to better serve its population or to operate in a more comprehensive, responsive, and effective manner.

This supplemental FOA provides funding for CBA activities with target populations under three headings: Category A: Governmental Public Health Departments; Category B: Workforce Segments across Governmental Public Health Departments; and Category C: Other Governmental and Nongovernmental Public Health Components. The applicant's CBA program

is expected to demonstrate measurable progress among governmental and nongovernmental components of the public health system towards two or more of the following outcomes: 1) increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings; 2) increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships; 3) increased incorporation of core public health competencies into employee position descriptions and performance evaluations; 4) increased integration of state-of-the-art technology into data collection and information systems; 5) increased implementation of evidence-based public health programs, policies, and services; 6) improved capacity to meet nationally established standards, such as those for health department accreditation; 7) establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles; and 8) improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources.

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

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

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

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

This program is authorized under sections 307 and 317(k)(2) of the Public Health Service Act [42 USC 242(l) and 247(b)(k)(2), as amended]. In addition, this program is authorized under sections 311 and 1703 of Public Health Service Act [42 USC 243 and 300 u-2, as amended] and Section 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148.

Background

In 1988, the Institute of Medicine (IOM) published a landmark report, The Future of Public Health, describing the dire state of public health infrastructure across the United States. It was the first national report to call attention to the need to address America's fragmented and seriously underfunded public health system. Although the report acknowledges the multiple stakeholders engaged in the public health enterprise, its recommendations primarily focused on strengthening governmental public health departments as they represent the mainstay of the

public health system.

The call for a transformed, invigorated public health system continues into the 21st century, as the challenges for governmental public health have not ceased (IOM, 2012a, 2011; Robert Wood Johnson Foundation, 2012; Trust for America's Health, 2008). Challenges such as economic recessions, persistently underfinanced and fragmented public health infrastructure, and the shifting public health needs threaten governmental public health's capacity to achieve the recommended transformation and address the broad health and safety needs of the American public. These challenges also weaken its capacity to: 1) meet the ambitious *Healthy People 2020* and *National Prevention Strategy* goals; 2) effectively perform the ten essential public health services; and 3) address the nation's future health challenges, such as rising health care costs and the health needs of a growing older adult population). Such challenges demonstrates the urgency of improving performance, accountability, and value of America's governmental public health and the overall public health system. In addition, public health will benefit from effective integration with primary care in areas such as community engagement, aligned leadership that bridges disciplines and jurisdictions, sustainability by establishing a shared infrastructure, and sharing and collaborative use of data and analysis. A robust program that adequately invests in capacity building assistance will contribute significantly in transforming the public health system and its various components to cover a broad range of challenges and needs. In general, CBA activities are expected to result in an increase in the quality, quantity, efficiencies, and/or cost effectiveness of public health services and related outcomes, and ultimately in public health improvement.

For the purpose of this supplemental FOA, the public health system refers to "activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals" (IOM, 1988). Specifically, the purpose of this program is to ensure the provision of CBA to optimize the quality and performance of public health systems, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, and public health resources. In addition, capacity building assistance is defined as the development and strengthening of human and organizational resources and systems. It involves enhancing the performance of functions, problem-solving, and achievement of objectives at individual, institutional and societal levels. CBA encompasses activities such as technical assistance, training, information sharing, technology transfer, materials development, or funding that enables an organization to better serve its population or to operate in a more comprehensive, responsive, and effective manner. Capacity building is expected to assist governmental and nongovernmental public health in fulfilling the mission of protecting and promoting health in their communities and effectively performing essential public health services.

The supplemental FOA provides funding for CBA activities with target populations under three headings: Category A: Governmental Public Health Departments; Category B: Workforce Segments across Governmental Public Health Departments; and Category C: Other Governmental and Nongovernmental Public Health Components. The applicant's CBA program is expected to demonstrate measurable progress among governmental and nongovernmental components of the public health system towards two or more of the following outcomes: 1) increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings; 2) increased availability and accessibility of continuing education and training focused on public health competencies and new skills,

including the use of experience-based internships and fellowships; 3) increased incorporation of core public health competencies into employee position descriptions and performance evaluations; 4) increased integration of state-of-the-art technology into data collection and information systems; 5) increased implementation of evidence-based public health programs, policies, and services; 6) improved capacity to meet nationally established standards, such as those for health department accreditation; 7) establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles; and 8) improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources.

The capacity building strategies and related activities represent major national recommendations. The strategies are also based on the CDC Office for State, Tribal, Local, and Territorial Support's priorities, program experiences, and evidence-based recommendations from national reports published by federal councils and national public health organizations: U.S. Department of Health and Human Services, Healthy People 2020, IOM, and the National Prevention Strategy. These capacity-building program strategies and related activities are designed to position components of the public health system to fulfill their mission in protecting and promoting population health in the United States, United States territories, and Tribal nations. Applicants may propose to address one or more of the six program strategies and identifying corresponding activities. The activities should be proposed on the basis of the priority needs of the target population: 1) Public Health Systems and Organizational Improvement; 2) Public Health Workforce; 3) Public Health Data and Information Systems; 4) Public Health Practice and Services; 5) Public Health Partnerships; and 6) Public Health Resources, Communication and Evaluation.

Purpose

The purpose of this supplemental FOA is to ensure the provision of capacity building assistance (CBA) for governmental and nongovernmental components of the public health system to optimize the quality and performance of public health systems, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, and public health resources. This supplemental FOA addresses the "Healthy People 2020" focus area of Public Health Infrastructure. Infrastructure is the foundation for planning, delivering, and evaluating public health, which is why "Healthy People 2020" establishes goals to ensure that all governmental public health departments have the necessary infrastructure to provide essential public health services in an effective manner (U.S. Department of Health and Human Services, 2011). It also addresses Topic Area Preparedness: To improve the Nation’s ability to prevent, prepare for, respond to, and recover from a major health incident.

Only the 26 national, nonprofit organizations that were previously awarded under the CDC-RFA-OT13-1302 FOA: "Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations" are eligible to submit applications under this Funding Opportunity Announcement, CDC-RFA-OT13-13020502SUPP17.

Program Implementation

Recipient Activities

Applicants may propose to address the FOA goals using the following activities. Aligned with the over FOA strategies, the activities listed below are not exhaustive and should be augmented on the basis of the priority needs of the target population.

1. Public Health Systems and Organizational Improvement - Activities to identify infrastructure and system needs and steps to make improvements may include:

- Conduct target population assessment and stakeholder analyses to identify infrastructure and system needs, information and data collection gaps, and public health workforce, and information technology capacities.
- Assist target population in building new models that integrate clinical and population health. Assist target population in leveraging funding opportunities across the public health system.
- Develop and implement strategies to strengthen target population's capacity for collaboration, assessment, planning, implementation, and evaluation to ensure efficiencies and cooperation in public health service planning, delivery, and resource sharing across jurisdictions.
- Assist target population with better ways to appropriately document the status of health disparities and health equity outcomes. Assist with the facilitation of a performance measurement system across governmental and private-sector organizations that have responsibilities for the public's health and safety to allow tracking of intermediate and long-term outcomes (IOM, 2012a).
- Assist target population in implementing strategies that are critical for integrating surveillance and monitoring systems across the agency and other related agencies.
- Assist target population with eliminating disparities in burdens of disease among racial and ethnic minorities and other vulnerable populations.
- Assist target population in implementing continuous quality improvement and conducting assessment studies to improve performance (quality and quantity).
- Assist target population with public health policy assessment and development, identification and dissemination of best practices, and education.
- Support public health services planning, delivery, and resource sharing to improve efficiency, collaboration, systems integration, and coordination.
- Develop strategies and methods to ensure leaders of public health departments are informed of major activities and initiatives undertaken by professional constituencies and other components of the public health system.
- Develop administrative procedures to move grant funding from state to local levels in a timely and effective manner and to include legal authorities for receiving, allocating, and spending funds.

2. Public Health Workforce - Activities to enable target population to improve work-force public health competencies and improve workforce retention, may include:

- Identify competency needs of target population.
- Assist target population in selecting and developing trainings, including cross-training,

to build and sustain workforce competence.

- Assist target population in identifying and implementing evidence-based strategies, including leadership institutes, and trainings to increase workforce diversity and retention.
- Promote internships, fellowships, and post-graduate programs to recruit and strengthen the public health workforce, including an emphasis on underrepresented populations.
- Select and/or develop and disseminate educational materials, training curricula, and program evaluation and assessment tools that help build workforce capacity.
- Address target population's training needs in public health competencies and systems performance, including selecting and/or developing opportunities to engage in lifelong learning through short courses, certificate programs, distance learning, and other learning opportunities.

3. Public Health Data and Information Systems - Activities to increase the use of data and information systems, which utilize state-of-the-art technology and are better integrated across the public health system, may include:

- Assist target population with improving the collection, interpretation, and dissemination of health data on populations.
- Assist target population in achieving efficient and effective public health business practices supported by interoperable information systems.
- Assist target population in using data to identify, evaluate, and educate about public health policy and program options and impact. Assist target population in adopting strategies to improve the exchange of electronic data across organizational and jurisdictional boundaries.
- Provide competency-based training to increase the capacity of the public health informatics workforce.
- Develop and implement strategies to promote informatics and health information exchange across public health constituencies and/or nongovernmental system components.

4. Public Health Practice and Services - Activities to strengthen the target population's ability to deliver essential public health services in a comprehensive manner may include:

- Provide CBA to strengthen the ability of the target population to deliver essential services that provide or ensure comprehensive public health services.
- Assist target population with identifying, prioritizing, and funding programs that efficiently maximize effectiveness in lowering disease rates, preventing injuries, and improving health (e.g., development of a standardized methodology).
- Provide technical and consultation services to enhance the target population's capacity to integrate prevention strategies and actions across multiple settings to improve health and save lives.
- Facilitate target population adoption of initiatives to develop, implement, and evaluate effective strategies that promote health and prevent disease and injury.
- Translate and disseminate evidence-based public health science.
- Assist the target population with identifying effective mechanisms for ensuring that the

health care system is capable of assessing and responding to the public's health care needs, and measuring their effectiveness in meeting those needs.
- Provide assistance to the target population with emerging or real-time priority needs that are justified by available evidence.
- Facilitate program development and adoption of evidence-based interventions that impact the reduction of high burden diseases, such as those identified in CDC's Winnable Battles initiative.

5. Public Health Partnerships - Activities to improve the ability of the target population to develop and maintain diverse and results-driven partnerships, may include but are not limited to:

- Assist target population in evaluating existing, emerging, or new models that promote collaboration among key stakeholders to address the health and safety of persons living with the leading causes of mortality, morbidity, and injuries.
- Assist target population by identifying successful practices and developing new mechanisms to inform and mobilize the public and private sectors (e.g., academic institutions, law enforcement agencies, municipal governments, school systems, industry, hospitals, mass media organizations, & community-based organizations) in collaborative efforts to move toward a healthier population.
- Provide leadership and facilitation in response to national public health initiatives, mobilization efforts, and emerging issues. Increase participation in partnerships and collaborations with public health scientific communities, health care providers, federal departments, universities, and private sector organizations to pursue identified public health goals.

6. Public Health Resources, Communication and Evaluation - Activities designed to improve provision of public health resources that are readily available and accessible by the public:

- Assist target population to develop and disseminate educational materials, training curricula, and program evaluation and assessment tools that build their capacity.
- Assist target population in developing and implementing health communication and marketing activities as a multidisciplinary area of science, practice, and training.
- Strategically and proactively communicate public health information and evidence-based science and national recommendations to the target population.
- Assist target population in developing effective measures to disseminate public health education and promotion materials, public health findings, and other information of interest.

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

CDC Activities

CDC activities for this program are as follows:

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

Section II. Award Information

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

Award Mechanism: U38
Uniform National Health Program Reporting System

Fiscal Year Funds: 2017

Approximate Total Supplemental Funding: $39,787,973

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

This table lists the CIO Projects Plans for this FY 2017 supplemental FOA, which is year 5 of the intial CDC-RFA-OT13-1302 FOA, "Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations" program. Please note that any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance

Applicants are eligible to submit applications for FY17 CIO Project Plans according to the Target Population Category (A, B, or C) for which they received initial funding in FY 2013.

Table 1: CIO Project Plans - Category A

Project Title	Proposed Project Funding	Target Population Category	Target Population Description

Strengthening Local Health Department (LHD) Capacity for rural small and mid-sized communities to address social determinants of health	$300,000	A	Local health departments and their leadership and secondary employees; local government officials (i.e., mayors)
Building capacity in local health departments to institutionalize health equity practices	$150,000	A	Local health departments
Create a video-based curriculum for pediatricians and obstetricians based on the Talk With Me Baby early brain development curriculum	$110,000	A	State health agency leaders that collaborate with Georgia pediatricians and obstetricians.
Technical assistance and support for CDC/ATSDR Tribal Advisory Committee members and tribal leaders	$45,000	A	Tribal governments, Tribal public health departments, and tribal public health programs
Strengthening Local Health Department (LHD) Capacity for Integrated Chronic Disease Prevention	$100,000	A	Local health departments and their leadership and secondary employees and local government officials
Building capacity for water preparedness and response in local health departments	$82,500	A	Local health officials with primary responsibility for public health or environmental health emergency preparedness and response
Building capacity for water preparedness and response in state health departments	$82,500	A	State or territorial health officials with primary responsibility for public health or environmental health emergency preparedness and response
Strengthening the US Public Health System to Enhance the Health Communication Capacity of State, Tribal, Local, and Territorial Public Health Officials	$200,000	A	State and local public health officials who serve as health communicators
Public Health in Indian Country Capacity Scan (PHICCS) - Part I	$40,000	A	Tribal Public Health Departments
Women’s Experience with Congenital Syphilis: Qualitative Interviews with Post-Partum Women Associated with Congenital Syphilis Cases (Case Mothers)	$200,000	A	State STD programs

Public Health in Indian Country Capacity Scan (PHICCS)	$100,000	A	Tribal Public Health Departments
Tribal Governments as Federal Partners	$150,000	A	Tribal public health departments, tribal health departments and tribal governments
Using data to drive action in workforce development efforts of state health agencies	$170,000	A	State Health Departments
Million Hearts in Big Cities	$500,000	A	Local health departments serving municipalities throughout the United States
Cascade screening to identify and provide genetic services to family members of individuals diagnosed with hereditary cancer syndromes	$450,000	A	State cancer control programs, state genomics programs, state cancer registries
Engaging City and County Health Departments in Accelerating Evidence into Action (6|18 Initiative)	$50,000	A	City, county and local public health departments
State Cancer Program Transformation in a Changing Health Policy Environment	$100,000	A	State chronic disease directors, directors of CDC-funded cancer programs in state health departments, tribes and tribal organizations, US territories, and universities.
American Indian Clinical Cancer Screening Network	$150,000	A	Clinic Teams (i.e. providers, nurses, leadership, quality improvement) in Tribal and urban health systems across American Indian communities
Hepatitis C testing and treatment awareness among American Indians and Alaska Natives	$85,000	A	Indian Health Service facilities
Building workplace health program expertise and capacity at the local level using the CDC Work@Health Employer-based training program	$250,000	A	Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs within local and other health department types
Workplace Health Promotion Education Materials for Local Wellness Professionals: Development, Dissemination, and	$200,000	A	Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs within local and other health department

Evaluation			types
Interconnecting behavioral health and public health	$350,000	A	STLT Health Officials.
Reducing Hypertension Among Priority Populations	$3,000,000	A	State health departments
Building capacity for comprehensive Syringe Services Programs in a rural community	$175,000	A	Local health departments in rural communities focusing syringe services program
Familial Support in Hypertension	$1,000,000	A	State and territorial health departments to strengthen community-clinical linkages and improve population-level hypertension control
Performance Improvement for rural and/or small health departments	$250,000	A	Small local health departments (serving <50,000 population, or having <10 LHD staff), or in a location defined by the U.S. Census Bureau as rural
Accreditation Support Initiative Supplement: Capacity Building Assistance to Accelerate Accreditation Readiness	$250,000	A	Public health accreditation/ erformance improvement workforce across local health departments.
Local Food Service Guidelines Action Institutes	$250,000	A	Local Health Officials and governments
Public Health Direction Setting: Expanding the Public Health Road Map Series for Cognition and Caregiving	$200,000	A	Senior leadership in State Health Departments
Capacity Building Assistance to Identify/ Implement Best Practices for Safe Siting Initiatives, including Choose Safe Places for Early Care and Education	$150,000	A	Local health departments
Opioid Overdose Prevention In ESOOS States: Technical Assistance	$200,000	A	State health officials and their staff, along with other State health agency leaders
Provision of Technical and Capacity Building Assistance for State Health Departments	$285,000	A	State health departments
Improving Chronic Disease Surveillance and Management Through the Use of	$2,500,000	A	State health departments, health care controlled networks; state chronic disease programs, syndromic

Electronic Health Records and Related Health Information Systems			surveillance initiatives, health IT initiatives
Environment and Public Health Nexus: US EPA-States Collaborative Pilots	$25,000	A	State environmental agencies and state public and environmental health agencies.
Building Capacity for Improving Oral Health through Maintaining Water Fluoridation in Local Communities	$250,000	A	Local, community and regional public health departments and their constituents; Community public water systems
Local Response to Public Health Emergencies: Focus on the Opioid Epidemic	$1,350,000	A	County and city health officials; key state or local partners
Population Health Workforce Initiative A	$1,128,000	A	State health departments and territorial health departments and their staff
Puerto Rico Departamento de Salud NBS Hosting and Support	$227,800	A	Territorial health departments
Building capacity for comprehensive Syringe Services Programs in a tribal community	$175,000	A	Tribal health departments; syringe services program serving a tribal community

Table 2. CIO Project Plans - Category B

Project Title	**Proposed Project Funding**	**Target Population Category**	**Target Population Description**
Community of Practice: Implementation of evidence-based childhood weight management guidelines and programs for children with obesity	$70,000	B	Chronic disease prevention workforce in state and local health departments
Health Behaviors and Other Risk Factors in Early-Onset Colorectal Cancer	$395,000	B	Epidemiologists and other public health scientists.
Development and Testing of a Physical Activity Measures Checklist Tool	$300,000	B	Chronic Disease Prevention Workforce in Local and State Health Departments.
Leadership Training to Build the Capacity of the Public Health Workforce in Puerto Rico	$200,000	B	Public health improvement workforce to build leadership capacity of the public health workforce in Puerto Rico; public health institutes

Global NCDs	$651,712	B	Governmental public health professionals and multi-sector partners; public health institutes
Poverty-related economic policies as social determinants of health impacting STD prevention	$200,000	B	Public health lawyers and other policy staff who assess and interpret laws
Program improvement for STD programs: A demonstration project	$120,000	B	Government public health professionals focused on quality improvement, performance management and workforce development.
Pilot Phase of Global Security Flagship Project: Program to Assess, Strengthen Systems for AMR Detection, Prevention & Control in Healthcare	$625,000	B	Governmental public health professionals and their multi-sector partners; public health institutes and public health training centers.
Development and Implementation of Scalable Continuous Quality Improvement (CQI) Training Tools in Support of Laboratory Accreditation and Lab-clinic Interface	$180,000	B	PH Informatics Professionals across State, Tribal, Local and Territorial Health Departments.
Improving Patient and Health Care Provider Communication about Early Onset Breast Cancer	$300,000	B	Chronic Disease Prevention Workforce in Local and State Health Departments; Physicians, epidemiologists, and evaluators focused on chronic disease prevention.
International Laboratory Branch Public Private Partnership (PPP) Support Activities	$500,000	B	PH Informatics Professionals across State, Tribal, Local and Territorial Health Departments and other health ministries
Program Evaluation of Prevention Strategies Developed in Practice Settings	$300,000	B	Governmental public health professionals and their multi-sector partners; public health institutes and public health training centers.
Education campaign for state chronic disease directors on including hereditary conditions in chronic disease activities to improve health outcomes	$20,000	B	State chronic disease directors
FY17 HHS Secretarial and Agency Priority Initiative Support to Multi-Sector Partners	$500,000	B	Governmental public health professionals and their multi-sector partners interested in leveraging a

			network of public health institutes and public health training centers
FY17 HHS Secretarial and Agency Priority Support - Public Health Law & Policy Initiatives	$500,000	B	Public health law and policy stakeholders across the U.S. public health system.
Building workplace health program expertise and capacity in states using the CDC Work@Health Employer-based training program	$250,000	B	Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs within state health departments.
Public Health Law Collaboration for Cardiovascular Disease Control	$150,000	B	State grantees, health officials and researchers, policy researchers
Workplace Health Promotion Education Materials for State Wellness Professionals: Development, Dissemination, and Evaluation	$200,000	B	Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs within state and other health department types
National Leadership Academy for the Public's Health Multisectoral Part 2	$300,000	B	Public health improvement workforce across STLT health departments; multisectoral leadership across the public health system
FY17 HHS Secretarial and Agency Priority Initiative Support - QI, PM and Workforce Development	$500,000	B	Governmental public health professionals working/focused on quality improvement, performance management and workforce development
Laboratory African Regional Collaborative (LARC) Support Activities	$400,000	B	Public Health Informatics Professionals across State, Tribal, Local and Territorial Health Departments and program managers in laboratories and clinicians
Develop and implement VL/EID tools for enhancing lab-clinical interface and quality improvement for HIV-diagnosis testing including Rapid Recency and LAg Assay.	$60,000	B	Public Health Informatics Professionals across State, Tribal, Local and Territorial Health Departments; informatics systems (e-tools) working with HIV testing in African populations
The International Diabetes Epidemiology Group (IDEG) Training Symposium 2017	$93,104	B	Governmental public health professionals and their multi-sector partners; public health institutes and public health training centers
Empower patients and caregivers of persons with Alzheimer’s disease and other dementias: Education and	$700,000	B	Public health professionals working in chronic disease prevention programs

coordination of services.			
Understanding the landscape of violence prevention policies in the U.S.	$225,000	B	Public Health Lawyers supporting Federal, State, Tribal, Local and Territorial Public Health Departments and Agencies
A Sustainable Biosafety Cabinet (BSC) Repair and Certification School in Botswana	$150,000	B	Public health informatics professionals to develop systems and capacity
Identifying and Advancing Successful Policy Strategies to Improve Health in Rural Communities	$200,000	B	National network which includes PH institutes
Surveillance of shared decision-making for prostate, breast, and lung cancer	$100,000	B	Chronic disease prevention professionals
Building Tribal Epidemiology Center Capacity and Collaboration	$200,000	B	Applied Tribal Epidemiologists.
Economic and Policy Analyses for Evidence-Based Community Health Interventions	$200,000	B	National network of non-profit public health institutes
Pediatric Obesity mini CoIIN	$150,000	B	Public health nutritionists working in state, local, territorial, tribal public health agencies
Workforce Training on Program Implementation, Evaluation and Translation for Public Health Professionals	$145,000	B	Governmental public health professionals and their multi-sector partners; public health institutes and public health training centers
Reaching Persons with Disabilities through Healthy Communities – Part 2	$400,000	B	Chronic disease prevention professionals
Population Health Workforce Initiative	$1,128,000	B	Governmental public health professionals and their multi-sector partners; public health institutes and public health training centers
ContinUCare App For Youth: Development of An App for Youth Exiting Supervised Care Systems	$75,000	B	PH informatics professionals across State, Tribal, Local and Territorial (STLT) Health Departments
Evaluation Support for Good Health and Wellness in Indian Country	$2,139,800	B	Epidemiologists fromTribal Epidemiology Centers and the Urban Indian Health Institute

Technical Assistance and Training in Epidemiology for CDC State Grantees	$400,000	B	Applied Epidemiologists in State, Tribal, Local and Territorial (STLT) Health Departments
Strengthening Collaboration in High Obesity Areas	$150,000	B	Governmental public health professionals and their multi-sector partners; public health institutes and public health training centers.
Building a Roadmap for More Efficient Surveillance of Children's Mental, Emotional and Behavioral Disorders	$300,000	B	Governmental public health professionals and their multi-sector partners; public health institutes and public health training centers
Assessing State-Level Decision Maker Support for Evidence-Based Approaches to Chronic Disease Prevention	$150,000	B	Chronic Disease Prevention Workforce in State Health Departments
Strengthening Healthcare Workforce Development Efforts in the U.S. Island Jurisdictions	$350,000	B	Governmental public health professionals focused on quality improvement, performance management and workforce development
Integration of Disaster Preparedness Practices Among Primary Care Physicians	$275,000	B	Governmental public health professionals and their multi-sector partners; public health institutes and public health training centers.
Pilot Expansion of CDC's Policy Capacity Building Activities	$275,000	B	Governmental public health professionals; public health organizations to include PH institutes and training centers; state and local public health staff

Table 3: CIO Project Plans - Category C

Project Title	**Proposed Project Funding**	**Target Population Category**	**Target Population Description**
Develop Strategies to Reduce Childhood Asthma Related Emergency Department Visits and Hospitalizations	$75,000	C	Public Health Professionals working as staff and volunteers for Lung Association affiliate organizations nationwide
Prematurity Prevention Network (PPN)	$200,000	C	Nongovernmental health, community-based professionals;

			Prematurity Partners
Dissemination of Community Guide Recommendations on Built Environment to Transportation Planning Agencies	$175,000	C	Persons in formal leadership roles of non-profit, voluntary and private entities that support PH services delivery systems
Improving the Quality, Availability, and Accessibility of a Credible Smartphone App to Increase Gestational Weight Gain Within Recommendations	$250,000	C	Nongovernmental health, community-based professionals interested in using an app to track gestational weight gain.
Population Health Residency Rotation	$500,000	C	Preventive medicine residency training programs and Public Health Training Centers
Addictions, Detect and Prevent Prescription Drug Misuse	$500,000	C	Community Mental Health Organizations in all 56 States and Territories and in Tribal Nations
Mental and Behavioral Health	$500,000	C	Community Mental Health Organizations in States, Territories and Tribal Nations
Prevention of Birth Defects Caused by Mental Health disabilities	$750,000	C	Community Mental Health Organizations; States; Territories and Tribal Nations
Engaging Healthcare Providers in Accelerating Evidence into Action (6|18 Initiative)	$125,000	C	Nongovernmental - Community Health Centers with a focus on physicians trained in population health and preventive medicine.
Building workplace health program expertise and capacity through community-based organizations using the CDC Work@Health Employer-based training program	$250,000	C	Health promotion or wellness professionals working in chronic disease prevention programs in communities at the local level
Methods, Metrics, and indicators for measuring disparities in health outcomes and risk behaviors related to HIV, STDs, Viral Hepatitis, and Tuberculosis	$90,000	C	Persons in formal leadership roles of nonprofit, voluntary, and private entities that support public health service delivery systems
FY17 HHS Secretarial and Agency Priority Collaboration	$500,000	C	Governors and their staff

with Governors' Offices			
Provider Education and Training to Improving Mental Health Discussions, Screening, and Treatment of Cancer Survivors	$250,000	C	Nongovernmental - community and neighborhood health centers, primary care providers
Increasing implementation of an evidence-based childhood weight management program in federally qualified health centers for low-income children with obesity	$900,000	C	Federally Qualified Health Centers
Appraisal of Clinical Care Practices for Child Obesity Prevention & Treatment to Inform Quality Improvement	$60,000	C	Pediatricians/Immunizers
FY17 HHS Secretarial and Agency Priority Initiative Support through National Healthy Start Centers	$250,000	C	Network of National Healthy Start Centers
Opioid Overdose Prevention in Unfunded States, Emphasis on Public Health Institutes	$400,000	C	Public Health Institutes; Key State partners in opioid overdose prevention
Healthy Heart Bi-directional Referral Program	$1,000,000	C	National and Local Y Staff; local affiliates that serve high-burden, rural and urban communities
Integrating Infectious Disease Responsiveness into State Planning	$250,000	C	Governors and their staff, state public health departments, and public safety staff
Increasing Physician Assessment, Diagnosis and Referral to Care Planning	$500,000	C	Physicians trained in population health and in Preventive Medicine
Public Health Emergency Preparedness and Response Workshop for State and Territorial Gubernatorial and Legislative Leadership	$200,000	C	Governors and their staff across the states, territories, and commonwealth of the United States, including emergency management staff
Using Early Intervention Data to Assess Outcomes among Deaf and Hard of Hearing	$150,000	C	Organizations (i.e., public health agencies) with access to public health, early intervention, and education data on D/HH

(D/HH) Children			infants receiving intervention services.
Assessing Feasibility and Impact of CDC's "Learn the Signs. Act Early." Program in Early Head Start Settings	$325,000	C	Early Head Start grantees and affiliated early care and education providers serving families with children from birth to age three years
Evaluation of Changing the Conversation: Educating, Engaging and Empowering Young Men in Teen Pregnancy Prevention communications campaign pilot	$50,000	C	Nonprofit Community-based Family Planning Agencies
Evaluation of CDC's Learn the Signs. Act Early. Children's Books to Promote Monitoring of Developmental Milestones	$254,557	C	Programs, such as early care and education centers, that serve disadvantaged or low-income families with children two or three years of age.
Building capacity among Governors to address suicide in the suicide belt states	$150,000	C	Governors, Governors' health policy advisors, and other state officials
Engaging Federally Qualified Health Centers to Accelerate Evidence into Action (6|18 Initiative)	$50,000	C	Federally Qualified Health Centers
Community-based Healthy Heart Hypertension Management Project	$500,000	C	National and Local Y staff
Increasing workforce capacity to identify tics and tic disorders in children	$350,000	C	University centers associated with disability programs
Meeting the Needs of Early Childhood Systems to Integrate Evidence-Based Parenting Programs	$175,000	C	University centers associated with disability programs
Partnering with Pediatricians to Assess Exposures to Hazardous Chemicals Using the State of the Art Tool	$125,000	C	Health professionals, especially pediatricians
Enhancing and Supporting Core PH capacity in Puerto Rico and	$125,000	C	Community and neighborhood health centers, primary care

the VI			residency

Approximate Number of Awards: 26
26

Approximate Average Award: $39,787,973
This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range: $20,000

Ceiling of Individual Award Range: $3,000,000
This ceiling is for a 12-month budget period.

Anticipated Award Date: 09/01/2017

Budget Period Length: 9 month(s)

Project Period Length: 5 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:

Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Note that only the 26 national, nonprofit organizations that were previously awarded under the CDC-RFA-OT13-1302 FOA: "Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations" are eligible to submit applications under this Funding Opportunity Announcement, CDC-RFA-OT13-13020502SUPP17.

The eligible applicants must have nonprofit 501(c)(3) status or nonprofit 501(c)(6) status, other than institutions of higher education.

Note that only the 26 national, nonprofit organizations that were previously awarded under the CDC-RFA-OT13-1302 FOA: "Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations" are eligible to submit applications under this Funding Opportunity Announcement, CDC-RFA-OT13-13020502SUPP17.

Required Registrations

System for Award Management and Universal Identifier Requirements
An organization must be registered at the three following locations before it can submit an

application for funding at www.grants.gov.
a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.
b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option at www.grants.gov. All applicant organizations must register with www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Other

Special Requirements

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

Maintenance of Effort

Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters

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

Content and Form of Application Submission

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

Submission of Work Plans in Response to CIO Project Plans

The CIO Project Plans are organized in this FY 2017 supplemental FOA by the Target Population Category (A, B, or C) for which the grantees competed and were awarded in FY 2013. See attachments for the Project Plans. The submitted Work Plans in response to CIO Project Plans must include the proposed objectives and accompanying activities, outputs, and outcomes for the final three-four months remaining in the Year 5 budget period. Each submitted Work Plan must also include a brief description (abstract) of the project, a description of approach to implementing the project, descriptions of applicant's organizational capacity and program experience as they relate to the CIO proposed project, a detailed work plan, and detailed budget narrative. The applicant must identify and develop annual performance measures for Year 5 for each project plan. In addition, the grantee must indicate how each objective's performance measure(s) is (are) linked to the selected program outcome(s). The Work Plans in Response to FY 2017 CIO Project Plans must be submitted via Grants.gov. Please note that further instructions on submitting your Work Plans in Sharepoint will be provided by PSU.

For each objective:

- Indicate the proposed strategies accompanying activities for accomplishing the identified FOA Program Outcomes in the upcoming budget period.
- Identify a performance measure(s) and be linked to the FOA Program Outcomes that assess impact of the project. Provide a timeline for accomplishing proposed objectives/strategies/activities within the upcoming budget period. Identify and justify any redirection of activities.
- Explain the methods you will use to implement the new, redirected activities.
- Provide line item budgets and budget narratives for the categories indicated in the

template and narratives for each work plan.

General instructions for submitting Work Plans:

1. **Go to**: Grants.gov.
2. **Select**: "Applicants."
3. **Select:** "Apply for Grants."
4. **Select:** "Get Application Package."
5. **Insert** the Funding Opportunity Number only, formatted as: CDC-RFA-OT13-13020502SUPP17.
6. **Download** application package.
7. **Complete** the Budget Information for Non-Construction Programs (SF424A) form.
8. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF425).
9. **Upload** the master Project Narrative and master Budget Narrative document.
10. **Upload** the Indirect Cost Rate Agreement.
11. **Follow** instructions to submit the application package to Grants.gov.

Budget Summary Spreadsheet: Grantees must provide a budget summary spreadsheet as part of their Budget Narrative. The summary must be in excel format and should identify the budget line items per project. Grantees should use the spreadsheet template as provided by CDC. The completed document should be uploaded to Grants.gov under "Optional Attachments" in the "Mandatory Attachments" Section.

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

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

- Maximum number of pages: 20. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

To align with the structure of this supplemental FOA, the WORK PLAN represents the Project Narrative. The applicants will use the OSTLTS/Partnership Support Unit's "WORK PLAN IN RESPONSE TO FY 2017 CIO PROJECT PLAN" template to create their Work Plans. In

addition, applicants will create and save one master merge of all individual Work Plans in Response to FY 2017 CIO Project Plan PDFs as the "Project Narrative." Applicants will also create and save one master merge of all individual Budget Narratives as "Budget Narrative."

The Work Plans in response to FY 2017 CIO Project Plans should include the proposed objectives and their accompanying activities, outputs, and outcomes for the upcoming budget period. The Work Plans will include an abstract of the project approach, organizational capacity and program experience of the grantee organization as they relate to the CIO proposed project and a detailed work plan and budget. The grantee must identify and develop annual performance measures for Year 5. The APR for the status of Year 5's proposed performance measures, activities, outputs and outcomes will be submitted in spring 2018. The applicant must indicate how each objective's performance measure(s) is (are) linked to the selected program outcome(s). Work Plans in Response to FY 2017 CIO Project Plans must be submitted via Grants.gov.

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

Each Work Plan (Project Narrative) submission, as indicated in the "WORK PLAN IN RESPONSE TO CIO PROJECT PLAN" template, must include information related to the following areas:

1. **PROJECT APPROACH**: Describe your overall program strategy or approach to accomplishing the objectives of this project. (2,500 words maximum)
2. **ORGANIZATIONAL CAPACITY**: Describe your capacity as it relates to the project for which you are applying. Include your capacity related to capacity building assistance (CBA) experience/expertise, staffing resources and relationships (1,500 words maximum)
3. **PROGRAM EXPERIENCE**: Describe your experience as it relates to the project for which you're applying. Include products you have developed; services, training and technical assistance you have provided; relevant target populations you have supported; and other related experience. (1,500 words maximum)
4. **WORK PLAN**: Include as many objectives and connecting activities, outputs and outcomes as needed. (5,000 words maximum)
5. **COLLABORATIVE WORK**: Describe your plan for collaboration (as appropriate for accomplishing the outlined objectives). Include specific organizations or entities.
6. **SUB-CONTRACTURAL WORK**: Describe your plan for sub-contractual work and recommend criteria for identifying and selecting subcontractors.(1,000 words maximum)
7. **BUDGET INFORMATION**
8. **ADDITIONAL ATTACHMENTS**: Budget Justification Narrative; Indirect Cost Rate Agreement, Contractor Approval Request, Excel Budget Spreadsheet, etc.

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

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

The applicant must provide a clear and concise description of the strategies and activities they will use to achieve during the budget period outcomes. In addition, the applicant must select existing evidence-based strategies that meet their needs and describe how these strategies will be evaluated over the course of the budget period. See the Strategies and Activities section of the CDC Project Description.

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

- Project Abstract Summary
- Table of Contents for Entire Submission
- Budget Narrative (compile as one master pdf file)
- CDC Assurances and Certifications
- Work Plans (compiled as one master pdf file)
- Nonprofit organization IRS status forms, if applicable
- Indirect cost rate, if applicable
- Curriculum Vitas for key staff

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

No more than 10 electronic attachments should be uploaded per application.

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

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

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

Duplication of Efforts

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

Submission Dates and Times

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

Application Deadline Date

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

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

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

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

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

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

- http:// frwebgate.access.gpo.gov /cgi-bin/getdoc.cgi ?dbname= 109_cong_bills&docid=

f:s2590enr.txt.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf

Funding Restrictions

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

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

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

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

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:
http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission

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

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package.

This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.
In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

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

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

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

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

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the

application deadline. Paper applications submitted without prior approval will not be considered.

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

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-OT13-13020502SUPP17**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Project Description/Approach — Maximum Points: 15

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

1. Describes the overall strategy or approach to accomplishing the objectives of the project
2. Demonstrates evidence for the target population's priority capacity building assistance (CBA) needs.
3. Demonstrates a comprehensive understanding of the CBA needs for the target population.

Work Plan — Maximum Points: 35

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

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

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

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

Applicant's Organization Capacity	Maximum Points: 25

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

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

Applicant's Programm Experience	Maximum Points: 20

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

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

Collaboration, if applicable	Maximum Points: 5

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

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

Budget and Budget Narrative (reviewed, but not scored)	Maximum Points: 0

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

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

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

- Salaries and wages
- Fringe benefits

- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total direct costs
- Indirect costs
- Total costs

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

Review and Selection Process

Review

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

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

The applications will be compiled and reviewed according to the Target Population Category: A, B and C. The applicants are eligible to apply for FY 2017 CIO Project Plans in the Categories for which they competed and were awarded in FY 2013 under CDC-RFA-OT13-1302. In the event a technical review is more efficient (i.e., there is only one proposal submitted for a particular CIO Project Plan), the technical review will be held in place of an objective review. If an objective review process is required, applications will be reviewed by panel of three subject matter experts.

Selection

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

Final funding determinations will be based on application scores from either the objective review panel process or technical review process. If an objective review is conducted, applications will be funded in order by score and rank determined by the review panel. Proposals will be assessed on their feasibility, organizational resources, ability to reach the target populations, and linkages between the project goals and objectives, project activities, and intended outcomes for impact.

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

Anticipated Announcement and Award Dates

Applicants will receive notification of selection for the supplemental funding awards in September 1, 2017.

Section VI. Award Administration Information

Award Notices

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

Administrative and National Policy Requirements

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

Continuing Continuations -

- AR-8: Public Health System Reporting Requirements AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status
- AR-24: Health Insurance Portability and Accountability Act Requirements AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966 AR-27: Conference Disclaimer and Use of Logos
- AR-28: Inclusion of Persons Under the Age of 21 in Research
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009 AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency

For more information on the Code of Federal Regulations, see the National Archives and

Records Administration at the following Internet address: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

Reporting

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

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

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

1. The interim progress report is due no less than 120 days before the end of the budget period. The Interim Progress report will serve as the non-competing continuation applications, and must contain the following elements:

a. Standard Form ("SF") 425 Form.

b. SF-424A Budget Information-Non-Construction Programs.

c. Budget Narrative.

d. Indirect Cost Rate Agreement.

e. Project Narrative.

2. **Annual Performance Report (APR) (required):** The awardee must submit the APR via www.grantsolutions.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting**.**

3. **Federal Financial Report (SF-425) (Required):** The Federal Financial Report (SF-425) must be submitted through GrantSolutions 90 days after the end of the project period.

4. Final Performance and Financial Status Reports are due 90 days after the end of the project period, 9/30/2018.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Caroline Sulal, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

OSTLT/PSU
4770 Buford Highway NE, MS: K-90
Atlanta, GA
Telephone: (770) 488-1522
Email: ecq8@cdc.gov

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

Tiffany Mannings, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2960 Brandywine Rd, MS: E-01
Atlanta, GA 30341
Telephone: (770) 488-2515
Email: yuo7@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.