FOA: CDC-RFA-OT13-13020502SUPP17
Category B FY17 CIO Project Plans
(43 Project Plans)

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Office for State, Tribal, Local and Territorial Support
Partnership Support Unit
Final

FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
to Improve Population Health through National, Nonprofit Organizations

Project Plan Instructions

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	A Sustainable Biosafety Cabinet (BSC) Repair and Certification School in Botswana
CIO*	CENTER FOR GLOBAL HEALTH
Division*	DIVISION OF GLOBAL HIV/AIDS
CIO POC name(s)* Enter up to 3 names	David Bressler Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-0130 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	dpb8@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 23	PH Informatics Professionals to develop systems and capacity in Botswana to establish a sustainable accredited training school for the repair/certification of BSC in laboratories
Proposed project funding*	$150,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 423	Problem: Properly certified Biosafety Cabinets (BSCs) are one of the most critical pieces of laboratory equipment used to prevent Laboratory Acquired Infections (LAI) in laboratory personnel. BSCs are necessary for safely conducting clinical and reference laboratory testing, as well as for outbreak and unknown pathogen investigations. Many resource poor countries cannot afford to keep their cabinets certified thus risking the safety and health of laboratorians worldwide. Approach: This is Phase I of a multiphase project to develop a BSC Repair and Certification school at the Botswana Institute of Standards (BOBS), located in Gabarone, Botswana that could, if successful, be used as a template worldwide. Phase II would begin by utilizing the Bureau of Standard's unique, safe and accessible training facilities, and a cadre of trained instructors -- obtained by recruiting from national and regional vocational technical/university based engineering school programs (Phase 1), leading directly to an accredited and respected training program -- eventually providing a safety equipment repair resource extending beyond the country of Botswana. Initial impact is generated by using the resources provided to purchase an initial set of certification equipment to train four repair technicians with the outcome being 4 MoH personnel being able to repair and certify BSCs across Botswana. Additional impact is generated by having the graduates serve as the nucleus of training cadre for starting an accredited BSC repair and certification school serving the southern region of Africa. Outcome: A self-sustaining BSC repair and certification school established at BOBS that is able to provide a continuing supply of BSC and biomedical equipment repair technicians for the country and the region, supported by partnerships with CDC, CDC-Botswana, Botswana MoH, BOBS, and numerous other national and international partners with similar public health interests. The equipment purchased with the funds received would be used to assist trainees and graduates in learning how to certify and repair biological safety cabinets for the Botswana Ministry of Health (MoH) and (Phase 2) eventually serve as a cadre of trainers that would build the permanent and self-sustaining national

	training program. Four sets of certification equipment (approximately $30,000 per kit) are envisioned to be needed to begin the training program, supplemented eventually by donations by interested partners. Any additional funding not used for equipment would go toward establishing the pilot training program for the trainees to include international travel (approximately $20,000) and supplies (approximately $10,000). The funding would be awarded to BOBs, with the project overseen by CDC-Botswana personnel and the CIO POC. In-kind contribution would be that the Botswana MoH provides for travel/MI&E/accommodations for the trainees during training.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 50	The awardee should have the demonstrated capacity to provide capacity building in information technology in developing nations. Awardee should also have access to subject matter experts and to have the ability to initiate and award subcontract to conduct pilot training course. Awardee should have the capacity to arrange for international travel.
Applicant program experience* (Maximum of 500 words) Word count 56	The awardee should have the demonstrated experience to initiate and award subcontracts, purchase equipment and supplies either domestically or internationally, and arrange for international shipment of equipment and supplies. Awardee should have demonstrated experience in arranging international travel. Awardee should have the ability, if called upon, to provide minimal expert consultation with regard to training methods for international students.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 17	In-kind contribution would be that the Botswana MoH provides for travel/MI&E/accommodations for the trainees during training.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 17	Awardee would be responsible for subcontracting with BOBS to develop and conduct the pilot training program.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 58	Awardee would be responsible for purchasing four sets of certification equipment (approximately $30,000 per kit) necessary to begin the training program, supplemented eventually by donations by interested partners. Any additional funding not used for equipment would go toward establishing the pilot training program for the trainees to include international travel (approx $20,000) and supplies (approx $10,000).
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 11	Assessing State-Level Decision Maker Support for Evidence-Based Approaches to Chronic Disease Prevent...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY
CIO POC name(s)* Enter up to 3 names	Karen Voetsch; Linda Barnes Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-5440; 404-867-9697 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	kmp9@cdc.gov; lit2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 8	Chronic Disease Prevention Workforce in State Health Departments
Proposed project funding*	$150,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 355	PURPOSE: The purpose of this project is for CDC to better understand the views of state-level decision makers so that evidence-based approaches that address the complexities and long-term incremental changes to improve physical activity and nutrition to prevent chronic disease, are communicated in ways that resonate with chronic disease stakeholders. BACKGROUND: Lack of physical activity and poor nutrition drive poor health outcomes, such as obesity and other chronic diseases and cost the US billions of dollars every year. CDC has developed evidence-based strategies to help improve opportunities for people across the United States to be more physically active and eat better that stretch across the lifespan and provide incremental support to the complex issue of improving physical activity and nutrition. These strategies can include: encouraging hospitals to promote breastfeeding, supporting early child education centers to provide healthy foods and increase time for physical activity, supporting community designs that make physical activity easier, and improving community-wide access to healthier foods. All of these actions require buy-in from local, state, and national-level decision-makers. However, many decision-makers may view communicating to the general public about the dangers of unhealthy eating, lack of activity, obesity, and other chronic diseases as an appropriate respose to this public health issue instead of policy, systems, and environmental changes, which are better supported by the latest evidence. Strengthening state based understanding and expertise in this area can help CDC more successfully implement their chronic disease programs. Activities: • Conduct and facilitate informational sessions with state-level stakeholders to understand their views of evidence-based strategies • Identify ways to communicate evidence-based strategies related to chronic disease that will resonate with a broad range of stakeholders • Develop packaged messages that can be provided to state-funded grantees that will assist them in communicating to state-level stakeholders OUTPUTS: • Stakeholder/respondent report with executive summary, summary of conclusions, and big-picture take-away's/recommendations as applicable or possible based on data;

	• List of options for communicating evidence-based strategies, citing justification; and • Information packets targeted to state-funded grantees to assist in communicating with state-level stakeholders. OUTCOME: • Increased awareness of and access to evidence-base supporting effective interventions related to prevention of chronic disease associated with nutrition, physical activity and obesity.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☐ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 55	Applicant must have: - access to a network of state public health agencies and other public and private stakeholders (at the state and local levels) with a shared interest in chronic diseases, specific to obesity prevention and management. - infrastructure to communicate and promote evidence-based strategies policy, systems, and environmental changes related to obesity to local, state, and national-level decision-makers.
Applicant program experience* (Maximum of 500 words) Word count 38	- Experience communicating to, and educating state-level decision makers and state Chronic Disease Directors and staff on preventable non-communicable disease and related conditions - Experience engaging state level decision makers and communicating with state Chronic Disease Directors and staff.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 51	It is expected that awardee collaborates closely with CDC in finalizing activities and in monitoring execution. Collaborations should occur to establish a mutually-agreeable schedule for general reporting on project status and availability of funds, as is reasonable depending on accounting and business realities (e.g., types of contracts involved, internal close-out schedules, etc.).
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 25	Subcontracted work may be necessary to obtain consultation of an appropriate, qualified subject matter expert for a portion of this work, per grantee's selection process.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 13	Building a Roadmap for More Efficient Surveillance of Children's Mental, Emotional and Behavioral Disord...
CIO*	NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES
Division*	DIVISION OF HUMAN DEVELOPMENT AND DISABILITY
CIO POC name(s)* Enter up to 3 names	Jennifer Kaminski; Jeanette Bloomfield Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-4159 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	anu1@cdc.gov; crx7@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 23	Governmental public health professionals and their multi-sector partners interested in leveraging a network of public health institutes and public health training centers
Proposed project funding*	$300,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 608	Mental health in childhood is characterized by the achievement of developmental and emotional milestones, healthy social development, and effective coping skills, such that mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities. Untreated or inadequately treated mental disorders – including, but not limited to, attention-deficit/hyperactivity disorder, disruptive behavior disorders, tic disorders, mood disorders, anxiety disorders and substance use disorders -- can result in serious difficulties at home, with peer relationships, and in school. These disorders also can be associated with concurrent and future delinquent or criminal behavior, and other risk-taking behaviors. Mental disorders among children are thus an important public health issue because of their prevalence, early onset, and impact on the child, family, and community. Public health surveillance involves systematic and ongoing collection of data followed by the interpretation and dissemination of the results to encourage public health action. Surveillance is critical for: documenting persistence and impact across the lifespan, monitoring health service use and availability, informing prevention and treatment activities, and informing allocation of funding for services. Data on a condition's prevalence inform health care providers on how often they may expect to diagnose a specific condition and assist policy makers and administrators in assessing community needs and allocating prevention and treatment resources. However, estimating the true prevalence of mental disorders in children is particularly challenging, in part because a variety of data sources, and their respective strengths and limitations, must be simultaneously considered to fully characterize the population. The most common surveillance data sources are national surveillance efforts, such as the National Survey of Children's Health, that rely on parent report of diagnosed disorders. Estimates based on those data exclude undiagnosed cases, can only include a limited number of conditions, and will be biased by factors that influence access to health care. Medical claims data (e.g., Medicaid) can be used to estimate costs of particular conditions. However, claims

	data only include insured populations, and estimates rely on an assumption of similar use of procedure codes by different practitioners and researchers. School records can estimate impact of disorders as they pertain to school-based services, but only for children whose needs are documented by the school system. Direct assessments of impairment through community-based studies can provide estimates that include undiagnosed cases, yet are very resource intensive to conduct. While each approach has its own strengths and weaknesses, the extent to which the biases affect the estimates has not been characterized. Thus, states, agencies, and organizations are left with little concrete guidance on sufficient and efficient methods for surveillance of children's mental health. This project will capitalize on existing knowledge from surveillance of children's mental disorders and other conditions to design a "roadmap" for how to build capacity in public health departments and agencies to implement a sustainable approach to systematic surveillance of children's mental health. Proposed activities may include, but are not limited to: • Build upon recent work to review and synthesize findings from studies comparing estimates of children's mental disorders obtained via different surveillance methods, with a priority of identifying studies that compare estimates by different surveillance methods on the same population; • Synthesizing recommendations developed for surveillance of other conditions that may face similar challenges (e.g., non-reportable childhood conditions, conditions that rely on a clinical cutoff or a number of symptoms, conditions whose level of impairment can fluctuate over time and context, etc); • Consultation and/or meeting with relevant experts in surveillance of children's mental disorders and similar conditions; • Exploration of statistical modeling approaches that may estimate the level of bias associated with different surveillance methods; and • Developing the parameters of a research study to answer key questions about concordance and biases of different surveillance approaches for children's mental disorders.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☐ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 54	The applicant organization should demonstrate: • Access to a network of public health organizations and/or agencies whose in-house expertise could be leveraged for this project; • Staff with expertise in psychiatric epidemiology or related fields; and • Capacity to support proposed activities (e.g., literature syntheses, advanced statistical capabilities including complex sampling, study design, and in-person and virtual meeting facilitation).
Applicant program experience* (Maximum of 500 words) Word count 103	The applicant should demonstrate: • a clear understanding of the challenges associated with the current approaches to surveillance of children's mental disorders; • experience with surveillance methods for health conditions, preferably experience with the surveillance of mental disorders, and experience with multiple types of surveillance methods; • experience with the development of a research study proposal; and • experience with statistical modeling approaches that incorporate or consider input from multiple data sources. Additionally, the applicant will preferably have prior experience working with experts in the surveillance or research of mental disorders and be familiar with data systems that collect or include information about children's health and mental health.
	COLLABORATIVE WORK
Expectations for collaboration (If applicable, maximum of 300 words) Word count 69	CDC and the awardee will maintain regular communication, with the primary means of communication via email and conference calls at least monthly. The awardee and CDC will collaborate to: • define criteria and scope for a review and synthesis of studies, if undertaken, • define the parameters of a potential research study plan to directly compare surveillance methods within the same populations, and • identify consultants or experts for virtual or in-person meetings.
	Proposal may include subcontractors if justified for specified activities, with criteria dependent upon the qualifications needed for the activity.

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 20	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 35	The budget should include funds to support travel to CDC in Atlanta, GA for up to three key staff for a kickoff meeting. Additional travel or meeting costs can be proposed if justified in the workplan.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 4	Building CDC's Policy Capacity
CIO*	OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY
Division*	POLICY RESEARCH, ANALYSIS, AND DEVELOPMENT OFFICE
CIO POC name(s)* Enter up to 3 names	Scott Miller; Jim Kucik Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-5948; 404-639-7827 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	ajq1@cdc.gov; ezk9@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 22	Governmental public health professionals interested in leveraging a network of public health organizations to include PH institutes and training centers
Proposed project funding*	$275,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 941	The Policy Research, Analysis, and Development Office (PRADO) in the Office of the Associate Director for Policy at CDC improves population health by supporting the policy network within CDC that develops, translates, and shares evidence showing the health, economic, and budgetary impact of policy interventions to inform policymakers and public health practitioners. To achieve this mission, PRADO works to strengthen capacity in rigorous and objective assessments of proposed and recommended public health programs and policy interventions to understand their value in improving population health, reducing health inequalities, reducing healthcare costs and improving productivity to ensure efficient resource allocation. To build this capacity at CDC, PRADO provides technical assistance and trainings throughout the agency to divisions that lack policy and economic expertise or have insufficient capacity. Related activities have included: a training and workshop series entitled Economics for Policy that provides intensive engagement with experts in the field; a Policy Academy designed to train staff in the principles of policy and economic principles and uses project-based learning to develop high quality policy products; developed online, on-demand courses for policy and economic evaluation; and direct technical assistance with subject matter experts to develop interactive tools that model the health and budgetary impact of select policy options. This project plan seeks to support the PRADO capacity building efforts by providing technical and logistical support in three specific areas: 1. Policy Academy; 2. Economic and Budgetary Impact Analysis; 3. Internal technical assistance around health reform. 1. The CDC Policy Academy is a unique, highly-selective capacity-building program initiated in 2015 by the Office of the Associate Director for Policy. The goal of the Academy is to improve CDC workforce capacity to apply policy as a lever to improve the public's health at all levels of government, including state, tribal, local and territorial. The Academy's focus on policy analysis and its related competencies strengthens the participants' skills to identify and analyze policy issues related to public health priorities. General activities: • Identify overarching objectives for the

Academy professional development program and create a robust and challenging learning structure for participants in order to enhance their ability to apply policy in public health Specific activities will include, but are not limited to, the following: • Develop and deliver a classroom curriculum: o Conduct key informant interviews with CDC senior staff to identify critical policy skills for the CDC workforce o Identify core competencies on which the Academy professional development program will be based o Establish learning objectives to support the competencies o Develop a program of instruction consisting of multiple classroom sessions of two or three days each that addresses the competencies, complemented by outside reading, online courses, and/or experiential activities o Assist with the identification of and invitation to public health and government experts with relevant experience to offer their insight via individual and panel presentations o Provide facilitation for each of the classroom sessions • Act as coach and mentor for participant teams to guide them through their policy research and analysis projects. Assist the teams in identifying mechanisms/venues to disseminate their project findings (e.g., manuscript; conference; webinar) • Plan and conduct a kickoff webinar to provide basic information on Academy goals, objectives and expectations to selected participants • Plan and conduct a "graduation" event for the participant teams to present their research findings Outputs: • A rigorous classroom curriculum consisting of multiple instructional sessions based on identified core competencies • Team project deliverables (e.g., manuscript; white paper; policy brief) which articulate successful strategies at federal, state and local levels to address public health priorities through policy. • An evaluation report to capture lessons learned and to provide recommendations for improving the Academy curriculum and experience 2. Economic and Budgetary Impact Capacity Building This task provides meeting, facilitation and logistics support to conduct training, build capacity and stimulate agency-wide analytic work in economic and budgetary impact analysis of public health and prevention policies. These capacity building events shall address cutting edge methods by experts conducting budgetary impact analysis with the potential to be applied to assessing public health and prevention policies. General Activities Identify and Provide Qualified Instructors • Identify leading experts to serve as Instructors and /or Facilitators who can provide intensive technical assistance in economic and budgetary impact analysis through training materials, workshops, seminars and intensive capacity building technical assistance. • These individuals shall have an outstanding blend of skills and research experience (in conducting budgetary impact analysis of health and health care policies), the academic recognition and stature, and access to an extensive research network to provide the intellectual leadership for motivating innovative scholarship and fostering the interdisciplinary collaborations that are critical to move this field forward. Conduct Capacity Building Workshops and Seminars • Work in collaboration with CDC and with guidance and work from Instructors/Facilitators to develop and adapt training materials to convene up to two workshops on economic and budgetary impact analysis, as well as provide timely, as needed didactic and analytic consultations throughout the period of performance. • Invite and secure instructors, arrange travel/lodging, and draft any support materials needed for instructors or participants. • Provide support to facilitate workshop and seminar sessions as needed. 3. Technical Assistance for Health Reform This proposal seeks to extend current CDC capacity by engaging an outside organization that has expertise in analyzing health system changes. This subject matter expertise should facilitate improved awareness of the impact of legislative and regulatory changes across the agency through technical assistance and training. The ideal organization should have expertise in identifying and assessing public health risks and opportunities and applying its knowledge of health system changes to the program needs of CDC's various CIOs, divisions and branches. Deliverables: • Provide training and seminars that would increase the awareness among CDC staff of the impact of legislative and regulatory changes to health policies • Provide written materials that can serve as a resource for CDC staff to better understand changes in health policy.

Program strategies that relate to FOA* (Check one or more)

- [x] Public Health Systems and Organizational Improvement
- [ ] Public Health Data and Information Systems
- [x] Public Health Partnerships
- [ ] Other
- [x] Public Health Workforce
- [x] Public Health Practice and Services
- [x] Public Health Resources, Communication & Evaluation

Program outcomes that relate to FOA* (Check two or more)

- [ ] Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings
- [x] 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
- [ ] Increased incorporation of core public health competencies into employee position descriptions and performance evaluations
- [ ] Increased integration of state-of-the-art technology into data collection and information systems
- [x] Increased implementation of evidence-based public health programs, policies, and services
- [ ] Improved capacity to meet nationally established standards, such as those for health department accreditation
- [x] 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
- [x] Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources
- [ ] Other

Applicant organizational capacity* (Maximum of 500 words)

Word count
50

The selected organization must have standing as a national organization with an extensive network throughout the US which has demonstrated capacity in training a public health workforce though a variety of modalities, to include training in the application of policy, policy and economic analysis, and health system transformation.

Applicant program experience* (Maximum of 500 words) Word count 44	The selected organization must have broad experience developing and delivering a public health workforce development program with a focus on the application of policy in public health. The program will include a classroom curriculum with core competencies, learning objectives, and relevant instruction.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 83	The selected organization will be expected to co-develop and deliver capacity-building programs for CDC staff in conjunction with the Office of the Associate Director for Policy. For the Policy Academy, the two organizations will jointly construct a comprehensive classroom curriculum and additional activities designed to improve participants' policy skills. Similarly, the two organizations will work collaboratively to develop models for developing and delivering training on economic and budgetary impact analysis and technical assistance for understanding implications for health reform on public health.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program. submit date: 2017-03-24	

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FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
to Improve Population Health through National, Nonprofit Organizations

Project Plan Instructions

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 6	Building Tribal Epidemiology Center Capacity and Collaboration
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Kimberly Hart Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-6448 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	khv8@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☐ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 6	Target population is Tribal Epidemiologists.
Proposed project funding*	$200,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 227	Tribal Epidemiology Centers (TECs) work in partnership with local or area tribes to improve the health and wellbeing of tribal members by offering culturally competent approaches to eliminate health disparities faced by American Indian and Alaska Native (AI/AN) populations. In addition to partnering with tribes, TECs often coordinate their activities with federal, state, and local agencies, and academic institutions throughout the country. TECs provide various types of support and services based on organizational structure, tribal populations served, and their mission and goals. This fact sheet provides a general overview of TECs and examples of each TEC's key programs and activities. Explore the hyperlinked resources provided below at www.cdc.gov/tribal/tribal_groups.html. Building the TECs' capacity and collaboration across TECs and with other epidemiological organizations is critical to telling the AI/AN public health story and addressing the substantial public health burden and disparities faced by Indian Country. Goal 1: Strengthening capacity and the practice of epidemiology in Indian Country Goal 2: Expand and enhance strategic partnerships Goal 3: Build one organization that will support and serve as the network hub for all TECs The awardee of this project will need to have vast organization development experience through a clear track record of servicing as the network and professional association for epidemiologists. The strategy will be to pass on this experience to the TECs and to support their ability to achieve the three goals.

Program strategies that relate to FOA* (Check one or more)		
	☑ Public Health Systems and Organizational Improvement	☑ Public Health Workforce
	☑ Public Health Data and Information Systems	☑ Public Health Practice and Services
	☑ Public Health Partnerships	☐ Public Health Resources, Communication & Evaluation

	☐ Other
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 14	The applicant should have the capacity to work with Tribal Epidemiology Centers.
Applicant program experience* (Maximum of 500 words) Word count 9	The applicant should have experience working with epidemiologists.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 11	This applicant will work closely with Tribal Epidemiology Centers.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 9	The applicant may subcontract with Tribal Epidemiology Centers.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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submit date:	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 15	Building workplace health program expertise and capacity in states using the CDC Work@Health Employe...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF POPULATION HEALTH
CIO POC name(s)* Enter up to 3 names	Jason Lang; Lisa Garbarino Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(770) 488-5597; (770) 488-1496 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	bzl0@cdc.gov; lgt1@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 18	Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs within state health departments.
Proposed project funding*	$250,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 507	Increasing health care costs and health-related decreases in worker productivity are leading American businesses to examine strategies to improve employee health and contain health costs that are largely driven by chronic diseases and related lifestyle choices. Employers are recognizing the role they can play in creating a healthy work environment and providing their employees with opportunities to make healthy lifestyle choices. Workplace health programs not only benefit individual employees but also make good business sense. The approach that has proven most effective is to implement an evidence-based comprehensive health promotion program that includes individual risk reduction programs, coupled with environmental supports for healthy behaviors and is coordinated and integrated with other wellness activities. However, only 6.9% of employers offer a comprehensive worksite health promotion program, according to a 2004 national survey. Several studies have concluded that well designed worksite health promotion programs can improve the health of employees and save money for employers instituting these programs. Between 2013–2016, the CDC Workplace Health Program developed and pilot tested a comprehensive workplace health training curriculum that is built on a problem-based approach and focused on improving employer knowledge and skills and evaluated basic and intermediate level training and technical assistance. Launched in 2014, Work@Health® (https://www.cdc.gov/workplacehealthpromotion/initiatives/workathealth/index.html) is a comprehensive workplace health training program that has supported employers of various sizes, industry sectors, and geographic areas as well as other participants (train-the-trainers) who support employer workplace health efforts such as health departments, business coalitions, and trade associations. The program helps employers develop a skill set and capacity to build or enhance a science-based workplace health program through basic and intermediate level training and technical assistance and has reached more than 500 employers and certified more than 60 trainers to date. The goal of this effort is train and certify a cadres

	of state and local public health professionals in the Work@Health® program using the train-the-trainer curricula with the intent to train additional employers in their states and communities. The training will build capacity and workplace health expertise within state and local health departments while raising awareness, knowledge, and skills level of employers in these same communities for developing and sustaining effective evidenced-based workplace health programs. Using the approved, evidence-based Work@Health program curricula and evaluation protocol, the grantee will be able to measure changes in trainee motivation and confidence, knowledge, and attitudes related to core workplace health program strategies and principles. Employers who are trained by certified trainers can measure organizational practice changes identified in the CDC Worksite Health ScoreCard. CDC will provide the initial in-person training to train-the-trainer candidates (basic or master) in Atlanta, GA. Per the training program protocol, train-the-trainer candidates are certified (i.e., graduate) and are able to independently train employers after they complete the curricula and a live practice training involving 5 local area employers. The grantee would be involved in identifying and recruiting training candidates and local area employers, scheduling and hosting live trainings, and expanding the program reach and impact (e.g., capacity) by adding the number of certified trainers and offering additional employer training over time.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 68	Applicant should have organizational capacity to work with State Health Officials, State Health Departments, particularly chronic disease units as well as private non-profit organization. The applicant should have organizational capacity to provide outreach to and engagement with public and private employers in states. The applicant should also have technological capacity and infrastructure to offer training and technical assistance using multiple modalities (online, in-person, and blended approaches).
Applicant program experience* (Maximum of 500 words) Word count 81	Applicant should have experience in public health, behavioral science, social marketing, health communications, program and policy development, and program evaluation. Applicant should have ability to reach into and engage the business community. Applicant should have a strong desire and commitment to build workplace health knowledge and capacity within the organization. It is desirable, but not necessary that applicant have experience in workplace health protection and promotion theory and practice, organizational change, evidence-based models and best practices, and industry trends.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 26	The acitvities will be carried out in close collaboration with the CDC Workplace Health Program, and partnership calls will be held monthly to discuss progress.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 47	CDC has contracted for support to maintain a virtual training and technical assistance portal that houses the current training materials and resources as well as scheduling and networking support. This may be of value to the applicant to reduce barriers and eliminate duplication of effort.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable	The budget should adhere to OSTLTS and PGO requirements per the funding announcement. The organization should provide a qualified individual dedicated to lead this project. Cost will include staffing

(Maximum of 300 words) Word count 48	support, printing, mailing or other trainee and participant outreach, evaluation data collection and analysis, training logistic support.

CIO CERTIFICATION*	
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submit date: 2017-03-23	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 17	Community of Practice: Implementation of evidence-based childhood weight management guidelines an...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY
CIO POC name(s)* Enter up to 3 names	Carrie Dooyema; Suzianne Garner; Linda Barnes Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-6042; 770-488-5044; 404-867-9697; Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	iym3cdc.gov; sle1@cdc.gov; lit2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 12	Chronic disease prevention workforce in state and local health departments
Proposed project funding*	$70,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 646	Approximately 12 million children in the US have obesity, putting them at increased risk for serious and costly health and social consequences. Unfortunately, the harms of obesity and the benefits of treatment are not equally shared. In particular, children of low-income families and racial/ethnic minorities carry a higher burden of overweight and obesity. The U.S. Preventative Services Task Force (USPSTF) has recommended (Grade B) that clinicians (a) screen all children aged 6-18 years for obesity by measuring body mass index and (b) offer or refer children with obesity to moderate to high intensity (defined as 26-75 hours of contact time over a 6 month period) family-based comprehensive counseling (i.e., nutrition and physical activity) and behavioral interventions. While these recommendations, and the 2007 Expert Committee Guidelines (released by the American Academy of Pediatrics) were based on a number of high quality randomized controlled trials, data suggest that screening isn't utilized by all providers (range of use is 60-80%) and that there are barriers to offering or referring children and families to healthy weight management programs (WMPs). These barriers include having reimbursement for such programs, trained staff, evidence-based curricula, functional electronic health records, and capacity to evaluate program effectiveness. Goals The Aim of this project is to create a community of practice for peer to peer learning on successful examples within states on how to support the use of evidence-based pediatric healthy weight management programs (WMPs) in clinics, recreation centers, federally qualified health centers and other venues. Strengthening state based leadership and expertise can support a community of practice that supports children and families in managing a healthy weight. Efforts under this project should be primarily focused on challenges associated with implementation of evidence-based weight management programs (WMP's) that work to help youth combat childhood obesity. Stakeholders would share experiences and barriers associated with implementing childhood WMPs and discuss possible solutions and pathways to ensuring effective referral, health information technology integration, program implementation and

	sustainability such as waiver programs and types of reimbursement. The latter includes discussion by healthcare and public health around payer engagement including private payers, state health plans, and State Medicaid. Stakeholders will take part in 5-7 webinars that the applicant will work in collaboration with CDC to identify topics and state examples that will help inform the development of CDC technical assistance materials for supporting state and local healthcare stakeholders to implement USPSTF guidelines. CDC staff would be involved as subject matter experts along with state and community health practitioners, healthcare providers, and clinical researchers and to share what's working in scaling the implementation of healthy weight programs for children with obesity in clinics and communities across states in the U.S. Expected Deliverables, Outputs and Outcomes: 5-7 webinars using audio and video technology, archived presentations. Notes from each webinar to ensure all voices are captured. A synthesis report to CDC at the end of the series. Stakeholders will be enaged through a shared web-based platform for dialogue and discussion as well as through predetermined webinars. In both the platform and webinars, stakeholders will address issues relevant to the implementation and sustainability of childhood WMPs. These issues will include content delivery, infrastructure reimbursement, and evaluation. At least one of the webinars will focus on local implementation work in the U.S. and the Mind, Exercise, Nutrition, Do It (MEND) program. MEND is the world's largest evidence based healthy lifestyle program; over 30,000 children have benefitted. MEND has been adapted for use in 5 countries, the UK, Australia, New Zealand, Denmark and now the US. CDC's DNPAO Child Obesity Research Demonstration projects (CORD 1.0, CORD 2.0) have tested adaptations of MEND in two states among low-income families, and these data suggest that MEND is acceptable to low-income families and can be effective for sub-populations of U.S. children. The aim is to ultimately to increase the understanding of successful state stakeholder implementation of evidence-based, family-centered WMPs (that meets the USPSTF grade B recommendations) in clinics and community settings
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 90	Applicant needs to demonstrate the following requirements: 1. Applicant must have access to a network of state public health agencies and other public and private stakeholders (at the state and local levels) such as healthcare systems with a shared interested in childhood obesity prevention and management. 2. Access to multiple modes for dynamic webinars (e.g., webex with 100+ capacity, teleconference lines) 3. Ability to promote the community of practice webinars 4. Ability to register, hold, and archive the recorded webinars on a website. 5. Ability to distill lessons learned from this project and package them in a synthesis report.
Applicant program experience* (Maximum of 500 words) Word count 54	- Applicant must have access to a network of state public health agencies and localities across all regions the U.S. - Applicant should have experience engaging with strategic program delivery stakeholders involved in childhood lifestyle weight management programs and services. - Experience partnering with other government agencies (e.g. Medicaid), community, healthcare systems, and other national organizations
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 38	It is expected that the applicant will work collaborative with CDC subject matter experts in the development of webinar topics and the identification of successful state and community examples across the US to contribute to webinar content.
	Expected subcontract work. A subcontract may be initiated for the following activiites: discussion of learning objectives, slide content, and delivery of webinar material.

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 25	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 48	Please submit a line item budget including all costs for project management and subcontracting utilizing the following considerations: National Network Partner Applicant project manager time Costs related to development of the webinar content. Costs related to promotion, registration, hosting, and delivering the webinars. Costs related to archived materials (website development/maintenance).
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 13	ContinUCare App For Youth: Development of An App for Youth Exiting Supervised Care Systems
CIO*	NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION
Division*	DIVISION OF SEXUALLY TRANSMITTED DISEASE PREVENTION
CIO POC name(s)* Enter up to 3 names	Samantha P. Williams Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-1825 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	stw8@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 13	PH informatics professionals across State, Tribal, Local and Territorial (STLT) Health Departments
Proposed project funding*	$75,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 691	Background In the United States (US), on any given day, over 50,000 youth offenders are detained in a facility (e.g. juvenile detention facilities, corrections facilities, group homes or shelters), and over 400,000 youth are in the foster care system. Youth exiting supervised care systems (YESCS), specifically correctional facilities and foster care, are a diverse group with complex health concerns. Youth detention has a profound negative impact on mental and physical well-being, with an estimated two-thirds of detained youth meeting the criteria for a mental disorder. Youth in foster care have similar outcomes with over half (61%) meeting criteria for at least one psychiatric disorder in their lifetime. Youth exiting supervised care systems have an increased vulnerability to negative sexual risk outcomes including unintended pregnancy, sexually transmitted diseases (STDs), HIV/AIDs, assault, and exploitation. They also have an earlier sexual debut, and higher rates of unintended pregnancy and STDs, compared to youth who do not encounter either systems. These youth face challenges to their preventive, medical and mental health care and treatment due to lack of access and resources. Research suggests linking youth to health care might help improve access, service utilization, and continuity of care. Many youth prefer to access health care information via the Internet. Studies with displaced youth found approximately 62% of youth have cell phones or mobile devices. A mobile app technology, that can be developed or adapted, and field tested for YESCS, and that can link youth to preventive health care and other services, could benefit youth's health, well-being and community reconnection. Project Goals The goal of this project is to develop a prototype mobile app technology for YESCS that can facilitate youth's access to preventive health services (including STD prevention and sexual health services), and other social services. The development of the mobile app would also include usability testing with YESCS. The mobile app functions should enable YESCS (at a minimum) to find the local health departments, preventive health partners that offer services to youth (i.e. community health centers, federally qualified health centers, community based organizations, and

	providers), and other social services for youth (i.e. job assistance, temporary housing options, advocacy groups) in their area. The mobile app features should include, but are not limited to: 1) a user-friendly interface for mobile technology that can be used on diverse generations of devices (i.e. smart phone, touch screens, flip phones); 2) health and social services organized by intuitive and relevant categories (i.e. sexual health, mental health, food and shelter, jobs, family connection, support groups); 3) a posting feature of "pop-up" health events in YESCS's area; 4) a "check-in" feature that enables users to provide peers and providers with review information; and 5) a notification feature of brief medically accurate information and links to further information; 6) an easy to view map feature that shows available services by category and location; 7) a pop-up of brief information about the service providers and their services (if publically available); and 8) directions to service locations. Development of the app would also include usability testing with the target populations (e.g. YESCS). Either development of a new product or adaptation of an existing product is permitted. The completion of this project would lay the groundwork for an implementation and evaluation of the technology. Expected Outcomes The primary outcome is a functioning, prototype mobile app that can connect YESCS to preventive health services, and other resources in their community. At the completion of the project, a functional mobile app, including all the source codes, development information, project data and documentation will be turned over to CDC, Division of STDs (DSTDP). Expected outputs: • Quarterly report of progress, including activities, progress, challenges, plans to overcome challenges • Environmental scan of mobile technology for vulnerable youth, like YESCS • Protocol of usability testing of mobile app technology, and modification based on findings of usability testing • Usability testing should also include feedback from YESCS on how to launch and disseminate the app • Written summary of findings from environmental scan • Written reports of the app development process, usability testing, and findings • A functional mobile app for YESCS that links youth to health and other services • The app development information, source codes, project data, and documents
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 76	The applicant should have the capacity to develop and adapt mobile app technology for youth consumers of health services. The applicant should have experience in working with partners who can develop and/or adapt mobile app technology for youth consumers of health services. The applicant should have the capacity to identify and engage youth from the target population (i.e. YESCS) for app usability testing. The applicant should also have the capacity to conduct an environment scan.
Applicant program experience* (Maximum of 500 words) Word count 34	Experience with working with vulnerable youth identical or similar to the target population (i.e. YESCS) is ideal. Working with partners who provide services to youth in the target population is also ideal.
	COLLABORATIVE WORK
Expectations for collaboration (If applicable, maximum of 300 words) Word count 38	The applicant will collaborate with SMEs in DSTDP. DSTDP scientists can provide content expertise on STDs among youth in and exiting correctional and foster systems, and to provide social and behavioral science expertise into the project.
	The subcontractor should have experience in developing and/or adapting mobile app technology for youth consumers of health services. They should have the capacity to identify and engage youth from the target population (i.e. YESCS) for app usability testing. The subcontractor should be able to conduct or participate in an environment scan.

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 53	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 49	Funds will be used to develop or adapt a mobile app technology for youth exiting correctional and foster care systems. The development process will also include an environmental scan. Usability testing with youth from the target population will be needed, and can be supported with project funding.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 20	Develop and implement VL/EID tools for enhancing lab-clinical interface and quality improvement for HIV...
CIO*	CENTER FOR GLOBAL HEALTH
Division*	DIVISION OF GLOBAL HIV/AIDS
CIO POC name(s)* Enter up to 3 names	Amitabh Adhikari Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-1034 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	app0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 26	PH Informatics Professionals across State, Tribal, Local and Territorial (STLT) Health Departments; also users of informatics systems (e-tools) working with HIV testing in African populations
Proposed project funding*	$60,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 110	Goal -- Develop and implement VL/EID tools for enhancing lab-clinical interface and quality improvement for HIV diagnosis testing including Rapid Recency and LAg Assay. Output - • Develop, enhance and implement VLSM, VL Dashboard and SMS system • Provide data management support for ILB's PT program • Develop, enhance and implement eTools for DREAMS and CQI Outcome – • Information system/s to enhance accurate laboratory testing and timely release of the results to the clinics and patients • Information system/s for utilization of the laboratory results to manage patient treatment and eventually achieving HIV patients' viral suppression • Information and data management support to receive and analysis ILB's proficiency data. • Provide support and maintain SLMTA website as an as needed basis.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☑

	Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 63	The awardee will have the human resource capacity to provide the coordination and support for engaging and managing project consultants and partners to 1) Enhance and implement open source eTools for lab-clinical interface, 2) Enhance and improve SLMTA website 3) Enhance and improve e-tools to support data collection for Rapid Recency and LAg Assay 4) Enhance and support ePT tools for VL/EID
Applicant program experience* (Maximum of 500 words) Word count 95	The awardee should have proven capability of working internationally, particularly in management of international partner development of laboratory focused electronic tools (global reach). The awardee should have established experience with initiating and managing the subcontracts with the project consultants/subcontractors, providing logistics for necessary travel arrangements and reimbursing consultants for all travel, both international and domestic to 1) Enhance and implement open source eTools for lab-clinical interface, 2) Enhance and improve SLMTA website and 3) Enhance and improve e-tools to support data collection for Rapid Recency and LAg Assay 4) Enhance and support ePT tools for VL/EID.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 92	The Awardee shall provide monthly progress reports to the CDC POC which includes a high level status update as well as comments, challenges, accomplishments and plans, concerns for the coming week. The report shall include (1) budget expended and remaining balance (with travel reported separately) (2) estimated percentage of project completed (3) high level report on accomplishments and challenges from previous month including any actions to remediate challenges (4) high level report on planned activities for upcoming week, (5) comments, and (6) any concerns with budget, hours, timelines, or other.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 110	IT subcontractor company should have prior experience of different eTools for laboratory to support Lab-Clinical interface and CQI. The Awardee may need to subcontract with an IT company that has experience of different eTools for laboratory to support Lab-Clinical interface and CQI. • Prior knowledge of system: Contractor should have experience in developing website to support SLMTA or other similar program. Contractor should have knowledge of developing eTools for laboratory in improving quality of testing and improving lab clinical interface. • Excellent service: Provided timely supported and maintain and enhance lab eTools • Knowledge of other Lab and Quality tools (ex. VL/EID/CQI/ePT/DREAMS): Contractor has experience in supporting VL/RTQII eTools and has received positive feedback for his service.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 17	Funding must align with cooperative agreement requirements and expectations set forth in the Project Plan.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program. submit date: 2017-03-23	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 18	Development and Implementation of Scalable Continuous Quality Improvement (CQI) Training Tools in Su...
CIO*	CENTER FOR GLOBAL HEALTH
Division*	DIVISION OF GLOBAL HIV/AIDS
CIO POC name(s)* Enter up to 3 names	Katy Yao Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-2739 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	dbx4@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☐ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 13	PH Informatics Professionals across State, Tribal, Local and Territorial (STLT) Health Departments.
Proposed project funding*	$180,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 139	Goal - To develop and implement scalable continuous quality improvement (CQI) training tools in support of laboratory accreditation (the Strengthening Laboratory Management Toward Accreditation [SLMTA] initiative) and lab-clinic interface (the Laboratory African Regional Collaborative [LARC] initiative) for viral load scale-up Output - • Delivery of two regional workshops in Johannesburg: Statistical Quality Control and Method Validation, and SLMTA 2 Breakthrough curriculum to ensure quality of laboratory testing for viral load scale-up • Laboratory e-tools and SLMTA website with regularly refreshed content • Pilot of a LARC curriculum to enhance lab-clinic collaboration for viral load scale-up Outcome – • Accurate laboratory testing and timely release of the results to the clinics and patients • Utilization of the laboratory results to manage patient treatment and eventually achieving HIV patients' viral suppression • Laboratory and clinic personnel encouraged to work together and empowered with the continuous quality improvement methodology to address any system issues
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑

	☐ 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 ☑ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 26	The awardee will have the human resource capacity to provide the coordination and support for engaging and managing project consultants and partners for project activities.
Applicant program experience* (Maximum of 500 words) Word count 28	The awardee will initiate and manage the contracts with the project consultants, make all necessary travel arrangements and reimburse consultants for all travel, both international and domestic.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 93	The Awardee shall provide monthly progress reports to the Task Order COR which includes a high level status update as well as comments, challenges, accomplishments and plans, concerns for the coming week. The report shall include (1) budget expended and remaining balance (with travel reported separately) (2) estimated percentage of project completed (3) high level report on accomplishments and challenges from previous month including any actions to remediate challenges (4) high level report on planned activities for upcoming week, (5) comments, and (6) any concerns with budget, hours, timelines, or other.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 24	CQI Consultants should be familiar with the CQI methodology and the SLMTA training approach and tools. They should also have curriculum development experience.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 120	Funding would be awarded through a CDC cooperative agreement, which would then hire 3 consultants. The total estimated cost of the activity is $180,000 and includes the following line items: • Consultant -- Dr. Barbara McKinney – $80,000, both fees and travel expenses (to lead in the development/pilot of a scalable CQI training tool to support LARC) • Consultant -- Anna Murphy – $30,000, both fees and travel expenses (to implement the SLMTA training tools and assist in development of a scalable CQI training tool to support LARC) • Consultant -- Elde Paladar – $20,000, both fees and travel expenses (to assist in development of a scalable CQI training tool to support LARC) • Awardee Project Manager -- $14,360 • Awardee 19.8% indirect costs of approximately $35,640
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Development and Testing of a Physical Activity Measures Checklist Tool
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY
CIO POC name(s)* Enter up to 3 names	Heather Devlin; Deborah Borbely; Linda Barnes Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770.488.6554; 770.488.8404; 404.867.9697 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	jji3@cdc.gov; dvc3@cdc.gov; lit2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 11	Chronic Disease Prevention Workforce in Local and State Health Departments.
Proposed project funding*	$300,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 455	PROJECT DESCRIPTION (NARRATIVE), INCLUDING GOALS, EXPECTED OUTPUTS, OUTCOMES AND GENERAL OR SAMPLE ACTIVITIES (MAXIMUM OF 1000 WORDS):* CDC funds state and local public health departments to work with other sectors to design and implement interventions to promote and sustain physical activity, including walking. Grantees and partners convene stakeholders from across multiple sectors to learn from each other, to develop strategic action plans that efficiently use each partner's expertise and resources, and to promote and implement changes to the environment that support increased physical activity. Public health grantees also collect data to measure and monitor changes over time related to physical activity, walking and walkability. For example, they can assess and monitor pedestrian behaviors and environmental features that influence pedestrian safety. These data are important in the planning and evaluation of programs to support safe walking and promote walkability. However, a wide variety of potential measures currently exist, and work is needed to prioritize the most important of these for tracking progress. The purpose of this project is to deliver a comprehensive checklist tool, including a prioritized set of validated measures, that grantees and other stakeholders may use to assess changes in the environment that support increased physical activity. The measure set should be selected to evaluate progress on the strategies most strongly related to increased physical activity. Checklist results should be readily interpretable and meaningful to decision-makers, and where possible the tool should leverage available data or information that communities can readily identify or collect. The final tool should reflect the available evidence, align with CDC priorities, and be designed and tested to meet the needs of local communities and state health departments. Key activities and outputs: • Build upon existing reviews and information to conduct an environmental scan and literature review, investing further resources only to the extent necessary to ensure fitness of results for the current purpose; • Identify a pool of potential measures related to community-level strategies to increase physical activity; • Develop

	selection criteria for prioritizing the most credible, relevant and feasible measures; • Convene an expert panel to prioritize a subset of measures and share insights regarding data sources and data collection protocols; • Develop a report that summarizes the project's process and findings, including the full list of potential measures, selection criteria, selected measures, rationale for selection; and recommendations on data gathering protocols. • Based on the expert panel input and internal consultation with CDC SMEs, draft and field-test a checklist tool with a small sample (<9) of potential users; and • Based on user input, revise and finalize a comphrehsive checklist tool tool that includes: A prioritized measure set and rationale for measure selection; guidance and protocols for data identification or collection; and recommendations regarding data collection frequency, reporting and maintenance. For reference, examples of existing similar tools include CDC's: • School Health Index: https://www.cdc.gov/healthyschools/shi/index.htm and • Worksite Health ScoreCard: https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☐ Public Health Partnerships ☐ Other ☐ Public Health Workforce ☐ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 25	Applicant should have the capacity to appropriately staff and manage the project and have adequate budget management systems in place.
Applicant program experience* (Maximum of 500 words) Word count 33	Applicant should have public health experience, experience with rapid environmental and literature scans, experience engaging academics and/or expert panelists, and experience working with local and/or state public health departments and community stakeholders.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 21	Collaboration is expected with CDC staff, academic and other experts, CDC grantee representatives, and community stakeholders.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 34	To the degree that specific content expertise required to effectively conduct the work described above do not exist within applicant's organization (such as community measurement related to physical activity), sub -contractual activities are encouraged.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 28	Funds may be used for necessary labor, materials, travel, honoraria, subcontracts (if necessary) and other appropriate direct and indirect costs associated with the project and project outcomes.

CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Economic and Policy Analyses for Evidence-Based Community Health Interventions
CIO*	OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY
Division*	POLICY RESEARCH, ANALYSIS, AND DEVELOPMENT OFFICE
CIO POC name(s)* Enter up to 3 names	Wendy Heaps; Elizabeth Skillen Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(404)639-5254; (404)639-8473 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	WAH9@CDC.GOV; ESW3@CDC.GOV Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 25	National network of non-profit public health institutes, with experts in government agencies, foundations, health care delivery system, media, academia, and in public health policy and economic analysis
Proposed project funding*	$200,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 412	The Policy Research, Analysis, and Development Office (PRADO) in the Office of the Associate Director for Policy at CDC improves population health by supporting the policy network within CDC that develops, translates, and shares evidence showing the health, economic, and budgetary impact of policy interventions to inform policymakers and public health practitioners. To achieve this mission, PRADO works to strengthen capacity in rigorous and objective assessments of proposed and recommended public health programs and policy interventions to understand their value in improving population health, reducing health inequalities, reducing healthcare costs and improving productivity to ensure efficient resource allocation. To complement these efforts, PRADO developed the Health Impact in 5 Years (HI-5) initiative – a list of fourteen evidence-based community health interventions that highlight non-clinical, community-wide approaches that have evidence reporting 1) positive health impacts, 2) results within five years, and 3) cost effectiveness and/or cost savings over the lifetime of the population or earlier. https://www.cdc.gov/policy/hst/hi5/ Community-wide approaches can have broad health impact, often addressing several health conditions at once. The HI-5 interventions can change the context of a community making the healthy choice easier to choose such as safe Routes to School, Tobacco Control Interventions, school-based violence prevention, or address the social determinants of health, such as early childhood education or public transportation system introduction or expansion. This proposal seeks to extend current capacity building efforts by CDC by developing decision support web-based tools for local and state health departments, their partners, and policy makers. These tools should support the capacity of local and state health departments to highlight the costs and benefits of specific HI-5 interventions. They may include, but are not limited to, economic modeling tools, extending and advancing analyses to create useful interfaces/tools, enhancing existing tools, such as the U.S. Department of Transportation Tool https://www.transportation.gov/transportation-health-tool and creating a complementary communication

	suite of products that could become part of a toolkit for the local and state health departments. All deliverables should be presented in a user-friendly format. The information should be presented in a format that is easy for public health professionals with diverse backgrounds and levels of knowledge in community health to use and convey to others in their field. The deliverables would be of help to CDC to demonstrate the impact of high-valued public health and prevention activities on improving population health outcomes, and reducing healthcare costs borne by public and private costs, thereby providing actionable information for both the public health community and policy makers.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☐ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 73	The ideal organization should be a national network of subject matter experts with expertise in economic and policy development, including economic modeling, with links to communities, government agencies, foundations, the health care delivery system, media, and academia. It should be able to provide: • Technical assistance and training (including organizational development, quality improvement, performance management, health impact assessment, and evidence-based public health policy and practice) • Program evaluation • Organizational capacity building • Commuications dissemination expertise and product development
Applicant program experience* (Maximum of 500 words) Word count 52	The ideal organization should have demonstrated experience collaborating with health department staff at all levels and be familiar with workforce capacity building and conducting economic modeling, multi-sector partnerships, and needs assessments. An ideal organization should also have an understanding of the policy development process and economic principles that inform policy decisions
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 22	CDC has a clear vision for this project and seeks an organization to work collaboratively with them to fulfill that vision.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 31	It is CDC's expectation that applicants will have the reach, relationships, capacities, and competencies listed above. If the applicant does not have these, CDC expects the applicant to subcontract appropriately.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 2	N/A
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 18	Education campaign for state chronic disease directors on including hereditary conditions in chronic disea...
CIO*	CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES
Division*	OTHER Other division Division of Public Health Information Dissemination; Office of Public Health Genomics
CIO POC name(s)* Enter up to 3 names	Ridgely Fisk Green; Scott Bowen; Juan Rodriguez Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-3884; 404-498-0068; 770-488-3086 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	grf1@cdc.gov; Msb4@cdc.gov; Fph4@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 5	State chronic disease directors
Proposed project funding*	$20,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 787	Purpose To increase state chronic disease directors' awareness, knowledge, and interest in hereditary cancer syndromes and other hereditary conditions with the goal of including hereditary conditions in chronic disease activities to improve health outcomes and lead to a healthier population in their state. Justification An estimated 2 million people in the United States are more likely to develop cancer or heart disease because they have one of 3 hereditary conditions: hereditary breast and ovarian cancer (HBOC) syndrome, Lynch syndrome (LS, associated with an increased risk for colorectal and several other types of cancer), and familial hypercholesterolemia (FH, associated with an increased risk for heart disease). Furthermore, family health history of other conditions, such as diabetes, plays an important role in disease risk. Despite the substantial public health burden represented by these and other hereditary conditions, state public health programs on cancer, heart disease, and other chronic diseases often include no or minimal information on these hereditary conditions, and outreach to those at increased risk because of these hereditary conditions is often non-existent or limited. Evidence-based guidelines exist for identifying people at risk for HBOC and LS, but many individuals and families are unaware of their risk, and thus unable to benefit from evidence-based interventions for early detection and preventive management. State chronic disease directors play a vital role in determining the state public health activities related to chronic disease. Increasing chronic disease directors' awareness, knowledge, and interest in hereditary cancer and heart disease could increase their support for including hereditary conditions in chronic disease activities, including education and outreach to providers and the public, surveillance of chronic diseases, and evaluation of disease prevention efforts. Background Since 2008, CDC's Office of Public Health Genomics (OPHG) and Division of Cancer Prevention and Control have provided support to a limited number of states

	to implement evidence-based genomics recommendations. More recently, CDC has been working with the Genomics and Population Health Action Colllaborative, convened by the National Academies of Science, Engineering, and Medicine, to promote integration of genomics and precision medicine approaches into state public health departments' current programs. To do this, support from state chronic disease directors is needed. For example, a key factor identified by one state that has successfully integrated genomics into their state chronic disease prevention activities was the presence of state chronic disease director who acted as a champion for genomics in the state, actively promoting and moving genomics-related activities forward in the state. Goals This project aims to 1) develop an educational campaign for state chronic disease directors on HBOC, LS, FH, and other hereditary conditions, 2) successfully deliver the educational campaign to state chronic disease directors, 3) develop materials to be shared with future state chronic disease directors, and 4) evaluate the effectiveness of the campaign. Activities The applicant will develop an educational campaign for state chronic disease directors that defines HBOC, LS, and FH; discusses actions that can be taken now to identify and prevent disease in individuals in their state with these conditions; and demonstrates the impact of including these conditions in cancer and heart disease public health activities. The applicant will deliver the educational campaign to state chronic disease directors in an engaging manner that allows them to address concerns and questions. The applicant will develop materials to be shared with future state chronic disease directors, for example by recording and posting webinars, slide sets, and other materials on a website available to state chronic disease directors. The applicant will evaluate the effectiveness of the campaign using pre- and post-campaign surveys, interviews with state disease directors, and other methods. Outputs Outputs will include • educational campaign materials for state chronic disease directors that define HBOC, LS, and FH; discuss actions that can be taken now to identify and prevent disease in individuals in their state with these conditions; and demonstrate the impact of including these conditions in cancer and heart disease public health activities • plan for dissemination of educational campaign materials • educational campaign materials that can be used by future state chronic disease directors, for example, videos of webinars, slide sets, and written materials posted on a website available to state chronic disease directors • evaluation of educational campaign, including assessment of of future educational targets, needs, and gaps Outcomes Outcomes will include • increased state chronic disease directors' awareness and knowledge of HBOC, LS, FH, and other hereditary conditions • increased interest by state chronic disease directors in integrating HBOC, LS, FH, and other hereditary conditions into cancer, heart disease, and other chronic disease state public health activities • improved understanding of the level of success of the educational campaign and identification of future educational targets, needs, and gaps • continued education of future chronic disease directors on HBOC, LS, FH, and other hereditary conditions • increased interest by state chronic disease directors in building capacity of state health departments' genomics programs
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 79	Applicant must have the capacity to contact, engage with, and follow up with state chronic disease directors in all 50 states. Applicant (or subcontractor) must have the capacity to develop and deliver educational campaign on HBOC, LS, FH, and other hereditary conditions. Applicant (or subcontractor) must have the capacity to conduct the evaluation of the educational campaign. Applicant must have the capacity to make educational campaign materials available to future chronic disease directors, for example on applicant's website.
Applicant program experience* (Maximum of 500 words) Word count 57	Applicant must have a strong working relationship with state chronic disease directors and experience with reaching and engaging disease directors with educational and evaluation materials. Applicant must have experience with developing educational materials or have subcontractors with experience in developing educational materials for a technical audience. Applicant (or subcontractor) must have experience in evaluating educational campaigns.
COLLABORATIVE WORK	
	Applicant must be able to work with state chronic disease directors.

Expectations for collaboration (If applicable, maximum of 300 words) Word count 12	
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 20	Subcontractor with expertise in developing educational materials for a technical audience and subcontractor with expertise in evaluating educational campaigns.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 13	$20,000 to be awarded for development, dissemination, and evaluation of educational campaign.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-23	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 17	Empower patients and caregivers of persons with Alzheimer's disease and other dementias: Education a...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF PUBLIC HEALTH PERFORMANCE IMPROVEMENT
CIO POC name(s)* Enter up to 3 names	Lisa T. Garbarino Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(770)488-1496 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	lgt1@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 18	Public health professionals working in chronic disease prevention programs within state, local and other health department types
Proposed project funding*	$700,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 255	The Centers for Disease Control and Prevention (CDC) Alzheimer's Disease and Healthy Aging Program defines "Healthy aging" as the development and maintenance of physical, mental, and social well-being and function in older adults. Healthy aging is most likely to be achieved in physical environments and communities that are safe and support adopting and maintaining attitudes and behaviors known to promote health and well-being, as well as through the effective use of health services and community programs to prevent or minimize the impacts of acute and chronic disease, including Alzheimer's Disease and other dementias. The capacity for the provision and coordination of targeted services for those with Alzheimer's disease and other dementias and their caregivers in tandem with health care providers varies widely within each state and across the nation. This project will increase health care and other providers ability to provide informational materials and referrals to services within the community that will support persons with Alzheimer's Disease and other dementias and well as their caregivers—resulting in health, well-being and independence for both the caregiver and care-recipient. CDC will work with a leading national organization to build a coordinated system of supportive care services for persons with cognitive decline due to stroke, Alzheimer's disease, dementias, or other sources of cognitive impairment – the results is that providers will have an organized system of supportive care services to refer their patients and associated caregivers (physical, health promotion for patient & caregivers, social, financial). Additionally, statistical support is needed related to these projects.	
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement	☑ Public Health Workforce
	☐ Public Health Data and Information Systems	☑ Public Health Practice and Services
	☑ Public Health Partnerships	☑

	Public Health Resources, Communication & Evaluation
	☐ Other
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☑ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 54	Applicant should have organizational capacity to work with State Health Officials, State Health Departments, particularly chronic disease units as well as private non-profit organizations. The applicant should also have technological capacity to develop and disseminate reports, provide webinars, conference calls, and outreach through the internet and social media, as well as statistical support.
Applicant program experience* (Maximum of 500 words) Word count 38	Applicant should have proven successful ability to work and liaison with senior leadership within state health departments particularly chronic disease units and proven ability to mobilize these partnerships to address new or emerging areas of public health.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 85	In partnership with CDC's Alzheimer's disease and Healthy Aging Program, the applicant will: 1. Build a coordinated system of supportive care services for persons with cognitive decline due to stroke, Alzheimer's disease, dementias, or other sources of cognitive decline, and their caregivers– so that when physicians and providers refer, there is an organized system of supportive care services and materials (physical, health promotion for patient & caregivers, social, financial). 2. Provide topic-related data analytical services 3. Partnership calls will be held monthly to discuss progress
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 50	Applicants are encouraged to collaborate or subcontract with other entities to build on or enhance the tools and approaches that have been developed to-date by CDC and partner organizations and to expand the potential reach of this work, in close collaboration with CDC's Alzheimer's disease and Healthy Aging Program
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 106	Cost will include staffing support including public health professionals, editors, production, printing, mailing, webinars, web page development, access to needed data sources, and full open access of the publications. The funds provided for this project should be used to directly address the goals outlined in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, accessing peer-reviewed journal articles and materials, securing meeting space and audiovisual equipment, producing meeting materials, paying for travel, providing a meeting facilitator and logistics, providing meeting transcripts, developing the decision aid materials, conducting review and revisions, conducting usability testing, and evaluating the materials.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Evaluation Support for Good Health and Wellness in Indian Country
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	OFFICE OF THE DIRECTOR
CIO POC name(s)* Enter up to 3 names	David Espey; Mary Hall Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(505) 433-8765; (770) 488-5309 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	dke0@cdc.gov; moh4@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 13	Epidemiologists from eleven Tribal Epidemiology Centers and the Urban Indian Health Institute
Proposed project funding*	$2,139,800
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 179	The goal of this project is to evaluate the impact, on national and regional levels, of the Good Health and Wellness in Indian Country (GHWIC) program, which supports 12 Tribes and 11 Tribal Organizations in a coordinated, holistic approach to healthy living and chronic disease prevention and reinforces the work already under way in Indian Country to make healthy choices and lifeways easier for American Indians and Alaska Natives. The evaluation relies upon partnerships with the Urban Indian Health Institute (UIHI) coordinator of the national GHWIC evaluation and with eleven Tribal Epidemiology Centers (TECs), one in each of the eleven Indian Health Service (IHS) Areas, specifically Aberdeen, Alaska, Albuquerque, Billings, Bemidji, California, Nashville, Navajo, Oklahoma, Phoenix, and Portland, which conduct Area-level evaluations. Outputs would include a) partnerships between the TECs, UIHI, relevant state and local health departments, and the Indian Health Service to identify, access and analyze relevant data collected by these entities to evaluate GHWIC impact; b) identification of national- and area-level progress toward achieving program outcomes, and c) identification of challenges to and facilitators of achieving program outcomes.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☑ Public Health Data and Information Systems ☐ Public Health Practice and Services ☐ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings

Program outcomes that relate to FOA* (Check two or more)	☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☑ Other If other, please specify* (Maximum 100 words) Word count 19 Improved capacity (among TECs) for use of surveillance and epidemiology for program evaluation at the IHS Area level
Applicant organizational capacity* (Maximum of 500 words) Word count 66	The applicant should have specific understanding of and organizational capacity to address the complex relationships between state and local health departments, and those tribal health agencies and organizations that collect, access, and analyze health-related data. The applicant needs to demonstrate that they have the capacity, resources and support needed to partner with Tribal Epidemiology Centers, which are central to the achievement of the project goals.
Applicant program experience* (Maximum of 500 words) Word count 42	The applicant should document experience with working with Tribal Epidemiology Centers on issues related to surveillance and data collection. The applicant should also have experience with addressing issues of data collection and data sharing among state/local jurisdictions and tribal health agencies.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 37	It is expected that collaboration with state and local health departments will be necessary in order to access and analyze relevant data collected at these levels, such as BRFSS and other survey and registry data.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 120	Approximately $600,000 should be made available to conduct overall coordination and technical assistance for the national evaluation to the Urban Indian Health Institute. Approximately $191,400 should be made available to TECs for evaluation support of 2 Tribes and 1 Tribal Organization in the IHS area (NWTEC, GLITEC, Northern Plains TEC) Approximately $127,600 should be made available to TECs for evaluation support of 1 Tribe and 1 Tribal Organization in the IHS area (RMTEC, California TEC, USETEC, Southern Plains TEC, ITCATEC, AASTEC) Approximately $100,000 should be made available to TECs for evaluation support of 1 Tribal Organization in the Navajo Area (Navajo TEC); and in support of the Alaska Native Tribal Health Consortium evaluation efforts in the Alaska Area (Alaska Native Epidemiology Center)
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 13	FY17 HHS Secretarial and Agency Priority Initiative Support - QI, PM and Workforce Development
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Randall Nielson Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-1602 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	rnielson@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 14	Governmental public health professionals working/focused on quality improvement, performance management and workforce development
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 170	The project has 6 major components of work for which the applicant should provide workplan details based on their strengths and abilities, making sure to articulate the benefit of the proposed work to State, Tribal, Local or Territorial Health Departments and the improvement of capacity to address priority public health challenges. The applicant may propose a work plan for any one - or up to all six - of the components. They are: Surveillance, Data Capture Communication, Message Development, Graphics, Writing/Editing, Social Media, Apps, etc. Evaluation, Analysis, Reporting Workforce Development, Curricula Development, Training Support Technical Assistance, Programmatic Expertise Convening and Event Management, Domestic Travel Handling These component areas may be applied to any or all of the following priority focus areas: Substance Abuse/Prescription Drug Overdose/Heroin Abuse Behavioral/Mental Health Obesity, Smoking, Nutrition, Physical Activity, Sodium, Asthma and Cardiovascular Health Motor Vehicle Injury Public Health-Healthcare Integration, Business Service Innovation, Policy Initiatives, Legal and Policy Surveillance and Stakeholder Engagement Underserved Jurisdictions including Rural & Tribal Health Environmental Health and Toxic Substances Immunization and Respiratory Disease Infectious Disease (HIV-AIDS, STD, Hep, TB, Zoonotic, Enteric, Vector-Borne, etc.) Emergency Preparedness & Response
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☑ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☐ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other

Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☑ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 19	Expertise in quality improvement and performance measurement best practices and in implementing workforce development initiatives to improve same.
Applicant program experience* (Maximum of 500 words) Word count 17	Expertise in quality improvement and performance measurement best practices and in implementing workforce development initiatives to improve same.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 24	Applicant must collaborate with CDC technical monitor(s) and appropriate subject matter experts across CIOs, as necessary, as well as with relevant industry partners across sectors.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 37	Contracting and consulting agreements are allowable depending on subject matter area and a joint assessment of need by CDC SMEs and appropriate grantee program staff. CDC program will specify qualifications/competencies and rely on grantee to select appropriate vendor/consultant.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	FY17 HHS Secretarial and Agency Priority Initiative Support to Multi-Sector Partners
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Randall Nielson Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-1602 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	dhy6@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 21	Governmental public health professionals and their multi-sector partners interested in leveraging a network of public health institutes and public health training centers
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 170	The project has 6 major components of work for which the applicant should provide workplan details based on their strengths and abilities, making sure to articulate the benefit of the proposed work to State, Tribal, Local or Territorial Health Departments and the improvement of capacity to address priority public health challenges. The applicant may propose a work plan for any one - or up to all six - of the components. They are:Surveillance, Data CaptureCommunication, Message Development, Graphics, Writing/Editing, Social Media, Apps, etc.Evaluation, Analysis, ReportingWorkforce Development, Curricula Development, Training SupportTechnical Assistance, Programmatic ExpertiseConvening and Event Management, Domestic Travel HandlingThese component areas may be applied to any or all of the following priority focus areas:Substance Abuse/Prescription Drug Overdose/Heroin AbuseBehavioral/Mental HealthObesity, Smoking, Nutrition, Physical Activity, Sodium, Asthma and Cardiovascular HealthMotor Vehicle InjuryPublic Health-Healthcare Integration, Business Service Innovation, Policy Initiatives, Legal and Policy Surveillance and Stakeholder EngagementUnderserved Jurisdictions including Rural & Tribal HealthEnvironmental Health and Toxic SubstancesImmunization and Respiratory DiseaseInfectious Disease (HIV-AIDS, STD, Hep, TB, Zoonotic, Enteric, Vector-Borne, etc.)Emergency Preparedness & Response
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☑ Public Health Workforce ☑ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other

Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 20	Applicant must have partnerships and ability to contract with Public Health Institutes with specialized programmatic expertise in required areas.
Applicant program experience* (Maximum of 500 words) Word count 28	Applicant must have experience and successful track record in engaging and coordinating the efforts of public, private, academic and non-profit factions to execute public health interventions and initiatives.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 26	Applicant must collaborate with CDC technical monitor(s) and appropriate subject matter experts across CIOs, as necessary, as well as with relevant industry partners across sectors.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 39	Contracting and consulting agreements are allowable depending on subject matter area and a joint assessment of need by CDC SMEs and appropriate grantee program staff. CDC program will specify qualifications/competencies and rely on grantee to select appropriate vendor/consultant.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 31	Applicant should approach this proposal from a scalable perspective, aiming at the stated budget level but prepared to provide plan ideas at the $100,000, $200,000 and $300,000 levels, if needed.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 13	FY17 HHS Secretarial and Agency Priority Support - Public Health Law & Policy Initiatives
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Randall Nielson Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-1602 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	rnielson@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 13	Public health law and policy stakeholders across the U.S. public health system.
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 170	The project has 6 major components of work for which the applicant should provide workplan details based on their strengths and abilities, making sure to articulate the benefit of the proposed work to State, Tribal, Local or Territorial Health Departments and the improvement of capacity to address priority public health challenges. The applicant may propose a work plan for any one - or up to all six - of the components. They are:Surveillance, Data CaptureCommunication, Message Development, Graphics, Writing/Editing, Social Media, Apps, etc.Evaluation, Analysis, ReportingWorkforce Development, Curricula Development, Training SupportTechnical Assistance, Programmatic ExpertiseConvening and Event Management, Domestic Travel HandlingThese component areas may be applied to any or all of the following priority focus areas:Substance Abuse/Prescription Drug Overdose/Heroin AbuseBehavioral/Mental HealthObesity, Smoking, Nutrition, Physical Activity, Sodium, Asthma and Cardiovascular HealthMotor Vehicle InjuryPublic Health-Healthcare Integration, Business Service Innovation, Policy Initiatives, Legal and Policy Surveillance and Stakeholder EngagementUnderserved Jurisdictions including Rural & Tribal HealthEnvironmental Health and Toxic SubstancesImmunization and Respiratory DiseaseInfectious Disease (HIV-AIDS, STD, Hep, TB, Zoonotic, Enteric, Vector-Borne, etc.)Emergency Preparedness & Response
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☑ Public Health Workforce ☑ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other

Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 43	Applicant must have expertise in analysis of federal, state and municipal law and policy related to public health disease burden or priorities, as well as an in-depth record of experience working on public health law related issues, including training, research, and translation.
Applicant program experience* (Maximum of 500 words) Word count 22	The applicant must have an in-depth record of experience working on public health law related issues, including training, research, and translation.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 26	Applicant must collaborate with CDC technical monitor(s) and appropriate subject matter experts across CIOs, as necessary, as well as with relevant partners across the public health system.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 37	Contracting and consulting agreements are allowable depending on subject matter area and a joint assessment of need by CDC SMEs and appropriate grantee program staff. CDC program will specify qualifications/competencies and rely on grantee to select appropriate vendor/consultant.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 29	Applicant should approach this proposal from a scalable perspective, aiming at the stated budget level but prepared to provide plan ideas at the $100,000, $200,000 and $300,000 levels, if needed.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program. submit date: 2017-03-23	

OSTLTS Office for State, Tribal, Local and Territorial Support

PSU FOA OT13-1302 ▸ CIO Project Plans – Year 5: Global NCDs

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Partnership Support Unit
Final

FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
to Improve Population Health through National, Nonprofit Organizations

Project Plan Instructions

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 1	Global NCDs
CIO*	CENTER FOR GLOBAL HEALTH
Division*	OTHER Other division Division of Global Health Protection
CIO POC name(s)* Enter up to 3 names	Kristy Joseph, Giselle Terrell, Lorna English Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-718-4186, 404.498.0850, 404.498.1765 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	vio5@cdc.gov, gbt4@cdc.gov, lzm8@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 25	Governmental public health professionals and multi-sector partners to leverage a network of public health institutes, including allied health professionals in LMICs and Ministry of Health officials.
Proposed project funding*	$651,712
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 399	This project is to support the Global NCD program's efforts to improve the prevention and control of noncommunicable diseases. 1. CDC has been collaborating with partners to strengthen the evidence base of cardiovascular disease and its risk factors, in particular hypertension and diabetes, through the Global Hearts Initiative. The initiative provides tools and communication strategy to countries that they need to incorporate CVD management best practices at the primary health care level to reduce CVD illness and death. To strengthen the collaboration, CDC will support the following: - Support meetings, travel, logistics for SMEs, and country representatives for a global consultation to share best practices, build peer-to-peer learning and define the systems for monitoring component. - Upgrade the HEARTS Technical tools to be simple, user-friendly tools by developing checklists and mobile applications. - Develop a electronic registry system for the HEARTS Technical Package - All tools and products will be packaged and translated for country use 2. CDC formed the Economic Research Network on NCDs in May 2016 and have collaborated with a network of economist on two NCD economic supplements that will be published in 2017. To continue this work CDC will continue strengthening the Economic Research Network by: - Convening a group of approximately 10-15 economists, supporting travel costs for traveling participants to the workshop and to hold a venue if needed. - Subcontracting renowned economists to lead facilitations to identify and prioritize economic NCD studies. - Providing support on the publication of an economic supplement 3. Building and strengthening capacity is a hallmark of CDC activities and to this end, empowering NCD program managers to develop strong, robust NCD programs with multi-sector partners is essential to prioritize NCDs in a country and reduce the burden. To strengthen the capacity in LMICs for program managers to develop, implement and evaluate NCD programs and to communicate with MoH

	leadership to advocate for funding, legislation, and support. Funds will be used by - Strengthening training curriculum for program managers in LMICs and these materials will support the course work and implementation. - Pilot the course in a 4-day course for 2-4 countries 4. CDC is strengthening the communication strategy for Global NCDs to promote awareness and bring attention to the largest burden of disease worldwide. To support this effort funds will be used to: - Convene a consultation of global communication specialist to prioritize and define a communication strategy - Promote the work done in-country by using videos to spotlight success stories and design work for high prioritized initiatives.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 158	The grantee has implemented successful programs to prevent and treat disease, promote individual and population health, and build effective alliances of public health professionals. The grantee's flagship capacity-building program, developing a diverse group of global public health professionals to help address the immediate and emerging human capacity needs. Through this program the grantee identifies and engage experienced health specialists to advise organizations engaged in global health in areas including pharmaceutical management, commodity procurement, and supply chain management. The grantee's leadership programs have nurtured a global network of creative thinkers and technical experts dedicated to a wide range of public health issues. The grantee has programs that advances health by increasing leaders' capacity to work collaboratively and leads programs for professional networks, coalitions and initiatives to advance leadership skills and reduce health inequities. The grantee provides leadership and management support to build healthier communities and more effective nonprofit organizations and provide training, technical assistance and technical tools.
Applicant program experience* (Maximum of 500 words) Word count 83	The grantee brings together public health leaders and clinicians to improve treatment, prevent disease and advance health policies and convenes numerous meetings and conferences to facilitate the exchange of expertise and build coalitions both in the US and internationally. Additionally the grantee creates multi-sector partnerships in diverse communities globally and locally and engages public health leadership in the development of a shared framework for addressing chronic disease on a regional scale to affect policy, systems and environmental change through coordinated activities.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 83	Working closely with the lead for each project, the grantee is expected to send regular timely emails with updates and progress reports for development of meetings/workshops and subcontract deliverables. For meetings the grantee should send a progress report on the number of participants invited and RSVP, logistics for airline tickets and hotel accommodations and securing a venue if needed. The grantee is expected to work closely with the project lead on the details of the development of technical tools and materials
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 20	Grantee to subcontract with an appropriate vendor with expertise and prior experience coordinating in close consultation with CDC
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable	$165,000 will support the logistics and travel of 3-4 meetings and workshops for the Economic Research Network, Global Hearts Initiative and NCD Program Managers course. $370,00 will support the following subcontracts: -economists to facilitate economic workshop and develop NCD economic studies - Publications for economic supplements -Packaging training materials and technical tools and translation - Upgrading technical tools to become more streamlined and user friendly -Develop an open source

(Maximum of 300 words) Word count 74	electronic registry system available for all country use -Develop a well-defined communication strategy and toolkit
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-16	

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FOA OT13-1302
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Health Behaviors and Other Risk Factors in Early-Onset Colorectal Cancer
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF CANCER PREVENTION AND CONTROL
CIO POC name(s)* Enter up to 3 names	Julie Townsend (starting 4/30/17); Brooke Steele Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(770) 488-3012; (770) 488-4261 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	JTownsend@cdc.gov; BSteele1@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 11	The target population includes epidemiologists and other public health scientists.
Proposed project funding*	$395,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 514	The goal of this project is to determine if data collected by integrated health care delivery systems or similar entities can be used for rapid assessment of emerging issues in cancer control, while providing accurate and high quality information without the need for contacting patients. We plan to partner with a national, nonprofit public health organization who can foster a relationship with a health care system or cancer registry with the intent to improve information systems and data that can be used for public health purposes. Additionally, we expect that this work will build capacity among health care systems to partner with public health cancer control organizations, and provide recommendations for improving data quality and collaboration with public health entities. This project will first assess data quality and completeness of either visual data warehouse (VDW) data, electronic health record data, linked cancer registry data, or data on existing cancer cohorts of cases of early onset CRC, and attempt to assess risk factors for this emerging public health problem. The overall objectives of this project are as follows: 1. Determine if the data collected by health care systems that use a VDW framework, EHR with tumor registry, or have access to existing cohorts of cancer cases are of sufficient quality to identify potential risk factors for early-onset CRC, such as obesity, alcohol and tobacco use, type 2 diabetes, metabolic syndrome, or inflammatory bowel disease. a. Are there adequate comparison groups available? b. Are the data collected sufficient to determine diagnostic or screening test use for CRC in this younger population, which is outside of recommendations for screening within the average risk population for CRC? If they are, what were the screening indications among those tested? c. What (if any) improvements are needed in data quality, and how should those be addressed? 2. Pilot test an electronic case control assessment of risk factors for early-onset CRC, with the intent that the surveillance findings could inform future projects or more in-depth assessments. 3. Build capacity of integrated health care delivery systems or similar entities to partner with public health cancer control organizations and partners to address emerging issues in cancer control using

	state-of-the art technology in data collection and information systems. 4. Conduct a brief project evaluation that identifies barriers and facilitators to partnering with health systems or similar entities to address emerging public health issues in cancer control. By 6/30/2018, we aim to complete the following activities and achieve the following outcomes: 1. Develop a partnership with one or more health care systems or other entities that collect data on colorectal cancer cases and have access to other clinical information on these cases prior to their diagnosis. 2. Develop an evaluation plan that will identify barriers and facilitators to partnering with health systems or similar entities to address emerging issues in cancer control. 3. Complete an analysis plan, and if required, submit an IRB package. 4. As needed, develop computer programs and compile data. 5. Assess data quality and completeness. 6. Complete data analysis. 7. Develop a final project report, which includes both project findings and findings from the evaluation on capacity to partner with health care systems or other entities on emerging public health problems.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☐ Public Health Workforce ☐ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 35	The awardee's team should have expertise in epidemiology and data analysis, experience working with health care systems and electronic health records (EHR), and experience subcontracting with other public health organizations or health care systems.
Applicant program experience* (Maximum of 500 words) Word count 54	The awardee should have prior experience working with health care systems that maintain tumor registries and have access to EHR data (or a VDW). Previous experience working on cancer prevention, screening, or early detection projects is also highly desirable. In addition, the awardee should have knowledge of chronic disease data collection and surveillance.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 103	The awardee will be expected to collaborate with an integrated health care delivery system or similar entity that maintains a tumor registry and has access to EHR data (or a VDW). The purpose of the collaboration is to build the capacity of the health care system to partner with public health cancer control programs and partners to address emerging issues in cancer control using state-of-the-art technology in data collection and information systems. The awardee is also expected to collaborate with assigned CDC scientific staff, who will have substantial programmatic input that is beyond the normal stewardship role associated with monitoring awards.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 96	The awardee will be expected to subcontract with a health care system or similar entity that maintains a tumor registry and has access to EHR data (or a VDW). The health care system should have experience mining clinical and administrative EHR information; previous experience collaborating with health departments, government agencies, or academic institutions on EHR-related projects is desirable. The awardee will develop a statement of work for the subcontract, which will include but not be limited to the scope of work to be conducted, the period of performance, required tasks/deliverables, and a time line.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 18	The budget should adhere to OSTLTS and Office of Financial Resources requirements per the funding announcement.
CIO CERTIFICATION*	

By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.

submit date: 2017-02-23

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 11	Identifying and Advancing Successful Policy Strategies to Improve Health in Rural Communities
CIO*	OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY
Division*	POLICY RESEARCH, ANALYSIS, AND DEVELOPMENT OFFICE
CIO POC name(s)* Enter up to 3 names	Diane Hall; Scott Miller Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-718-1118; 404-639-5948 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	fqx7@cdc.gov; ajq1@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 27	Governmental public health professionals to collaborate with a national network which includes PH institutes in areas such as health policy research, development and evaluation, health equity, and partnering
Proposed project funding*	$200,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 335	The project goal is to engage key partners to identify practice-based evidence emerging from successful policy, system, and environmental strategies for addressing rural health disparities. The ultimate goal is to leverage that evidence and identify related policy strategies to improve the health of people living in rural communities. All-cause age-adjusted death rates in rural communities are significantly higher than in urban communities. There are significant disparities in cancer rates, unintentional injuries, heart disease, and other preventable deaths. Larger percentages of rural community residents lack health insurance and have limited access to quality healthcare services. While rural communities face severe challenges in overall health status, they have strengths in leveraging limited resources, natural collaboration among stakeholders, and social cohesion. Research evidence is lacking in identifying policy options for addressing these disparities in rural areas. Once we have identified practice-based policy-related evidence emerging from policy, system, and environmental strategies, CDC will be in a better position to collaboratively develop an agency-wide policy research agenda that brings together both the best available research evidence as well as the policy strategy evidence for addressing rural health. Sample activities: • Identify network partners with extensive policy expertise working in rural communities. • Conduct a series of key informant interviews with several network policy partners and other non-governmental organizations who are directly supporting rural health work to learn more about effective policy strategies to address rural health disparities, infrastructure/capacity/assets necessary to support rural health work, helpful policy frameworks and resources that they use in that work, gaps in policy research and practice, and opportunities for further progress. Use findings from interviews to understand what works, identify opportunities, and map partnership and collaboration strategies at the policy level. • Conduct and synthesize a search of network partner abstracts, tools and resources through websites and a search of all conference materials. Outputs: • White paper on successful policy strategies at federal, state and local

	levels to advance rural health. • Specific case studies of governmental and non-governmental organizations that implemented successful policy strategies to improve health and reduce disparities in rural communities.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 37	The selected organization must have standing as a national organization with an extensive network throughout the US capable of working with state governmental and non-governmental organizations in addition to local, territorial and tribal health departments.
Applicant program experience* (Maximum of 500 words) Word count 38	The selected organization must have broad experience working in rural communities and conducting research to understand and identify successful policy strategies, frameworks, resources, needs, challenges, gaps in the evidence base , and opportunities with respect to rural health.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 64	The selected organization will be expected to participate in and support CDC-led activities such as a rural health workgroup or coalition. The organization will also work closely with the CDC programs and subject matter experts involved in rural health to develop a work plan and associated activities. The implementation of activities may be a joint effort between CDC and the selected organization.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 11	Improving Patient and Health Care Provider Communication about Early Onset Breast Cancer
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF CANCER PREVENTION AND CONTROL
CIO POC name(s)* Enter up to 3 names	Temeika L. Fairley Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-4518 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	tff9@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☐ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 22	Chronic Disease Prevention Workforce in Local and State Health Departments; Physicians, epidemiologists, and evaluators whose focus is chronic disease prevention.
Proposed project funding*	$300,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 721	The purpose of this project is to explore innovative ways for health care providers to communicate complex health information to those who find themselves facing the need to make decisions about early onset breast cancer and breast health in young women (<45 years of age). These decisions range from methods for assessing risks for early onset breast cancer and determining the appropriate treatment course (e.g., referral for genetic counseling, advanced screening, breast education, etc.). The scenario for this is young women (<45 years of age) and early onset breast cancer (including hereditary breast cancer). This scenario includes decisions that involve complex information dealing with the risk factors, detection, and treatment for early onset breast cancer that have to be understood in order to attain the best possible outcomes for young women facing breast cancer. Increased understanding of these complex communication and decision factors will translate to better outcomes at the population level. The details are presented below for each scenario: Women younger than 45 years account for less than 10 percent of all cases of breast cancer in the United States, however, they experience more aggressive disease, higher risk of recurrence and death, and more treatment-related long term side effects than older women. Some young women have a higher risk for developing this disease. They include women who received chest radiation for childhood cancer, women with certain family histories of breast cancer or genetic predispositions for breast cancer (e.g., Ashkenazi Jewish and African American, etc.), women with a prior history of breast/ovarian cancer or breast disease, and women with dense breasts. Early detection of disease is essential to effective treatment in young women who are at increased risk. It is imperative that young women and their health care providers are aware of factors that contribute to increased risk for disease and ways to manage these risks (e.g., genetic counseling/testing, enhanced screening/surveillance, chemoprevention, surgery, health behaviors, etc.). There is also a need for effective patient and provider communication about early onset breast cancer which affect decision-making and uptake of action-oriented outcomes such as referral to

	specialists for advanced care. Challenges in these areas have been noted, but not necessarily addressed in a novel or effective manner. These challenges include lack of knowledge about hereditary breast cancer among primary care providers and limited experience in referring women for genetic counseling; poor systematic collection of family history data; provider difficulty in communicating risk (e.g., genetic or cancer -related); and poor patient understanding regarding risks (including hereditary cancer risk), the genetic counseling and testing process, and the meaning of genetic testing results. Additionally, health care providers have noted difficulty in keeping track of current recommendations and guidelines related to breast cancer screening for the affected age groups as well as concerns about potentially over treating young women who are unnecessarily concerned about getting breast cancer (e.g., worried well). The lack of awareness and understanding of important risk, early detection, and treatment-related factors coupled with diminished patient provider communication may lead to delayed diagnosis and/or treatment of disease which is often aggressive in young women. Given these challenges, there is a need to develop patient-provider communication resources related to early onset breast cancer. This project would require an environmental scan to determine what factors impact patient and provider communication related to early onset breast cancer and breast health in young women. Patient understand of their breast cancer risk is critical to their engagement in conversations with their doctors. Likewise, provider awareness of the risks factors for early onset breast cancer as well as guidelines for treating those at increased risk of disease is essential to patients receiving appropriate care. How does the knowledge levels of these two groups impact communication and treatment decision? What are the preferred communication channels for providers and young women at risk? How would providers exploit these channels to deliver messages that resonate with young women at increased risk for breast cancer regarding treatment choices (e.g., advanced screening, referral to specialists such as genetic counselors, etc.)? How does enhanced communication impact patient perceptions and treatment outcomes? Expected outcomes: Messages for treatment decision making using traditional and nontraditional communication channels to reach young women at risk for early onset breast cancer. Messages and channels will be evaluated during the project period and a report of challenges and successes delivered to the Division of Cancer Prevention and Control.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 203	Proposed project staff should have a general knowledge of cancer epidemiology, cancer screening, cancer treatment, issues and evidence related to breast cancer and breast health. Some of the proposed project staff should have expertise in traditional (TV, radio) communication channels as well as social and digital media (Facebook, Twitter, YouTube, etc.) to help patient-provider communication and decision-making for breast cancer treatment and care. Staff should have experience in evidence-based interventions and implementation. Some of the applicant's proposed staff should have experience conducting rigorous evaluations of traditional and digital media efforts. Some of the applicant's proposed project staff will need to have experience planning and providing logistical support for focus groups, and meetings if needed to meet the goals of the proposal. The applicant will need to have the ability to do environmental scans to determine the state of the evidence before beginning work on developing messages and developing tools. The applicant will need to have capacity to travel meeting participants and for coordinating peer review of draft materials. Some of the project staff should have prior experience in developing Public Service Announcements, social/digital media content, and educational materials. The evaluation of all tools developed is a critical ability of the project staff.
Applicant program experience* (Maximum of 500 words) Word count 174	To effectively conduct the work described under the project description, the applicant should have experience in cancer epidemiology, cancer screening and treatment and issues related to early onset breast cancer detection and treatment guidelines. The applicant should be able to translate these guidelines/recommendations into messages for use by the young women at increased risk for early onset breast cancer and the health care providers who treat them. The applicant should also have experience in developing patient educational materials and using traditional and nontraditional channels to get those messages and materials out to the target audiences. The applicant should have experience with conducting usability testing and rigorous evaluations of public health communication materials. To maximize the utility of the project, the applicant should have ongoing relationships with the media outlets that serve the subpopulations targeted by the project. The applicant should have experience working with health care

	providers to reach young women at increased risk for breast cancer as well as marketing companies who can help develop the materials and assist with dissemination.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 66	The applicant will be expected to collaborate with the TM, the CDC project team, and the expert consultants on all aspects of the project. All material developed will be reviewed and approved by TM and CDC project staff. CDC has a successful early onset breast cancer campaign, Bring Your Brave (www.cdc.gov/bringyourbrave). All of CDC's materials are free for use and can be cobranded as needed.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 116	The applicant will be expected to secure subcontractors as needed to fulfill the needs of the goals and activities outlined in the project plan. The applicant may need to secure a subcontractor for expertise in developing and deploying digital campaigns and getting messages out to the target audience in unique ways. The applicant may need to secure one or more contractors to support the needs of the rigorous evaluation of the traditional and nontraditional channels used to disseminate messages consistent with the project design, objectives, and project plans. With regards to this project effort, CDC will be looking for the project team to explore innovative methods and present them to CDC for consideration and approval.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 104	The funds provided for this project should be used to directly address the goals outlined in the project plan. Use of funds may include, but is not limited to, costs related to personnel time, accessing peer-reviewed journal articles and materials, securing meeting space and audiovisual equipment, producing meeting materials, paying for travel, providing modest honoraria for non-Federal meeting participants, developing educational resources and digital media campaigns , conducting review and revisions, conducting usability testing, and evaluating the materials. Any travel related expenses to be paid using project funds should be consistent with per diem rates established by the US General Service Administration (http://gsa.gov).
CIO CERTIFICATION*	
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submit date:	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 8	Integration of Disaster Preparedness Practices Among Primary Care Physicians
CIO*	OFFICE OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE
Division*	DIVISION OF STATE AND LOCAL READINESS
CIO POC name(s)* Enter up to 3 names	DAHNA BATTS (Primary); ANDREA HARRIS (Technical Monitor) Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-2485; 404-639-8411 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	DTB7@CDC.GOV; FDN7@CDC.GOV Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 27	The target population is governmental public health professionals and their multi-sector partners interested in leveraging a network of public health institutes and public health training centers.
Proposed project funding*	$275,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 347	Historically, public health has challenges with engaging primary care providers in community preparedness. The proposed project will demonstrate the current level of preparedness and capacity for primary care physicians (family practice, pediatrics, internal medicine) to provide care during and after a disaster as well as how informed patients are regarding their role in preparing for a disaster. The results will inform and guide the development of a primary care provider preparedness toolkit directed at enhancing the competencies and capabilities of physicians and their practice to be able to provide care during a disaster and support patient personal preparedness. GOALS • Aim 1: Identify the awareness, knowledge and implementation of emergency preparedness activities by primary care physicians. • Aim 2: Assess the current practices of primary care physicians relating to continuity of the operation of their clinical practice in the event of a disaster. • Aim 3: Assess the current practices of primary care physicians regarding the educating and supporting of their patients through the preparatory steps they must take to protect their health in the event of a disaster • Aim 4: Develop and pilot test materials for primary care practices to utilize to prepare both the practices themselves and their patients. ACTIVITIES AND OUTPUTS 1. Identify current knowledge and practices of primary care physicians and their practices as it relates to disaster preparedness for themselves, their practices and their patients and level of integration with public health. 2. Develop and disseminate an educational intervention toolkit to address identified gaps to support more effective provider and patient preparedness and to enhance the resilience of the healthcare delivery system. 3. Prior to dissemination, pilot test all aspects of any toolkit or instrument to help assure that the toolkit is understandable to the target population and user-friendly. 4. Dissemination and translation of the results of this project to the user community, including public health and healthcare organizations, and academic institutions through reports, peer-reviewed journal articles, and presentations at national meetings. EXPECTED OUTCOMES Enhanced competencies and capabilities of physicians and their practice

	to be able to provide care during a disaster, support patient personal preparedness, and partner in public health preparedness and response operations.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☐ Public Health Workforce ☐ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☑ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 19	The organization must have capacity to connect and communicate with primary care physicians (family practice, pediatrics, internal medicine).
Applicant program experience* (Maximum of 500 words) Word count 35	The organization must have a track record of communicating and implementing effective competencies and capabilities of physicians and their practice to be able to provide care during a disaster and support patient personal preparedness.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 0	
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 24	Funds will be used to cover personnel and benefit costs, travel expenses, supplies, and consultant fees needed to cover work described above.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 8	International Laboratory Branch Public Private Partnership (PPP) Support Activities
CIO*	CENTER FOR GLOBAL HEALTH
Division*	DIVISION OF GLOBAL HIV/AIDS
CIO POC name(s)* Enter up to 3 names	David Cross; Patricia Riley Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-718-1004; 404-639-8106 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	gdc1@cdc.gov; pyr0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☐ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 16	PH Informatics Professionals across State, Tribal, Local and Territorial Health Departments and other health ministries
Proposed project funding*	$500,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 256	Optimizing the use of HIV diagnostics (first '90'), accelerating access of HIV-infected adults, adolescents and children to ART (second '90'), and achieving and maintaining HIV VL suppression (third '90') are necessary to control the HIV epidemic. There will be a focus on improving HIV rapid testing quality, and identifying HIV/TB patients with point-of-care technology and GenXpert for accurate diagnosis. Efficient use of VL testing to inform clinical decisions and expanding HIV drug resistance surveillance programs into areas currently lacking these critical areas will be targeted.Overarching PEPFAR goals:First 90 • Expanding RTQII to more countries and advocating for the initial 7 RTQII countries to assume responsibility in COP 2016 Second 90 • Measuring impact of Xpert MTB/RIF introduction among PLHIV in 3 priority countries • Developing and piloting models using innovative technologies to strengthen TB and HIV diagnostic and clinical integration and scaling up proficiency testing programs for Xpert MTB/RIF • Expanding implementation of comprehensive CQI to priority testing sites o Third 90 • Measuring the effectiveness of ART programs through acquired and pre- treatment HIV drug resistance surveys and transferring HIVDR technology • Increasing uptake of VL testing (addressed in viral load scale-up/cascade) Institutional Capacity, Leadership and Normative guidance • Ensuring capacity creation through the senior laboratory fellowship program; viral load systems strengthening that complements SLMTA; supporting diagnosis treatment and management of PLHIV and TB through laboratory partnerships; and ensuring effective and supportive public private partnerships that expand ILB's laboratory capacity.PROJECT OBJECTIVE o Continue working with the private sector to accomplish PEPFAR's goals of HIV/AIDS, and Tb prevention, care, and treatment. o Support the PPPs over the next year to build laboratory infrastructure and human resources.
	☐ Public Health Systems and Organizational Improvement ☑ Public Health Workforce

Program strategies that relate to FOA* (Check one or more)	☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☑ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 73	The Awardee will provide all necessary labor, supplies and materials equipment to accomplish five specific tasks required to achieve the overall objectives: 1) ILB's Public Private Partnership (PPP) program activities includes management of partnerships current and new; 2) PPP Coordination Support that involves working with PPP activities and maintaining communication with private partners; 3) PPP Instructional Design for Biosafety Training courses; 4) PPP Program Evaluation; and 5) Logistics and Technical Support.
Applicant program experience* (Maximum of 500 words) Word count 463	APPLICANT PROGRAM EXPERIENCE (MAXIMUM OF 500 WORDS): The Awardee will provide personnel for the positions of: 1)PPP Support, and 2) PPP Instructional Designer, and 3) PPP Evaluation o The PPP Support staff will assist the PPP Coordinator and CIO POC with maintaining on-going communication with current private partners. These activities will play an essential in ensuring ILB's relationships with the private sector are fully maximized. It is anticipated that this task would require two overseas trips during the performance period to South Africa and/or Kenya, and/or Uganda, and/or Tanzania. Education requirement: At least a Bachelors-level degree in a scientific or public health-related field of study Field experience requirement: Having served at least one year in a project management capacity in a PEPFAR-supported country is desirable, but not necessary, for the position. o ILB's Biosafety Subject Matter Experts will be building and expanding on previously developed classroom biosafety training and will be involved in developing online training curricula for PEPFAR constituents in 2017. A variety of distance learning opportunities are planned this year in coordination with Siemens, one of ILB's current private partners. The PPP Instructional Desinger will provide critical expertise with ensuring the appropriate development of lab safety content that can be made accessible on-line. This task may require up to three overseas trips during performance period to South Africa and/or Kenya, and/or Uganda, and/or Tanzania in order to carryout activities related to instructional design (e.g., pilot test developed instructional material). This travel will be conducted on an "as needed" basis. The Public Private Partnership Instructional Designer provides focused support to ILB biosafety staff and Public Private Partners in design, development and delivery of sound e-learning, Web-based, virtual, self-guided and instructor led courses related to laboratory safety. o The PPP Evaluator will be tasked with documenting the impact of the current ILB PPPs on PEPFAR activities, as well as the impact of ILB PPP related activities (Biosafety didactic and online courses) which are critical for ensuring continued support of DGHT's PPP Program investments. One formal evaluation report and assist ILB in preparing a manuscript for publication in a peer-reviewed journal. This task requires up to three overseas trips during performance period to South Africa and/or Kenya, and/or Uganda, and/or Tanzania. Education requirement: At least a Masters-level degree in a scientific or public health-related field of study Field experience requirement: Must have experience creating Monitoring and Evaluation matrices for projects; including development of key performance indicators, program targets, data collection mechanisms, reporting structures, and detailing responsible people and timelines. Must have experience in producing data collection tools including questionnaires to guide focus groups and interviews, individual surveys, and site visit checklists to monitor performance indicators from baseline through the end of program evaluation. Ideal candidate would have experience working with Public Private Partnerships, particularly with those dealing with PEPFAR-supported countries.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 193	The Awardee shall provide monthly progress reports to the Task Order COR which includes a high level status update as well as comments, challenges, accomplishments and plans, concerns for the coming week. The report shall include (1) budget expended and remaining balance (with travel reported separately) (2) estimated percentage of project completed (3) high level report on accomplishments and challenges from previous week including any actions to remediate challenges (4) high level report on planned activities for upcoming week, (5) comments, and (6) any concerns with budget, hours, timelines, or other. International Travel – The awardee shall make all necessary arrangements and reimburse employees and associated participants for international travel hereunder Due to the nature of this work, in-country performance may be required for extended periods of 2 weeks to several months. The contractor shall have a travel policy for both employees and consultants on reimbursement of expenses. The contractor's policy shall emphasize use of the most cost efficient practices for air transportation, ground transportation, lodging, meals, and cash advances to travelers. Domestic Travel – The awardee shall make all necessary arrangements and reimburse employees and associated participants for domestic travel hereunder.

Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 66	The Awardee shall provide logistic and technical support for a Public Private Partnership program review, consisting of the following tasks: • Provide a venue for the program review (including audio visual equipment) • Assist in development of the agenda for the Program Review • Develop and oversee communications (invitations) to program review participants • Prepare and summarize results from the program review • Prepare and produce event materials (name tags, agenda, event folder, event bag)
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 246	Funded Activities Evaluator – PPP and Biosafety course $120,000 Instructional Designer – Biosafety Course $100,000 PPP Support Person $75,000 PPP Meeting Support $15,000 Travel $60,000 Awardee Project Manager (25%) $30,000 Awardee Indirect Charges $100,000 The following Reports/Deliverable Format/Content/Recipient/Due Date are to be utilized as the basis of the tangible deliverables for this project. Monthly Progress Report* MS Word/ The report should be written in English. All language and punctuation errors corrected prior to submission. CIO POCs gdc1@cdc.gov pyr0@cdc.gov 15 business days from Post Award Conference Final Summary Report Portable Document Format (pdf) / The report will be in English. CIO POCs gdc1@cdc.gov pyr0@cdc.gov 30 business days from Post Award Conference PPP Evaluation Report (appropriate for medication and submission in a peer-reviewed journal) Same as noted above. The contractor will ensure this submission meets ILB criteria CIO POCs gdc1@cdc.gov pyr0@cdc.gov Within the length of this consultant's hire Biosafety Instructional Design products The contractor will ensure this deliverable meets with ILB criteria for on-line instruction CIO POCs gdc1@cdc.gov pyr0@cdc.gov Within the length of this consultant's hire In addition the funding should be utilized for Public Private Partnership Program Review Logistics Support The contractor will carry out the following tasks related to the PPP program review: • Identify a venue for the program review • Meet with the venue manager to develop an event package • Develop and oversee communications (invitations) to program review participants • Prepare and summarize results from the program review • Prepare and produce event materials (name tags, agenda, event folder, event bag) Coordination with CIO POC, Patricia Riley, Health Systems and Program Integration Team Lead Date and venue for Program Review to be determined, but is currently slated to be held domestically
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 6	Laboratory African Regional Collaborative (LARC) Support Activities
CIO*	CENTER FOR GLOBAL HEALTH
Division*	DIVISION OF GLOBAL HIV/AIDS
CIO POC name(s)* Enter up to 3 names	Patricia Riley Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-8106 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	PYR0@CDC.GOV Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☐ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 21	PH Informatics Professionals across State, Tribal, Local and Territorial (STLT) Health Departments and program managers in laboratories and clinicians
Proposed project funding*	$400,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 125	UNAIDS set a 90-90-90 target for 2020 to end AIDS by 2030. Optimizing the use of HIV diagnostics (first '90'), accelerating access of HIV-infected adults, adolescents and children to ART (second '90'), and achieving and maintaining HIV VL suppression (third '90') are necessary to control the HIV epidemic. There will be a focus on improving inter-cadre (laboratorians and clinicians) to maximizing the effectiveness of the 6 stages of the HIV viral load cascade (Demand Creation for Testing, Sample Collection and Processing, Sample Transport, Testing, Result Reporting and Interpretation by the Clinician, and Patient Management).. The third '90' - efficient use of VL testing to inform clinical decisions and expanding HIV drug resistance surveillance programs into areas currently lacking these critical areas will be targeted.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐

	Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 107	The Awardee is expected to have the capacity to provide technical assistance internationally and provide all necessary labor, supplies and materials equipment to accomplish six specific tasks required to achieve the overall objectives: 1) Form the LARC secretariat for overall oversight of LARC activities; 2) Initiate $10,000 grant awards to three identified viral load scale-up PEPFAR countries, 3) Organize and conduct three LARC learning sessions (logistics and technical support); 4) Contract with the necessary consultants to conduct these learning sessions; 5) Contract with the necessary consultant to update and maintain the previously established LARC website; and 6) assist with a CDC program evaluation during the project period .
Applicant program experience* (Maximum of 500 words) Word count 84	The Awardee should have demonstrated experience in supporting established organizational secretariats, including, but not limited to providing personnel stipends, funding for supplies and travel. Awardee should have demonstrated experience initiating contracts to previously organized in-African country teams. Awardee should have demonstrated experience in supplying logistics and technical support for conducting meetings in African countries. Awardee should have demonstrated experience hiring and supporting the necessary consultants to conduct training, and to upate and maintain previously established websites. Awardee should have experience conducting program evaluations.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 90	The Awardee shall provide monthly progress reports to the CIO POC which include a high level status update as well as comments, challenges, accomplishments and plans, concerns for the coming month. The report shall include (1) budget expended and remaining balance (with travel reported separately) (2) estimated percentage of project completed (3) high level report on accomplishments and challenges from previous month including any actions to remediate challenges (4) high level report on planned activities for upcoming month, (5) comments, and (6) any concerns with budget, hours, timelines, contract issues, etc.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 107	The Awardee is expected to subcontract with experts in the field to provide support to the LARC secretariat to perform the following tasks: • Identify venues for the three LARC Learning sessions • Meet with the venue managers to develop an event package • Prepare and produce event materials (name tags, agenda, event folder) • Develop and oversee communications (invitations) to Learning Session participants • Arrange for travel/accomodations for Learning Sesssion participants. • Assist in preparing and summarizing the outcomes from the Learning Sessions The Awardee shall initiate subcontracts with the consultants designated by the CIO POC to conduct the LARC Learning Sessions, update and maintain the LARC website, and assist with a CDC program evaluation during the project period.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 106	Funded Activities may include • LARC Secretariat • Sub awards to three countries • 3 LARC Learning Sessions • LARC Website support • Subject matter experts/Consultants (includes time, travel) • Awardee Project Manager (25% effort) • Awardee Indirect Cost Report/Deliverable Format/Content/Recipient/Due Date Monthly Progress Report/MS Word/ The report should be written in English. All language and punctuation errors corrected prior to submission/ CIO POC pyr0@cdc.gov / monthly, starting 30 days from Post Award Conference LARC Learning Session Report/Portable Document Format (pdf) / The report will be in English/CIO POC pyr0@cdc.gov / 30 business days post each Learning Session (one report for each Learning Session) Final Summary Report/Portable Document Format (pdf)/The report will be in English/CIO POC pyr0@cdc.gov / 5 days prior to close of project period.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-23	

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FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
to Improve Population Health through National, Nonprofit Organizations

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 13	Leadership Training to Build the Capacity of the Public Health Workforce in Puerto Rico
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Kristen Chapman Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770.488.1513 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	khv0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☐ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 31	Public health improvement workforce to build leadership capacity of the public health workforce in Puerto Rico; Governmental public health professionals interested in leveraging a network of public health institutes
Proposed project funding*	$200,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 113	The Office for State, Tribal, Local and Territorial Support is committed to building the capacity of the public health system in Puerto Rico in an effort to improve health outcomes. As part of its effort to build the capacity of the public health system in Puerto Rico, OSTLTS would like to fund an organization to provide public health leadership training to teams in Puerto Rico. Studies indicate the public health workforce has a continued need for leadership building to include building and sustaining strategic partnerships, collaborating across sectors, implementation of systems theory approaches, and illustrating collective impact. The program should build leadership capacity while strengthening multi-sector collaboration with community health initiatives.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☑ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐

	Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 75	The applicant should have the capacity to develop, implement, and evaluate public health training and workforce development activities at both the domestic and international levels. The organization must be well-established and have the capacity to build and maintain strategic partnerships with public health institutes, community-based organizations and government entities. The organization must also have the capacity to work with local public health officials in Puerto Rico and federal officials working with the area.
Applicant program experience* (Maximum of 500 words) Word count 41	The applicant should have experience planning and implementing public health leadership programs with a multi-sector focus. Applicants should have a track record of providing capacity building assistance to improve public health leadership at various levels within the community, nation and the world.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 33	The applicant is expected to collaborate with various governmental and nongovernmental agencies to include the Centers for Disease Control and Prevention, Puerto Rico Department of Health and local government in Puerto Rico.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 24	The applicant is expected to subcontract with agencies and individuals that have extensive experience both with public health leadership training and strategic partnerships
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 12	Funding should be used for both planning and implementation phases.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	National Leadership Academy for the Public's Health Multisectoral Part 2
CIO*	OFFICE FOR STATE, TRIBAL, LOCAL AND TERRITORIAL SUPPORT
Division*	PARTNERSHIP SUPPORT UNIT
CIO POC name(s)* Enter up to 3 names	Kristen Chapman Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770.488.1513 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	khv0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 16	Public health improvement workforce across STLT health departments; multisectoral leadership across the public health system.
Proposed project funding*	$300,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 149	OSTLTS recognizes a key component of health systems transformation is to build multisectoral partnerships. Working across sectors enables leaders to develop robust, community-focused programs to address the various needs of a jurisdiction. Incorporating the expertise of a diverse group of stakeholders enables officials to strategically address health outcomes in a manner that impacts the underlying causes. The purpose of this program is to provide a comprehensive applied public health leadership program to improve population health. OSTLTS envisions a program that uses an applied team-based collaborative leadership approach to solve complex public health issues. The ultimate goal is to prepare participants to use innovative ways to drive the adoption of evidence-based practices and policies, better align primary care and public health, and improve health outcomes. The program should provide access to national experts related to applied leadership projects, evidence-based information, theory, training and practical application of leadership skills.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☑ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑

	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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 51	The applicant should have the capacity to develop, implement, and evaluate public health training and workforce development activities at both the domestic and international levels. The organization must be well-established and have the capacity to build and maintain strategic partnerships with public health institutes, community-based organizations, and government entities.
Applicant program experience* (Maximum of 500 words) Word count 41	The applicant should have experience planning and implementing public health leadership programs with a multi-sector focus. Applicants should have a track record of providing capacity building assistance to improve public health leadership at various levels within the community, nation, and the world.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 37	The applicant is expected to collaborate with various governmental and nongovernmental agencies to include the Centers for Disease Control and Prevention, STLT health departments, community agencies, and other governmental and non-governmental components of the public health system.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 22	The applicant is expected to subcontract with agencies and individuals that have extensive experience both with public health leadership training and strategic partnerships.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 10	Funding should be used for both planning and implementation phases.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 3	Pediatric Obesity mini CoIIN
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY
CIO POC name(s)* Enter up to 3 names	Jenny Brown, Linda Barnes, Claire Heiser Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-6456; 404-867-9697; 770-488-5284 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	JXB9, LIT2, BEQ9 Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 13	public health nutritionists working in state, local, territorial, tribal public health agencies
Proposed project funding*	$150,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 429	The goal of the Pediatric Obesity mini CoIIN is to increase the number of states that have comprehensively embedded obesity prevention standards into components of their early care and education (ECE) system and provide ongoing support to ECE providers in their jurisdiction to successfully implement these standards so that children in their care are provided an optimal environment with respect to foods, beverages, physical activity, screen time and breastfeeding support. This project includes state teams that will focus on embedding obesity prevention standards, and support for implementing these standards into their states' ECE system, using the CDC's Spectrum of Opportunities for Obesity Prevention in the ECE Setting as a guiding framework. This project is a scaled-down version of a traditional CoIIN. The mini CoIIN can be implemented with less funding and a shorter timeline than a traditional CoIIN. This project would support the oversight of the implementation of the mini CoIIN in at least 10 states. The work will focus on: developing state level teams that engage in a quality improvement process targeting one area of the CDC's Spectrum of Opportunities to 1. embed obesity prevention standards (e.g. standards covering foods, beverages, physical activity, screen time, and breastfeeding support) into a component of the state ECE system or 2. embed implementation support into a component of the state ECE system to provide ongoing assistance to ECE providers to meet obesity prevention standards. States recruited and selected to participate in the mini CoIIN will be asked to work in at least one of the above listed focus areas. Extensive high quality training and professional development, and the dissemination of training resources, guidance materials, "best practices" and research to practice documents related to the planning, implementation and evaluation of the mini CoIIN project will be provided to all participating states. These activities are critical to the CoIIN project efforts to build state capacity to implement effective nutrition and physical activity policy and environmental change initiatives in the ECE setting. The following outcomes are expected: Increase the number of states that embed comprehensive standards for obesity prevention into

	components of their ECE system such as; licensing and administrative regulations, the Child and Adult Care Food Program, quality rating and improvement systems, the child care development fund and early learning standards. Increase the number of state that embed support for ECE providers to successful implement comprehensive obesity prevention standards through components of their ECE systems such as: pre-service and professional development, technical assistance networks, initiatives that serve to increase ECE providers access to affordable, healthy foods and opportunities for safe, developmentally appropriate physical activity.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 99	The organization must have the capability to reach a broad audience of public health nutrition and physical activity professional staff working in state health departments and other state governmental agencies. The organization should have a unique network of public health nutritionists working to improve the helath of the American population through statewide and local community efforts. The mission and strategies of the organization should be consistent with the purpose of this projects's goals and objectives. Their mission should be to provide national and state leadership for achieving optimal health through optimal nutrition for everyone in the United States.
Applicant program experience* (Maximum of 500 words) Word count 110	The organization must have experience implementing Pediatric Obesity mini CoIIN for at least 3 years, and show that based on their good work, there are many states asking to be involved in this project. The organization should have extensive experience in providing high quality training and professional development, and the dissemination of training resources, guidance materials, "best practices", and research to practice documents related to the planning, implementation and evaluation of public health nutrition and chronic disease programs and strategies. These activities are critical to efforts to build state capacity to implement effective nutrition and physical activity policy and environmental change initiative to address obesity and other chronic diseases.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 31	It is expected that the organization will collaborate with the DNPAO particularly in our current ECE work and with any identified national partners to minimize duplication and improve collaborative efforts.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 30	It is expected that the organization provide support to the participating state teams, which must include key health department and ECE setting staff, as deemed appropriate and allowable.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 18	It is expected that some funds will be used for one in-person meeting of the state teams.
CIO CERTIFICATION*	

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submit date: 2017-03-24

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 20	Pilot Phase of Global Security Flagship Project: Program to Assess, Strengthen Systems for AMR Detection...
CIO*	NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES
Division*	DIVISION OF HEALTHCARE QUALITY PROMOTION
CIO POC name(s)* Enter up to 3 names	Sajata Outin Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-0256 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	sao7@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 24	Governmental public health professionals and their multi-sector partners interested in leveraging a network of public health institutes and public health training centers.
Proposed project funding*	$625,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 470	In recent years, antimicrobial resistance (AR) has become a growing public health concern and a global patient safety issue. Healthcare-associated infections further contribute to poor patient outcomes, particularly when they are caused by AR pathogens. Effective systems, policies, and procedures to detect, monitor, and prevent AR and HAIs are therefore essential. These comprise high-quality laboratories to detect AR pathogens, infection prevention and control (IPC) programs to reduce the spread of AR pathogens and the incidence of HAIs, surveillance systems for HAIs and AR infections, and programs to improve the appropriateness of antibiotic prescriptions. The goal of this project is to support CDC India to build the capacity of state and national public health systems in India to detect, prevent, and control HAIs and AR. At the state level, the project will occur in collaboration with the Tamil Nadu Directorate of Public Health and Preventive Medicine at health facilities in three model districts in Tamil Nadu: Tirunelveli, Coimbatore, and Kancheepuram. The anticipated outcomes for the project include a workforce trained in IPC, longitudinal IPC programs at health facilities, and improved microbiological capacity at public health laboratories. Anticipated outputs will include a surveillance system for maternal and neonatal infections, generation of evidence-based treatment guidelines for at least one infection, dedicated IPC staff at health facilities, and public health laboratories performing microbiological testing consistent with established quality standards. The expected activities include supporting the training and longitudinal mentorship of nurses in IPC; establishing programs at health facilities to prevent healthcare-associated infections among mothers and neonates receiving care; describing antibiotic use among patients attending government health facilities; linking microbiology results to epidemiological data to provide evidence-based local treatment recommendations for common infections; measuring the incidence of infections caused by AR pathogens; improving the capacity of public health laboratories to isolate, identify, and perform antibiotic susceptibility testing of priority AR pathogens from clinical specimens; and developing a referral system

	consisting of district and state public health laboratories to support quality assurance of microbiological processes and to provide additional testing of isolates from clinical specimens. At the national level, the project will focus on communicating the public health benefit of IPC and strengthening capacity of national AR network laboratories. The anticipated outcomes are improved public understanding of the role of IPC in reducing HAIs and AR as well as improved AR detection and reporting at national laboratories. Outputs include development of communication products and quality assured microbiological testing for AR at national network laboratories. Activities include developing technical reports and conducting focused awareness campaigns, supporting the GHSA annual meeting in India, supporting laboratory assessments, assisting with procurement of laboratory supplies and equipment needed for AR detection and reporting, and organizing training of laboratory personnel. Completing these goals will provide the necessary information to aid decision makers to expand efforts to prevent and control HAIs and AR.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☐ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 51	To effectively conduct the project, the applicant should have capacity to maintain multi-sectoral operations across communities and government agencies, to successfully manage relationships with media, to support development of integrated information technology products, and to access a network of subject matter experts to support development and review of technical materials.
Applicant program experience* (Maximum of 500 words) Word count 65	To effectively conduct the project, the applicant should have expertise in convening persons and organizations to improve population health, developing cross-sector collaborations, serving in an administrative role to disburse and oversee program funds, supporting the growth of local public health institutions, developing and disseminating training and education tools to strengthen public health workforce, and supporting performance and quality improvement efforts in public health practice.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 31	Building on its long history of working in close partnership with OSTLTS and numerous centers, institutes, and offices throughout CDC, applicant will collaborate to ensure successful completion of program activities.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 19	It is recommended that applicant subcontract with an organization which has extensive relevant experience to complete program activities.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 36	The recommended budget is as follows: Personnel salaries and wages total: $7,000 Fringe benefits total: $2,100 Consultant benefits total: $0 Equipment total: $0 Supplies total: $200 Travel total: $1,100 Other total: $2,000 Contractual total: $600,000 Direct costs total: $612,400 Indirect costs total: $12,600 Budget total: $625,000
CIO CERTIFICATION*	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 3	Population Health Workforce Initiative
CIO*	CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES
Division*	DIVISION OF SCIENTIFIC EDUCATION AND PROFESSIONAL DEVELOPMENT
CIO POC name(s)* Enter up to 3 names	Laura Franzke; Mark Messonnier; Taira Duncan Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404 498 6146; 404 639 8218; 404 498 6187 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	lfj7@cdc.gov; qzm3@cdc.gov; ted5@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 23	Governmental public health professionals and their multi-sector partners interested in leveraging a network of public health institutes and public health training centers.
Proposed project funding*	$1,128,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 328	Background: CDC is engaged in efforts to improve the U.S. health system and protect the public's health. A key priority is strengthening the workforce and developing leaders in population health. Population health approaches focus on improving health outcomes by both integrating public health and health care services as well as addressing the social, economic, and cultural determinants of health in communities. The Population Health Workforce Branch (PHWB) of CDC/CSELS/DSEPD is tasked with improving America's population health workforce. Within PHWB are several fellowship programs representing different disciplines, but they have not taken advantage of potential collaborations by which their effectiveness could be enhanced through complementarity. The current transformation of the US health care system offers PHWB an unprecedented opportunity to; 1) assume national leadership by assisting health departments to promote the reorientation of the health care system toward population health and 2) assert the added value of its fellowships when they work together in synergistic and complementary ways to provide service to entities committed to population health. Objectives: PHWB proposes to pilot test a new population health workforce development initiative for selected health departments and states committed and ready to invest in population health work, but in need of a catalyst to begin developing population health capacity in the workforce. This initiative would be that catalyst by; 1. Helping selected health departments and states develop a population health workforce development plan 2. Scoping a two-to three-year project that addresses a major population health challenge such as: 6|18 HI-5 SIM and Medicaid / Medicare issues A complex public health problem such as Prescription Drug Overdose 3. Enabling health departments and states to make a value-added case demonstrating positive and measurable effectiveness 4. Providing integrated multidisciplinary teams of post-doctoral fellows (economists, informaticians, preventive medicine experts) tailored to a project with technical assistance from the CDC. Expected Outputs: The specific outputs of each pilot engagement include; 1) two

	manuscripts documenting project processes and outcomes, 2) two professional presentations, 3) a population health project implementation and maintenance plan, and 4) a final report on the engagement.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☐ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☐ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 28	Applicant has relationships with state and/or local health departments and an understanding of the needs for population health planning regarding strategic transformational planning and workforce development needs.
Applicant program experience* (Maximum of 500 words) Word count 51	Applicant has experience collaborating with state and/or local health departments to develop population health strategic plans and population health competency for the workforce. Applicant must also have demonstrated ability to collaborate with third parties, such as CDC, to achieve population health goals and objectives in state and/or local health departments.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 113	This initiative represents primary collaboration between the CDC (PHWB and subject matter experts) and the pilot host sites. The organization who receives these CoAg funds should be prepared to facilitate this collaboration with respect to; training, logistics, leadership, and marketing. As such the recipient of CoAg funds should be able to work with; 1) state and local health departments on the ideation and implementation of evidence-based population health practices, 2) PHWB as the primary administrator of the workforce infrastructure and capacity-building aspect of this initiative, and 3) other potential collaborators such as the CDC Office of the Associate Director for Policy, OSTLTS, the NCCDPHP Division of Population Health, and relevant non-governmental entities.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 39	The recipient of the CoAg funds will use the funds to hire the teams of fellows, collaborate on training, provide benefits (health, relocation, etc.), and provide a cost share that will be used for fellow travel, software, etc.
CIO CERTIFICATION*	
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FOA OT13-1302
Building Capacity of the Public Health System
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 10	Poverty-related economic policies as social determinants of health impacting STD prevention
CIO*	NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION
Division*	DIVISION OF SEXUALLY TRANSMITTED DISEASE PREVENTION
CIO POC name(s)* Enter up to 3 names	Ryan Cramer Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(404) 639-0019 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	uxj0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 13	Public health lawyers and other policy staff who assess and interpret laws
Proposed project funding*	$200,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 563	Poverty and other social determinants of health may be correlated with economic policies, such as tax laws and rates, unemployment compensation, minimum wage provisions, and administrative procedures related to public benefits. Poverty is one of the most consistent predictors of sexually transmitted disease (STD) risk among all subpopulations at an individual and group level. Therefore, a better understanding of the role of economic policies in STD risk would be useful in designing and implementing STD prevention interventions and policies. It is anticipated that these policies would be of interest to other areas of public health as well. The goal of this project is to collect and code economic policies that can later be used in public health research. Specifically, this project will assess policies that may economically benefit impoverished persons (i.e., reduce or eliminate the cycle of poverty or income inequality) or increase access to work that provides a living wage. The project will include two parts: a primary study of state economic policies, and a pilot study of state public health funding. The primary study will include an assessment of various economic laws and policies hypothesized to have an impact on social determinants of health and STD risk from all 50 US states and the District of Columbia, from 1987 to present (where possible). This assessment will involve the collection of relevant state policies and the development of a coded dataset of state policies consistent with the methods described in Measuring Law for Evaluation Research.1 The dataset will include measures of relevant laws or policies, including their effective dates and citations, that are coded for future use in research studies. In order to facilitate the analysis of associations over time, these laws will be collected by year from 1987 to present on each topic. Specific policy topics will include 1) minimum wage, 2) paid child care or reimbursements, 3) post-high school education and training programs (e.g., vocational programs at community colleges), and 4) state tax structure (income tax, sales tax, and property tax) and rates. The pilot study will include a more limited assessment of state public health funding levels overall and for communicable disease, STD prevention, and

	HIV prevention activities (where possible). The purpose of the pilot study is to determine the feasibility of collecting this information from appropriations and other sources. The assessment will include collecting and coding funding levels for all states and DC in 2017. The outputs from primary study will consist of: 1) a compendium of relevant state economic laws across years, 2) a coded dataset of these state economic laws over time, and 3) a brief report detailing the methods used in performing these activities. The outputs from the pilot study will include 1) a dataset of state public health funding (i.e., allocations of funds for public health and prevention and control of communicable disease and STD/HIV) by state in 2017 and 2) a brief report detailing the methods used in performing these activities, including an assessment of burden from this pilot. These materials should be made publicly available by the applicant upon completion of this project. It is strongly encouraged that the grantee would collaborate with CDC on a peer-reviewed paper that documents the development of the primary dataset and on peer-reviewed papers in which the dataset is applied. 1. Tremper C, Thomas S, Wagenaar AC. Measuring Law for Evaluation Research. Evaluation Review 2010; 34(3):242-266.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☐ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 107	Applicant must have legal assessment and analysis capacity with some experience in performing legal assessment and analysis of state statutes and regulations (i.e., successful applicant would include someone with a JD who has experience in measuring laws for evaluation research). Additionally, the applicant should have the capacity for qualitative data analysis (to the extent necessary to code legal texts for data analysis purposes), and access to sufficient staff and resources to collect laws from 51 jurisdictions for multiple years. Finally, it would be ideal if the applicant has some experience or knowledge about economic policies, public health finance, or poverty and other social determinants of health.
Applicant program experience* (Maximum of 500 words) Word count 63	Applicant must have experience in interpreting and assessing laws across multiple jurisdictions for purposes of facilitating public health research (i.e., successful applicant would include someone with a JD who has experience in measuring laws for evaluation research), as well as an understanding of how economic policies, including public health finance, may be correlated with social determinants of health and STD risk.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 41	It is expected that the applicant will collaborate with CDC throughout the project, and other subject matter experts as appropriate. The applicant is strongly encouraged to work with CDC on a peer-reviewed paper with findings from the primary project.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 64	Subcontractor must have experience in interpreting and assessing laws across multiple jurisdictions for purposes of facilitating public health research (i.e., successful applicant would include someone with a JD who has experience in measuring laws for evaluation research). It would be ideal if the applicant has some experience or knowledge about economic policies, public health finance, or poverty and other social determinants of health.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable	It is anticipated that the majority of the budget will be used on personnel in completion of the project. Use of funds for other purposes (equipment, travel, etc.) as directly related to the project should be justified.

(Maximum of 300 words) Word count 39	

CIO CERTIFICATION*
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 8	Program Evaluation of Prevention Strategies Developed in Practice Settings
CIO*	NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL
Division*	OTHER Other division Division of Violence Prevention
CIO POC name(s)* Enter up to 3 names	Kimberley Freire Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-4994 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	kfreire@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 23	Governmental public health professionals and their multi-sector partners interested in leveraging a network of public health institutes and public health training centers.
Proposed project funding*	$300,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 443	The purpose of this project is for the awardees to work collaboratively with CDC and two local sites to conduct a program evaluation of their sexual violence prevention strategies developed in their practice settings. CDC will have already conducted an evaluability assessment of the prevention strategies implemented at the selected local sites and will have determined that the site is ready for more program evaluation. This project is not a research study, and evaluations designs and processes should align with CDC's Framework for Program Evaluation https://www.cdc.gov/eval/framework/. The project is organized into six goals that map onto the CDC's Program Evaluation Framework. By the end of the project, CDC expects to have evaluation findings, although some findings may be preliminary due to the project time frame. Goal 1: Engage stakeholders in the program evaluation development, implementation and dissemination of findings Output 1.1: Form a program evaluation team that includes local site representatives, program evaluation specialists, state RPE grantee and other relevant stakeholders Goal 2: Describe the Prevention Strategy As part of the initial evaluability assessments, each site will already have a logic model and a narrative program description, which includes the essential elements of the prevention's strategy's WHAT (e.g., content), HOW (e.g., delivery methods), and WHO (e.g., implementer). The purpose of Goal 2 is to further enhance or detail the program description for the purpose of program evaluation. Output 2.1: Develop and/or revise materials that describe the program including, but not limited to, the prevention's strategy's logic model, narrative description and essential elements. Output 2.2: Develop one or more translation products that succinctly describes the prevention strategy for primary stakeholder audiences Goal 3: Focus and Develop the Program Evaluation Design Output 3.1: Develop a program evaluation plan that includes outcome (summative), process, and quality improvement components Output

	3.2: Develop translation products that succinctly describe the program evaluation plan for primary stakeholder audiences Goal 4: Gather Credible Evidence Output 4.1: Collect data specified in the program evaluation plan Output 4.2: Develop data analysis plan Output 4.3: For primary data collection, generate data files, data profiles and other quantitative and qualitative data products and summaries that serve the evaluation design Output 4.4: For secondary data sources (e.g., publically available data), develop quantitative and qualitative data products and summaries that serve the evaluation design Goal 5: Justify conclusions Output 5.1: Justify conclusions on the basis of evidence using these five elements: program evaluation standards, analysis and synthesis, interpretation, judgment, and recommendations. Output 5.2: Develop one or more translation products that describe the evaluation findings for primary stakeholder audiences and public dissemination Goal 6: Ensure use and lessons learned Output 6.1: Develop dissemination plan that describes, but is not limited to, primary audiences, products, and communication channels and formats. Output 6.2: Findings disseminated to primary stakeholders
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 76	Applicants should have the following capacities: - Staff skills and organizational supports to conduct program evaluation activities - Staff skills and organizational supports to collect, interpret and visually display evaluation data - Organizational infrastructure to coordinate various stakeholders to set goals, plan and implement complex public health activities - Ability to translate program evaluation findings into documents for academic and lay audiences - Ability for project staff to travel to onsite locations to conduct some activities - Ability to convene stakeholders meeting remotely and/or onsite
Applicant program experience* (Maximum of 500 words) Word count 111	Applicants should have experience with the following: - Experience and expertise engaging diverse public health stakeholders in planning and evaluation processes - Expertise and experience coordinating academic partners, state and local public health institutes, health departments and other organizations conducting public health activities for the purpose of conducting program evaluation - Experience working with health departments and their sub-awardees on developing program evaluation plans, logic models and data collection and analysis plans - Experience helping health department interpret and use data for their public health actions - experience conducting program evaluation with health departments and local agencies - Experience and capacity to help health departments and their sub-awardees develop a community of practice for program evaluation
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 74	One goal of this project is to build infrastructure and supports to evaluate sexual violence prevention strategies that have been developed in practice in order to advance the evidence base within the field and to identify strategies that are likely to be broadly adopted. CDC strongly encourages collaboration with RPE awardees, other state health department programs, public health institutes and other CDC funded violence prevention programs within the states where project activities will take place.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 104	CDC recommends subcontractual (or fee for service) work with academic institutes (i.e., universities) that have experience conducting program evaluation with practice-base organizations within the injury prevention field. For example, the CDC-funded Injury Control Research Centers (ICRCs) are situated in academic institutes and focus on injury and violence prevention research and practice, including program evaluation. Other recommended criteria for selecting academic subcontractors include: 1) partnerships with state and local public health institutes; 2) experience funding and/or evaluating sexual violence prevention (or other gender-based violence) and 3) demonstrated interest in building research and practice partnerships. Academic partners with experience beyond surveillance, research or developing indicators is recommended.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable	Funds may be used for necessary expenditures such as labor, subcontracts (if needed), travel (if needed), and other appropriate indirect and direct costs.

(Maximum of 300 words) Word count 25	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 7	Program improvement for STD programs: A demonstration project
CIO*	NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION
Division*	DIVISION OF SEXUALLY TRANSMITTED DISEASE PREVENTION
CIO POC name(s)* Enter up to 3 names	Marion Carter Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-8035 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	acq0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 14	Government public health professionals working/focused on quality improvement, performance management and workforce development.
Proposed project funding*	$120,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 494	The Division of STD Prevention funds 59 state and local health departments for STD assessment, assurance, and policy work under its flagship FOA called STD AAPPS. Division staff support these awardees in various ways and is working to further cultivate a culture of program/quality improvement within DSTDP and among awardees. As part of a larger effort, we intend to use this project to collaborate with an external partner to implement and evaluate a program enhancement or quality improvement series focused around two high priority STD prevention and control topics, for our STD AAPPS awardees. The proposed topics for the pilot are congenital syphilis prevention and control as well as GC treatment verification or a surveillance -related topic. The final choice of topics will be made in collaboration with the partner agency after award. The partner organization would be asked to do the following: • Teach Division staff about best practices in supporting communities of practice, learning collaboratives, quality improvement initiatives, and related forum, with a focus on the application of those to health department settings • Develop a plan for a one-year (or less) program improvement effort, drawing from those best practices. Approaches used for this project should represent models that are potentially sustainable for the Division as well as responsive to the amount of staff time that STD programs will have to devote to such efforts. We anticipate the approaches tested will be relatively modest in their intensity. We anticipate that small subsets of the entire awardee community will participate in the approaches, but the final decision about the scope and method of selection into the groups will be made in the course of planning the project with the partner organization. • Implement that plan, using two topics (as described above, TBD). The effort should involve, at a minimum: o Formation of two or more communities of practice (or similar concept) around the topics, among STD AAPPS awardees. o Maintenance of these communities, through virtual, electronic, and other communication methods, as appropriate o Effective utilization of awardee data on those topics, evaluation experiences, and other information from awardees to promote program

	improvement around this issues o Development of at least 1 product, per community, to share with larger STD community, beyond those awardees that participate in the communities of practice • Evaluate the project, to bring practical lessons to Division's discussions of how to best support and institutionalize such efforts going forward. Primary questions include: 1) To what extent did awardees engage in the efforts? Are there engagement strategies that worked better than others? Why?, 2) How did awardees benefit from participation in the program improvement series? What might explain why some awardees benefited more than others?, and 3) How did the amount of effort needed to run the program improvement series compare to the amount of benefit gained by awardees? The primary outcome of this project is a set of specific , evidence-based recommendations for DSTDP for whether and how to pursue this kind of model going forward. A secondary outcome is program improvements made by participating STD program staff in the demonstration project.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☐ Public Health Partnerships ☐ Other ☐ Public Health Workforce ☐ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 71	For this project, applicants need the organizational capacity to communicate effectively with health department staff from disparate STD program context. They also need the technological infrastructure (e.g., video/conference call technology, website) to host meaningful exchange and engagement by STD program staff for the pilot program improvement series. Applicants also need evaluation capacity, so that the project can yield important insights for the Division of STD Prevention for moving forward.
Applicant program experience* (Maximum of 500 words) Word count 58	Applicants must have experience working with state and local health departments, and they must have experience supporting successful communities of practice (or similar/analogous approaches) in the recent past. They must bring expertise in the areas of knowledge translation and quality improvement more broadly, to bring to the program design. Knowledge of STD program operations is desired.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 18	This project does not involve expectation for collaboration beyond what is clearly implied by the program design.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 79	Applicants may propose to subcontract some of the work related to this project, such as the evaluation component, which a third party may be well suited to conduct. Recommended criteria for identifying and selecting a sub-contractor include demonstrated, successful past experiences with evaluating projects involving health department staff and with projects of similar scope/scale as this one proposed. An evaluation sub-contractor will likely need both quantitative and qualitative evaluation skills for this project, and excellent communication skills.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 53	For this project, the budget will likely include mainly personnel, for project management, facilitation, communication, information technology, and evaluation. Travel to Atlanta by key project personnel, two times over the course of the project, is expected. The budget may include costs associated with purchasing or maintaining video conference and website technology.
CIO CERTIFICATION*	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 7	Public Health Law Collaboration for Cardiovascular Disease Control
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION FOR HEART DISEASE AND STROKE PREVENTION
CIO POC name(s)* Enter up to 3 names	Erika Fulmer;Chris Jones Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(770)488-5334;(770)488-4993 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	duj2@cdc.gov; vey2@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 9	State grantees, health officials and researchers, policy researchers
Proposed project funding*	$150,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 285	DHDSP intends to improve the quality and dissemination of its policy assessment products and methods including state policy surveillance products and its policy evidence assessment approach, the Quality and Impact of Component (QuIC) Evidence Assessment Tool. The project will include the following elements: (1) Policy review, analysis & brief: Conduct policy reviews and analysis on high priority CVD control topic areas such as sodium reduction, stroke policy, and collaborative drug therapy management. Example activities include: Prioritize topic area scope and focus of health services, practices, behaviors and settings of interest for 51 state law analysis and dissemination of findings on blood pressure and chronic disease management. Deliverable: Study design and report of findings.Building upon the existing evidence and ongoing DHDSP reviews, conduct best available evidence analyses to inform the types of policy interventions that will allow advance CVD control. Deliverable: Report of findings. (2) Legal feature and outcome-informed policy rating: Develop policy ratings using systematic, replicable, transparent methods. Work with subject matter experts to clarify the scope the project and identify potential construct(s) for inclusion. Using existing policy surveillance, administrative data, and health outcome information, complete analyses and prepare related policy rating products. Deliverable: Report of findings. (3) Policy impact assessment: Identify feasible topic area(s) with existing outcome information to better link policies to health and/or economic impact. Work will include developing assessment design, analytic approach and potential methods for disseminating results. Deliverable: Summary plan.(4) Dissemination of policy assessment: Work collaboratively with DHDSP to oversee the development and production of a special journal supplement highlighting public health law research/legal epidemiology. Project will include serving as liaison with relevant subject matter experts, leading coordination, and providing consultation to ensure wide reach, uptake, and use in the field.
	☐ ☐ Public Health Workforce

Program strategies that relate to FOA* (Check one or more)	Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 15	Applicant should have the capacity to coordinate the efforts of health policy experts.
Applicant program experience* (Maximum of 500 words) Word count 51	Applicant should have experience in the following areas: Conducting legal policy assessment on relevant health promotion topicsReview and analyze health policies at local, state, and national levels.Plan and disseminate public health policy assessment through means such as white papers, legal datasets, state law fact sheets, peer reviewed journal articles, and presentations.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 0	
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 60	Subcontractor should have extensive experience completing concurrent state-level law reviews in coordination with strategic public health evidence assessments such as the QuIC Evidence Assessment. Additionally, the subcontractor should have expertise in pertinent cardiovascular disease control substantive areas. Demonstrated capacity to collaborate with subject matter experts and public health partners to scope work and disseminate products will be critical.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 20	Awardee will use funds to provide subject matter expertise and consultation necessary to achieve intended outputs of program activities.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program. submit date: 2017-03-23	

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FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Reaching Persons with Disabilities through Healthy Communities – Part 2
CIO*	NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES
Division*	DIVISION OF HUMAN DEVELOPMENT AND DISABILITY
CIO POC name(s)* Enter up to 3 names	Arlene Vincent-Mark; JoAnn Thierry; Melinda Jordan Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-498-6780; 404-498-6730; 404-498-0359 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	dsz4@cdc.gov; jxt4@cdc.gov; mrj0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 27	Chronic disease prevention professionals assume various roles embedded in many program areas including health educators, nurses, physicians, epidemiologists, and evaluators whose focus is chronic disease prevention
Proposed project funding*	$400,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 372	Healthy, inclusive communities are ones that make the healthiest choices easy and accessible by removing barriers and providing needed assistance and resources to community members at all levels (NCHPAD, 2015). The proposed project aims to address health disparities by bridging the gap between national and state disability and health efforts and people living with disability at the community level by implementing, evaluating, and disseminating disability inclusion strategies that make healthier choices the easier choices for all people. There is a common connection between the State Disability and Health Programs (SDHP), funded by the Disability and Health Branch (DHB) located within the Division of Human Development and Disability, and the promising Healthy Communities for preventing chronic disease, implemented by the National Association of Chronic Disease Directors (NACDD). Of the 19 SDHP funded by the DHB, there are 10 associated with the NACDD's Healthy Communities. In Part 1 of this project, five Healthy Communities states (Iowa, Montana, New York, Ohio, and Oregon) and 10 local communities (Carroll County, Sioux City, Butte, Helena, Cattaraugus County, Syracuse, Adams County, Marion County, Benton County, and Umatilla County) worked together to improve the capacity of the public health workforce and accelerate disability inclusion policy, systems, and environmental (PSE) improvements that increase access and opportunities for healthy eating, physical activity, and reduced exposure to and use of tobacco for people living with disabilities across community settings with a principal focus on disability inclusion and accessibility. In Part 2 of this project, the Healthy Communities awarded in Part 1 will build upon and continue their collaboration to develop, implement, and evaluate strategies that address the needs of people with a disability and will integrate people with a disability as a demographic group that experiences significant health inequities into ongoing, new, and/or adapted policy, systems, and environmental (PSE) improvements. Project activities must include the following: 1- Community assessment 2- Activities (e.g., meetings, trainings, conferences) to support the development of PSE interventions 3- Technical assistance

	and support (e.g., webinars, site visits) 4- Project evaluation 5- Communication and dissemination activities (e.g., success stories, manuscript) It will be important that PSE approach and improvements made by NACDD's Healthy Communities are shared within the public health field. The development of a manuscript of this project would be an salient deliverable.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 40	• Knowledge and experience in Healthy Communities Part 1 (of the project) • Ability to perform the project activities • Ability to form and maintain partnerships with federal and state-based disability programs • Ability to form and maintain partnerships with federal and state-based chronic disease programs
Applicant program experience* (Maximum of 500 words) Word count 58	• Participated in Healthy Communities Part 1 (of the project) • Experience with former Action Communities for Health, Innovation, and EnVironmental changE (ACHIEVE) communities and the ability to form and maintain community partnerships between states and local communities or local programs within the ACHIEVE model. • Knowledge and experience in health equity, inclusion, disability, and chronic disease public health issues.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 25	This project will require collaboration with CDC's Disability and Health Branch staff and partners as well as state- and/or community- level public health professionals.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 14	Contracts must be submitted, reviewed, approved, and managed in accordance with federal standards.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 16	• Expenditures should not exceed total budget provided. • Funds should be used in accordance with federal standards.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 5	Strengthening Collaboration in High Obesity Areas
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY
CIO POC name(s)* Enter up to 3 names	Terry O'Toole Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-5937 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	totoole1@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 23	Governmental public health professionals and their multi-sector partners interested in leveraging a network of public health institutes and public health training centers.
Proposed project funding*	$150,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 187	The purpose of this project is to provide technical assistance, outreach, and support on comprehensive public health approaches that increase collaboration between public health, land grant institutions (cooperative extension services) and other appropriate organizations to address the public health challenges in high obesity areas. This will be accomplished by bringing together multiple agencies or sectors (e.g., SNAP-Ed implementing organizations, active community design organizations) that work to improve access to healthy eating and safe, physical activity in high obesity areas. This project will help ensure that the potential gains for public health and obesity prevention are reached and that increased collaboration appropriately leverages and expands strategic activities with broad reach and impact in high obesity areas. Expected outputs: Identify opportunities for increased collaboration between state and local health departments and land grant institutions working in high obesity areas. Identify new communities for potential dissemination and uptake of strategic public health actions in high obesity areas. Expected outcomes: Increased collaboration and demonstrated best practices for multi-sector collaboration to implement strategic public health actions in high obesity areas. Increased new communities that uptake of strategic public health actions in high obesity areas.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other

Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 85	Capacity to identify and lead collaboration for appropriate audiences to advance public health practices, especially those who work in high obesity areas. Capacity to improve public health outcomes by fostering innovation and partner with government agencies, land grant institutions, and other organizations as needed. The mission and strategies of the organization should be consistent with the purpose of this project's goals and objectives. Their mission should be consistent with bringing together constituencies to implement collaborative approaches to address public health challenges in high obesity areas.
Applicant program experience* (Maximum of 500 words) Word count 51	A history of working with CDC funded nutrition, physical activity, and obesity prevention programs, land grant institutions, and USDA's SNAP-Ed program, SNAP-Ed implementing agencies, and EFNEP program. Experience in improving the nation's health through innovative and strategic activities. Experience in engaging a broad range of stakeholders to support and expand strategy implementation.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 33	It is expected the organization will collaborate with CDC/DNPAO and CDC/DNPAO's current State Health Department and High Obesity Program work as well as appropriate agencies or institutions working in high obesity areas.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 0	
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 28	Funds may be used for necessary labor, materials, travel, subcontracts if necessary, and any other appropriate indirect and direct costs to undertake all aspects of the project.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Strengthening Healthcare Workforce Development Efforts in the U.S. Island Jurisdictions
CIO*	OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH
Division*	OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH
CIO POC name(s)* Enter up to 3 names	Bonnie Preston, Thomas Novotny Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	415-437-8503 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	bonnie.preston@hhs.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☐ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 14	Governmental public health professionals working/focused on quality improvement, performance management and workforce development
Proposed project funding*	$350,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 892	Background: The HHS Insular Areas Policy Group, chaired by the Assistant Secretary for Health (ASH) and the Director of the Office of Intergovernmental and External Affairs (IEA) has identified the health workforce technical capacities and personnel shortages in the U.S. Affiliated Pacific and Caribbean Islands as one of greatest challenges to the provision of high quality public health and health care in the Island areas. Given the substantial investments in health programming by HHS as well as through Departments of Interior and Defense, the absorptive capacity and financial management issues related to this programming are also identified as needing assistance. In 2017, the Policy Group formed a Subcommittee on Health Workforce to identify programmatic tools available to support workforce development in the insular areas and to devise new strategies to improve HHS-supported workforce development outcomes in the Insular Areas. An assessment of current HHS workforce development programs and their use in the Insular Areas was completed in the Fall of 2016. We found that while there are several HHS development programs that could help the Islands meet their workforce needs, the Island areas are not participating in many of the opportunities either because they cannot attract and retain health professionals to participate, do not meet the basic program requirements such as having professional schools with proper accreditation, do not have the staff to write successful grants, or lack the professional tracking and support for island students to qualify for health professions training. These workforce programs were designed primarily with the government and nonprofit sector infrastructure of the 50 U.S. states in mind. To be applied effectively in the Islands, they need to be modified, and the capacity of the Islands needs to be strengthened if HHS programs are to meet the great need that exists in the U.S. insular areas and fulfill the statutory requirements of these programs. The HHS Subcommittee on Workforce has two specific activities that could be implemented through the umbrella OSTILTS cooperative agreement. The first is to develop different types of model partnerships among interested US-based academic institutions, Insular Area Public

	Health Departments and Health Systems, and Island health training programs to provide trainers, curricula, exchange program opportunities, and telehealth and distance-based learning to Island students and professionals. The second activity would be to provide Technical Assistance to two Insular Area Health Departments in the Pacific, one in the Freely Associated States and one in a U.S. Territory to develop strategic workforce development plans tailored specifically to each of the two jurisdictions. Activity 1: Developing Academic Partnerships in the Pacific Rim and the Caribbean to Support Healthcare Workforce Development in the U.S. Island Jurisdictions HHS, in collaboration with Health care systems and Public Health Departments in the U.S. Island jurisdictions, is interested in expanding existing partnerships and developing a more broad-based network of academic partnerships to assist in strengthening of health care workforce professional pipelines in the Pacific and the Caribbean. In doing so, such partnerships will offer participating US-based academic institutions the opportunity for richer real world training experiences, research collaboration opportunities, and potential students for Global Health training programs, Tropical Medicine research partnerships, and application of telehealth program development. We are interested obtaining technical assistance through this cooperative agreement to: 1)Identify best practices in academic and health department partnerships specific to the USAPI, 2) Develop strategies for possible joint initiatives and projects as well as potential funding for such efforts through the partnerships and 3) Provide model agreements to potential partners. Activity 2: Technical Assistance to Two U.S. Pacific Island Jurisdictions to Develop Model Health Workforce Development Strategic Plans Each U.S. Pacific Island Jurisdiction has unique health workforce development challenges and opportunities. In order for HHS to provide effective support in the region, we need work with the jurisdictions on appropriate strategies to best utilize available HHS and other USG development resources. For this activity, we would contract with HR development experts to provide TA to health departments in a strategic planning process to strengthen public health and health system workforce development efforts. Preferably, we would like assistance from a firm or NGO that has helped a number of health departments/health systems with workforce development planning and quality improvement efforts in similarly sized, isolated, rural/low resourced settings. This outside organization would provide TA to two Pacific Island Health Departments to develop their own strategic plans to strengthen their health care workforce. The planning process would involve not only the health departments but the community colleges, and k-12 education systems in order to focus on a long term HR development process in each of the two Jurisdictions. Because the U.S. Pacific Island jurisdictions include both U.S. Territories and Freely Associated States we believe piloting this process in one jurisdiction of each type is important. We acknowledge that the strategic planning process will take a significant time commitment on the part of participating Island organizations' staff, and we would like to recognize that contribution of staff time as in-kind matching dollars to the cost of the project as a commitment to producing a meaningful and useful product. Therefore the activity would also include a task for the contracting organization to estimate the number of staff hours required from the relevant departments for an Island to participate in the pilot studies. Funding Sources: potentially HRSA and CMS for health care and clinically-related program resources; OSTILTS or CGH for public health program resources.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☑ Public Health Data and Information Systems ☐ Public Health Practice and Services ☑ Public Health Partnerships ☐ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☑ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☑ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 30	Expertise in development and delivery of performance measurement, quality improvement and workforce development curricula and tools. Ability to provide onsite technical assistance, workshops and other support in the USAPI.
Applicant program experience* (Maximum of 500 words) Word count 18	Strong record of accomplishment in development and delivery of performance measurement, quality improvement and workforce development curricula and tools.

COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 56	The HHS Insular Policy Workgroup Subcommittee on Workforce is a collaboration across HHS divisions with interests in workforce development in the U.S. Insular Areas. This work will support Pacific and Caribbean health department and health systems' development of stronger health workforce training pipelines and can only be successful if the Island health leadership is in the lead.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 8	Subcontracting/consulting agreements are approved, if determined necessary.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Surveillance of shared decision-making for prostate, breast, and lung cancer
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF CANCER PREVENTION AND CONTROL
CIO POC name(s)* Enter up to 3 names	Thomas B Richards Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(770)488-3220 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	TRichards@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 25	Chronic disease prevention professionals in many program areas including health educators, nurses, physicians, epidemiologists, evaluators, and social workers whose focus is chronic disease prevention.
Proposed project funding*	$100,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 803	BACKGROUND INFORMATION: To help patients make informed decisions that better reflect their own values and preferences and involve them more directly in critical medical decisions, decision aids are being developed to help patients and caregivers better understand and communicate options for cancer screening and treatment. For example, the CDC Division of Cancer Prevention and Control is currently working with American College of Preventive Medicine (ACPM) to develop evidence-based decision aids to facilitate shared decision-making between primary care physicians and their patients about prostate cancer screening. The ACPM project will develop and evaluate whether the decision aids are effective at helping men make informed decisions that are consistent with their own preferences, values, and levels of risk for prostate cancer. Looking towards the future, a potential question is whether it is possible to conduct surveillance of the use of shared decision-making in clinical practice. Examples of surveillance questions might include: What are the optimal data sources and methods for surveillance of shared decision making? What groups should be asked to provide information on shared decision-making? What topics/constructs/questions should be used for questionnaire surveys? What are the smallest number of questions to provide the essential information? For illustrative purposes, the current project will focus on surveillance of shared decision-making for prostate, breast, and lung cancer screening. PURPOSE: What are the key issues for surveillance of shared decision-making for prostate, breast, and lung cancer? What are the optimal data sources and methods for surveillance of shared decision making for prostate, breast, and lung cancer screening? GOALS: Provide a conceptual framework to improve future surveillance of shared decision-making for prostate, breast, and lung cancer screening. EXPECTED OUTPUTS: 1. Literature review on surveillance of shared decision-making for prostate, breast, and lung cancer screening. 2. Identify the key issues for shared decision-making for each of the following: prostate, breast, and lung cancer. 3. Suggest data sources and methods for future surveillance of shared decision-making for prostate, breast,

	and lung cancer. 4. Topics/constructs/questions for surveillance of shared decision-making for prostate, breast, and lung cancer. 5. Frameworks for each cancer describing how the surveillance information could be used for planning interventions at the national and state level. 6. Summary report. OUTCOMES: 1. Improved data sources, methods, topics/constructs/question wording, and frameworks for each cancer that could be used as a starting point for further evaluation of surveillance of shared decision-making. GENERAL OR SAMPLE ACTIVITIES: 1. Obtain copies of questions used in past surveys to assess shared decision-making for prostate, breast, and lung cancer screening. 2. Review the scientific literature to identify: examples of surveillance of shared decision-making for prostate, breast, and lung cancer; and how the surveillance information has been used for interventions. 3. Form three workgroups, one each for prostate, breast, and lung cancer screening. Each group should include representatives of national organizations and patient advocates appropriate for the specific cancer. Also, each workgroup should include at least one Behavioral Scientist with expertise in survey design, development, and evaluation. 4. Delay the start of the prostate cancer work group until January 2018 or later. The reason for this delay is that the USPSTF is expected to issue a 5-year update of its prostate cancer screening guideline in 2017. An unknown is the exact date that the USPSTF will release its recommendations and/or whether the USPSTF will make any changes in its prostate cancer screening recommendations. 5. For each workgroup, hold a series of monthly workgroup conference call/Webinars. 6. Provide an agenda, materials, and professional facilitator for each workgroup's conference calls/Webinars. 7. Identify key issues for shared-decision making specific for each prostate, breast, and lung cancer. 8. Identify data sources, methods, and information/topics/constructs/questions that workgroup members think would be useful from the perspective of planning, decision-making, and interventions, both at the national and state level. 9. Discuss examples of existing survey questions on shared decision-making. 10. Consider whether responses to some types of questions may be more valid and reliable than others. Also consider practical constraints to survey administration, such as the available survey time may limit the number of questions possible, and/or respondent participation may be reduced if a survey includes too many questions. 11. Discuss whether any topics/constructs/questions should be deleted and other questions added. 12. Discuss any modifications needed to improve surveillance/surveys of shared decision making for potential use in the context of Healthy People 2020 and/or future Healthy People 2030 Health Objectives. 13. Discuss any refinements needed for racial-ethnic disparities, or for vulnerable and high risk groups. Are any modifications in shared decision-making surveillance needed for higher risk individuals, for groups with different culture or language, or for Tribes and Territories? 14. Propose topics/constructs/question wording for future surveys, both at the national and state level. 15. Develop a framework for each cancer describing how the surveillance information could be used for planning interventions at the national and state level. 16. Prepare a summary report.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☐ Public Health Partnerships ☐ Other ☐ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 90	The applicant needs to identify and convene participants for three work groups, one on prostate cancer screening, one on breast cancer screening, and one on lung cancer screening. Each workgroup should include representatives appropriate for the specific type of cancer. Each workgroup should include: a Behavioral Scientist expert; a primary care physician (Internal Medicine or Family Medicine); and representatives of national and public advocacy organizations for each cancer topic. The applicant organization should have capability to hold workgroup meetings, conduct teleconferences/Webinars, and provide a professional facilitator for each meeting.
Applicant program experience* (Maximum of 500 words) Word count 34	The applicant organization should be familiar with: shared decision-making; current cancer screening recommendations for prostate, breast, and lung cancer screening; questionnaire survey design, development, and data collection; and state comprehensive cancer control programs.
COLLABORATIVE WORK	
	Not applicable.

Expectations for collaboration (If applicable, maximum of 300 words) Word count 3	
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 3	Not applicable.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 3	Not applicable.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program. submit date: 2017-03-24	

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FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Technical Assistance and Training in Epidemiology for CDC State Grantees
CIO*	NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL
Division*	DIVISION OF UNINTENTIONAL INJURY PREVENTION
CIO POC name(s)* Enter up to 3 names	Noonan, Rita; Mahendra, Reshma; Simpson, Jessica Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	rgn5@cdc.gov; zep0@cdc.gov; xki8@cdc.gov Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	(770)488-1532; (770) 488-1207; (404) 498-1545 Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 12	Applied Epidemiologists in State, Tribal, Local and Territorial (STLT) Health Departments
Proposed project funding*	$400,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 426	Goal: To build the epidemiologic capacity of awardee states related to measuring the burden of opioid use, misuse, overdose, and death by leveraging peer-to-peer learning. Background: As part of its Opioid Prevention in States portfolio, CDC funds 42 states and the District of Columbia through the Data-Driven Prevention Initiative (DDPI) and Prevention for States (PfS) programs. These awardees have been tasked with implementing strategies that will ultimately decrease opioid abuse, ED visits related to opioids, and overdose rates. The proposed poject would increase the capacity of state health departments in awardee states to investigate and interpret epidemiogloic and surveillance data, thereby improving the understanding of the opioid epidemic within their particular state. Such evidence-based insights are crucial for tailoring the use of program resources to have the greatest impacts. Products: • Needs assessment of DDPI and PfS awardees with respect to current epidemiologic capacity and future training needs. • Suite of training materials (in a variety of delivery modalities) incorporating existing CSTE products, as well as novel products as dictated by awardee needs. • An application procedure to determine which states get specialized “in house” training and follow-up coaching. Activities: The proposed project would focus on peer-to-peer learning modules where, for example, skilled state epidemlogists from states with deep expertise would be able to travel other states with more limited capacities to provide in-person training and technical assistance (TA). Sample activities of this proposed project are: • The applicant will conduct an intial needs assessment to understand the types and scope of training needed, as well as to prioritize the state health departments who would benefit the most. • After this assessment, the applicant will be responsible for the development of a suite of training and TA materials. This suite would cover topics ranging from basic to more advanced sessions to be applicable to states with varying levels of existing capacity. Training modalities could include webinars, face-to-face group learning (e.g., a conference or grantee meeting), and peer-to-peer “hands on” site visits where epidemiology experts would travel to a

	state and spend time in working sessions focusing on a particular skill. • The applicant will coordinate with CDC to select which states receive thse more intensive trainings through an application process. • The applicant will explore the possibility of having a cadre of retired epidemiologists with deep expertise in this field who can travel to particular states if/when applicant staff or members can't go. • The applicant will leverage their existing tools and resources to develop training modules. CDC and its awardees will work with the applicant to develop new materials as needed.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☐ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☐ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 37	Applicant should have the capacity to assess needs and delivery a variety of training modalities to a large state-based program. Expertise in epidemiology is required, as well as reach into networks of highly skilled epidemiologists.
Applicant program experience* (Maximum of 500 words) Word count 38	Applicant should have experience working with CDC, state programs, and state-based epidemiologists, which includes a variety of training and technical assistance to these kinds of audiences. Some expertise in injury prevention and opioid overdose prevention is desirable.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 19	Applicant is expected to work with CDC, state program officials, and injury epidemiologists in state health departments.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 32	As required, the applicant may wish to draw upon subcontractors who can support the range of training and technical assistance activities that may not reside within the applicant's own organizational structure.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 8	The International Diabetes Epidemiology Group (IDEG) Training Symposium 2017
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF DIABETES TRANSLATION
CIO POC name(s)* Enter up to 3 names	Edward Gregg; Karen Siegel Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	770-488-1273; 770-488-4687 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	edg7@cdc.gov; yuo0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 23	Governmental public health professionals and their multi-sector partners interested in leveraging a network of public health institutes and public health training centers
Proposed project funding*	$93,104
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 300	Diabetes mellitus has emerged as a global public health threat in most regions of the world, putting large portions of adult populations at risk for diverse forms of morbidity. Effective public health responses to the global diabetes problem will depend upon strong surveillance and epidemiology programs to guide the selection of populations and interventions for preventive intervention and monitor public health successes. Despite the magnitude of the problem and the emerging, successful, models of surveillance and prevention, there is a limited workforce trained in epidemiology and surveillance for diabetes and related chronic conditions. The International Diabetes Epidemiology Group (IDEG) Training Symposium is a state-of-the-art, specialized training course in the design and execution of epidemiology covering 3 core areas: Population epidemiology and surveillance; Etiologic epidemiology; Clinical epidemiology and health services research. The seminar brings international faculty experts together with less experienced junior researchers from low-, middle-, and high-income countries in an atmosphere of learning through a mixture of lectures, interactive small group sessions, problem solving scenarios, and group work. This creates a focal point for a network of researchers and professionals and an effective training ground for the public health workforce. The success of this program has advanced CDC's strong relationships with partners in countries around the world to establish important health initiatives, build and strengthen public health capacity in diabetes epidemiology and surveillance, and work toward improving health outcomes for people with diabetes worldwide. The Goal of this project is to support the execution of the International Diabetes Epidemiology Group Training Symposium 2017 in Abu Dhabi, UAE, by: 1) Serving as a communications liaison between the IDEG and course participants; 2) Providing travel grants (roundtrip airfare and lodging only) for 25 participants; 3) Establish a list-serve for continued networking of participants and faculty after completion of the course.
	☐ ☐ Public Health Workforce

Program strategies that relate to FOA* (Check one or more)	Public Health Systems and Organizational Improvement ☑ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☐ Public Health Practice and Services ☐ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☑ Increased integration of state-of-the-art technology into data collection and information systems ☐ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☑ Other If other, please specify* (Maximum 100 words) Word count 32 Increase the number of early and mid-career professionals that are trained in starte-of-the art methods of epidemiology, surveillance, and public health effectiveness research as applied to diabetes and related conditions.
Applicant organizational capacity* (Maximum of 500 words) Word count 44	An organization with expertise in chronic diseases and experience in partnering with traditional and non-traditional entities to convene, coordinate training and education in public health science. Organization should have strong ability to communicate effectively and efficiently with professionals and trainees from diverse backgrounds.
Applicant program experience* (Maximum of 500 words) Word count 28	An organization with a keen understanding of how to convene and organize training and education courses in public health science for professionals and students from diverse backgrounds.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 109	Objective 1: Provide airfare and lodging for 25 participants to the International Diabetes Epidemiology Group (IDEG) Training Symposium 2017 ($72,000) Relevance of Service to the Project: CDC has supported the IDEG Training Symposia for the past several years, in collaboration with an international network or experts in a wide range of diabetes epidemiological research. To continue this work CDC will continue strengthening IDEG by - Providing roundtrip airfare and lodging for 25 junior researchers from low- and middle-income countries, allowing these participants to attend the workshop. - Serving as a communications liaison between the IDEG and course participants - Establish a list-serve for continued networking of participants and faculty after completion of the course
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 32	The grantee will be expected to liaison with key staff at International Diabetes Epidemiology Group to facilitate use and rental of course venue and room and board for the course.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 65	Travel grants are expected to go to 20 international travelers and 5 domestic (UAE) travelers, covering air travel and lodging for 4 nights. Assuming slightly higher air travel costs for international travelers than for domestic travelers, total costs for air travel and lodging estimated at $72,000. With an estimated overhead cost of $13,176, personnel at $2,817.64 and indirect cost of $5,110.56 the total requested is $93,104.20.
CIO CERTIFICATION*	
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 9	Understanding the landscape of violence prevention policies in the U.S.
CIO*	NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL
Division*	OTHER Other division Office of Policy and Partnerships
CIO POC name(s)* Enter up to 3 names	Elizabeth Zurick; Hilary Eiring Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	615.891.2411; 770.488.3901 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	egf3@cdc.gov; vte0@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☐ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 18	Public Health Lawyers supporting Federal, State, Tribal, Local and Territorial (STLT) Public Health Departments and Agencies.
Proposed project funding*	$225,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 428	Purpose: First, to create a database of state-level policies that are supportive of safe, stable, nurturing relationships and environments for children as are listed in the Division of Violence Prevention's technical packages. Secondly, to analyze state legislation to better understand effectiveness of those policies. Description of the Project: The applicant will create and populate a database on state-level legislation and/or regulations related to specified topics (e.g., poverty reduction, access to stable and affordable housing, access to health insurance, access to affordable high quality child care and education, family-friendly work, and reductions in access to alcohol) by systematically abstracting information from a national legal search engine that collects policies from all 50 states and the District of Columbia. At a minimum, the database will include: state, title, a link to the state's legislative website where users can search for the full text of the bill or regulation, a brief description of the legislation or regulation enacted, date enacted, and policy topic addressed. Applicant will also conduct policy analysis on between 3-6 policies or laws to understand the impact on health outcomes. These policies should fall w/in the following catagories: poverty reduction, access to stable and affordable housing, access to health insurance, access to affordable high quality child care and education, family-friendly work, and reductions in excessive alcohol use. Activities: 1. Conduct policy scan that identifies state laws and regulations that have been passed or introduced in the current legislative session. 2. Create a database that will include state, title of the legislation, a link to the state's legislative website where users can search for the full text of the bill or regulation, a brief description of the legislation or regulation enacted/introduced, date enacted, and policy topic addressed. 3. Conduct analyses to study impact and effectiveness of state laws and regulations on health outcomes. 4. Participate in regular meetings with CDC to discus sproject updates and progress.

	5. Participate in kick-off and closeout meetings. Outputs: 1. Compilation of state violence prevention laws 2. Codebook that includes list of variables, variable labels, measurement levels, and values 3. Coded legislative dataset in Excel or another agreed-upon format, as well as a document listing all coding decision rules 4. Develop publicly facing resources to communicate findings from environmental scan of policies and/or data analysis, and make information available to public health and policy making audiences e.g., maps of state laws, model policies, how-to guides, fact sheets, etc. Outcomes: The results will yield improved quality, availability, and accessibility of information about laws relevant to preventing violence in order to better inform how efforts to prevent violence in the future. Funding: The project is subject to availability of funds and could be funded between $150,000 - $250,000.
Program strategies that relate to FOA* (Check one or more)	☑ Public Health Systems and Organizational Improvement ☐ Public Health Workforce ☐ Public Health Data and Information Systems ☑ Public Health Practice and Services ☐ Public Health Partnerships ☑ Public Health Resources, Communication & Evaluation ☐ Other
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☐ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 73	The project requires experience with project management, public health, public health law, health policy analysis, and legislation. The applicant should have: • capacity to gather information on state laws and legislation from all 50 states, plus the District of Columbia. • capacity for in-depth research and analysis on legal and policy questions and communicate this information into practical tools such as model policies. • subject matter expertise in legal research, legislative processes and public health policy.
Applicant program experience* (Maximum of 500 words) Word count 38	Applicant should have experience • researching, analyzing and synthesizing state-level public health laws, regulations and policies, and communicating findings for public health and policy-making audiences. • using health data to inform priority setting and actions. • evaluating health impacts of policies.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 22	Applicant will collaborate with an appropriate public policy and/or legal institute to conduct data collection and policy analyses, as needed.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 110	Any subcontracting should be reviewed and approved by CDC. Subcontractors should show experience in: • Systematic collection, analysis, interpretation and dissemination of laws and policies across jurisdictions or institutions, and over time • Analyzing how law influences environments and behavior • Identifying and measuring legal variables • Summarizing the evidence supporting the effectiveness of specific laws or policies on various public health topics • Legal epidemiology/policy surveillance, including creating data sets that combine legal and health outcome data. Areas of particular interest/experience would include: poverty reduction (e.g. minimum wage laws), access to safe, stable and affordable housing, access to health insurance, access to affordable high quality child care and education, family-friendly work, and reductions in access to alcohol.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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submit date: 2017-03-24	

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 11	Workforce Training on Program Implementation, Evaluation and Translation for Public Health Professionals
CIO*	NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL
Division*	OTHER Other division Division of Violence
CIO POC name(s)* Enter up to 3 names	Kimberley Freire Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	77-488-4994 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	kfreire@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 23	Governmental public health professionals and their multi-sector partners interested in leveraging a network of public health institutes and public health training centers
Proposed project funding*	$145,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 322	CDC's Division of Violence prevention funds programmatic initiatives that address multiple types of violence including youth, intimate partner, sexual, and teen dating violence, as well as child maltreatment. These programmatic initiatives require state and local health departments and state coalitions to implement prevention strategies based on the best available evidence, conduct program evaluation activities, and translate and use evaluation findings to prioritize public health actions. The purpose of this project is to provide workforce training to key stakeholders; to promote high quality technical assistance to grantees; and to improve collaborations among CDC and its partners. The applicant should consider the various training modalities, timing and instructional methods best suited to public health professionals applying training content to their current work projects and structures. For example, applicants should consider action learning, problem-based learning, popular education methods, and other adult education methods. Training content should include, but is not limited to, program/policy planning, program/policy implementation, using data for action, program evaluation, translating program evaluation findings for various audiences, good practices in providing technical assistance, team technical assistance models, developing communities of practice, and promoting collaborations among partners. Applicants should also consider a combination of in-person training (e.g., workshops and institutes), remote modalities (e.g., webinars, online formats, conference calls) and ongoing support (e.g., coaching and communities of practice). Goal 1: Provide high quality technical assistance to the Division's grantees that represent state, local and territorial health departments Output 1.1: A training plan that specifies training modalities, timing and instructional methods Output 1.2: Training materials and resources Output 1.3: One in-person training with the Division's grantees Output 1.4: Ongoing remote training and/or coaching sessions Goal 2:

	Increase the capacity of DVP awardees by orienting and training staff on core competencies defined through Outputs 1.1-1.4 Output 2.1: Guidance and resources on core staff competencies to promote ongoing staff development Output 2.2: Summary of lessons learned and good practices for providing high quality technical assistance Output 2.3: Staff development sustainability plan Output 2.4: Peer to peer training framework
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☑ 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 ☑ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 60	Applicants should have the following organizational capacity: - Staff and resources to conduct onsite and remote trainings for public health professionals - Ability to travel to onsite training location - Knowledge and skills related to public health program planning, implementation and evaluation - Knowledge and skills related to technical assistance models and methods - Interest and ability to collaborate with academic centers and other public health institutes
Applicant program experience* (Maximum of 500 words) Word count 42	Applicants should have the following program experience: - Experience with workforce training for public health professionals - Experience with action learning and other adult education models - Experience developing technical assistance models for health departments and other public health agencies - Experience evaluating trainings and establishing quality improvement practices
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 63	Applicants are expected work collaboratively with CDC, its grantees and its partners to develop training sessions. CDC highly recommends collaboration with its grantee Change Lab Solutions on training sessions related to policy implementation and evaluation given. CDC also recommends collaborating with one or more of its Injury Control Research Centers (ICRCs) given their expertise in injury and violence prevention research and practice, including program evaluation.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 34	CDC recommends subcontracting (or fee for service) with one or more of the CDC-funded Injury Control Research Centers, if there is a need for consultation on violence prevention topics beyond the collaborative partnerships.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 24	Funds may be used for necessary expenditures such as labor, subcontracts (if needed), travel (if needed), and other appropriate indirect and direct costs.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program.	
submit date: 2017-03-24	

Office for State, Tribal, Local and Territorial Support
Partnership Support Unit
Final

FY 2017 CIO PROJECT PLAN
FOA OT13-1302
Building Capacity of the Public Health System
to Improve Population Health through National, Nonprofit Organizations

Project Plan Instructions

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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 12	Workplace Health Promotion Education Materials for State Wellness Professionals: Development, Dissem...
CIO*	NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
Division*	DIVISION OF POPULATION HEALTH
CIO POC name(s)* Enter up to 3 names	Jason Lang; Lisa Garbarino Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	(770) 488-5597; (770) 488-1496 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	bzl0@cdc.gov; lgt1@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☐ Local public health department ☑ State public health department ☑ Territorial public health department ☐ Tribal public health department
Target population description* (25 words maximum) Word count 21	Public health, health promotion, and/or wellness professionals working in chronic disease prevention programs within state and other health department types
Proposed project funding*	$200,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 751	Increasing health care costs and health-related decreases in worker productivity are leading American businesses to examine strategies to improve employee health and contain health costs that are largely driven by chronic diseases and related lifestyle choices. Employers are recognizing the role they can play in creating a healthy work environment and providing their employees with opportunities to make healthy lifestyle choices. Workplace health programs not only benefit individual employees but also make good business sense. The approach that has proven most effective is to implement an evidence-based comprehensive health promotion program that includes individual risk reduction programs, coupled with environmental supports for healthy behaviors and is coordinated and integrated with other wellness activities. However, only 6.9% of employers offer a comprehensive worksite health promotion program, according to a 2004 national survey. Several studies have concluded that well designed worksite health promotion programs can improve the health of employees and save money for employers instituting these programs. The CDC has developed a number of workplace health programs, initiatives, and products over the last few years that have contributed to increasing the number of employers that provide workplace health programs to their employees and the quality of their efforts. These include: • CDC Worksite Health ScoreCard (HSC) – an online tool to help employers assess implementation of effective health promotion programs, and help them prioritize high-impact strategies for health promotion at their worksites across the following health topics: organizational supports, tobacco control, nutrition, physical activity, weight management, stress management, depression, high blood pressure, high cholesterol, diabetes, signs and symptoms of heart attack and stroke, and emergency response to heart attack and stroke. • Work@Health Program – a comprehensive workplace health training program that has supported over 500 employers of various sizes, industry sectors, and geographic areas, as well as more than 60 public health and wellness professionals who support employer workplace health efforts such as health departments, business

	coalitions, and trade associations. The program helps employers develop a skill set and capacity to build or enhance a science-based workplace health program through basic and intermediate level training. • Workplace Health in America Survey – a nationally representative survey of employers to assess the organizational structure, characteristics, and practices of employer-based workplace health programs (e.g., health-related programs, health-related policies, health benefits, environmental supports, infrastructure and capacity.) • Workplace Health Research Network (WHRN) – a thematic research network of the CDC Prevention Research Centers program designed to advance our knowledge and understanding of effective public health interventions that can be applied in the workplace setting as well as the translation of effective interventions into practice through research, training, and technical assistance using established organizational infrastructure, strong community relationships, and cross-center projects. • CDC Workplace Health Resource Center (WHRC) – an easy-to-navigate website and information clearing house for sound, actionable information that employers can use to develop or expand workplace health promotion programs. However, gaps remain in the current portfolio of tools and resources for specific health risks or conditions such as heart disease and stroke, or for certain populations or practitioner groups such as state public health organizations and employers. The goal of this effort is to address and fill these gaps by developing and disseminating a series of workplace health educational and promotional materials targeting priority populations at the state level. The purpose is to 1): make employers and practitioners aware of the potential benefits of workplace health programs; 2) support their understanding and promote the development of a skill set to effectively implement workplace health programs through informational products and technical assistance; 3) improve dissemination of information through video, social media, development of new tools and resources, etc; and 4) integrate and leverage existing CDC programs and initiative information, tools, and resources. Educational and promotional materials can be varied depending on the topic and audience and may include but are not limited to: one pagers, issue briefs, calls to action, webinar and/or podcasts, infographics, and reports. Products and materials should be organized around key workplace health topics and best practices including: organizational support and commitment; building a culture of health; the leading causes of morbidity and mortality such as heart disease and stroke; a comprehensive, evidenced-based approach; using data such as that from the Workpalce Health in America survey to make informed program decisions; strategic communications; organizational capacity assessment using tools like the CDC Worksite Health ScoreCard; and emerging issues. A communications and dissemination strategy to raise awareness and educate state-based organizations and businesses would follow the product develop and be accompanied by an evaluation of the campaign to determine reach and impact.
Program strategies that relate to FOA* (Check one or more)	☐ Public Health Systems and Organizational Improvement ☐ Public Health Data and Information Systems ☑ Public Health Partnerships ☐ Other ☑ Public Health Workforce ☑ Public Health Practice and Services ☑ Public Health Resources, Communication & Evaluation
Program outcomes that relate to FOA* (Check two or more)	☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings ☐ 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 ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations ☐ Increased integration of state-of-the-art technology into data collection and information systems ☑ Increased implementation of evidence-based public health programs, policies, and services ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation ☑ 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 ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources ☐ Other
Applicant organizational capacity* (Maximum of 500 words) Word count 64	Applicant should have organizational capacity to work with state and local Health Officials, State/Local Health Departments, particularly chronic disease units as well as private non-profit organizations and businesses. The applicant should also have technological capacity to develop and disseminate reports, inforgraphics, issues briefs, calls to action, 1 pagers and other educational/promotional materials; provide webinars, conference calls, and outreach through the internet and social media.
Applicant program experience* (Maximum of 500 words) Word count 38	Applicant should have proven successful ability to work and liaison with senior leadership within state health departments particularly chronic disease units and proven ability to mobilize these partnerships to address new or emerging areas of public health.
COLLABORATIVE WORK	
	The acitvities will be carried out in close collaboration with the CDC Workplace Health Program, and partnership calls will be held monthly to discuss progress.

Expectations for collaboration (If applicable, maximum of 300 words) Word count 26	
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 23	There may be a need for a graphic artist, product formatting, or mailing if applicant does not have that capacity in-house.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 49	The budget should adhere to OSTLTS and PGO requirements per the funding announcement. The organization should provide a qualified individual dedicated to lead this project. Cost will include staffing support including editors, production, printing, mailing, webinars, web page development, and full open access of the products and publications.
CIO CERTIFICATION*	
By submitting this project plan, I certify that my CIO unit currently does not maintain a comparable FOA related to a Capacity Building Assistance program. submit date: 2017-03-23	

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Office for State, Tribal, Local and Territorial Support
Partnership Support Unit
Final

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FOA OT13-1302
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GENERAL INFORMATION

Grantee name	
Project title* (20 words maximum) Word count 7	Pilot Expansion of CDC's Policy Capacity Building Activities
CIO*	OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY
Division*	POLICY RESEARCH, ANALYSIS, AND DEVELOPMENT OFFICE
CIO POC name(s)* Enter up to 3 names	Scott Miller; Jim Kucik Separate 2 or more entries by a semicolon (e.g., John Doe; Jane Doe;)
CIO POC phone number(s)* Enter up to 3 names	404-639-5948; 404-639-7827 Enter complete phone number(s) and separate 2 or more entries by a semicolon (e.g., (404)555-1212; (404)555-0009)
CIO POC email address(es)* Enter up to 3 names	ajq1@cdc.gov; ezk9@cdc.gov Enter complete email address(es) and separate 2 or more entries by a semicolon (e.g., johndoe@cdc.gov; janedoe@cdc.gov;)
Target population category*	Category B
Target population type*	☑ Local public health department ☑ State public health department ☑ Territorial public health department ☑ Tribal public health department
Target population description* (25 words maximum) Word count 21	Governmental public health professionals; public health organizations to include PH institutes and training centers; state and local public health staff
Proposed project funding*	$275,000
Funded	Unfunded

PROJECT DETAILS

Project description* (Narrative including goals, expected outputs, outcomes, and general or sample activities; maximum of 1,000 words) Word count 1,002	The Policy Research, Analysis, and Development Office (PRADO) in the Office of the Associate Director for Policy at CDC improves population health by supporting capacity building to develop, translate, and share evidence showing the health, economic, and budgetary impact of policy interventions to inform policymakers and public health practitioners. To achieve this mission, PRADO works to strengthen capacity in rigorous and objective assessments of proposed and recommended public health programs and policy interventions to understand their value in improving population health, reducing health inequalities, reducing healthcare costs and improving productivity to ensure efficient resource allocation. PRADO has strong experience providing technical assistance and trainings within CDC to divisions that lack policy and economic expertise or have insufficient capacity. Some activities have included: a training workshop series entitled Economics for Policy that provides engagement with experts; a Policy Academy designed to train staff in the principles of policy and economics, using project-based learning to develop policy products; developed online, on-demand courses for policy and economic evaluation; and direct technical assistance with subject matter experts to develop interactive tools that model the health and budgetary impact of select policy options. This project plan seeks to pilot the expansion of select current PRADO policy capacity building efforts to include state and local public health staff by providing technical and logistical support in three specific areas: 1. Policy Academy; 2. Economic and Budgetary Impact Analysis; 3. Training to increase awareness of health reform. 1. The CDC Policy Academy is a unique capacity-building program initiated in 2015. Its original goal was to improve CDC workforce capacity to evaluate the potential impact of policy on the public's health at all levels of government, including state, tribal, local and territorial. The focus on policy analysis strengthens participants' skills to identify and analyze policy issues related to public health priorities. This project plan seeks to build on the existing Policy Academy model by expanding the participant cohort to include staff from state and local public health departments. Two state/local teams

will be recruited: one local team to participate in-person and one team that will participate remotely. General activities: • Identify overarching objectives for the Academy professional development program and create a robust and challenging learning structure for participants in order to enhance their ability to apply policy in public health Some specific activities may include: • Develop and deliver a course curriculum o Conduct key informant interviews with CDC senior staff to identify critical policy skills for the public health workforce o Identify core competencies on which the Academy professional development program will be based o Establish learning objectives to support the competencies o Develop a program of instruction consisting of multiple learning sessions of two or three days each that addresses the competencies, complemented by outside reading, online courses, and/or experiential activities o Assist with the identification of and invitation to public health and government experts with relevant experience to offer their insight via individual and panel presentations o Provide facilitation for each of the classroom sessions • Coach and mentor teams to guide them through their policy research and analysis projects. Assist teams in identifying mechanisms/venues to disseminate their project findings (e.g., manuscript; conference; webinar) • Plan and conduct a kickoff webinar to provide information on goals, objectives and expectations • Provide technical solutions to ensure full participation in all learning sessions for one remote team • Plan and conduct a "graduation" event for the participant teams to present their research findings Outputs: • Rigorous classroom curriculum consisting of multiple instructional sessions based on identified core competencies • Team project deliverables (e.g., manuscript; white paper; policy brief) articulating successful strategies at state and local levels to address public health priorities through policy • Evaluation report to capture lessons learned and provide recommendations for improving the Academy curriculum and experience 2. Economic and Budgetary Impact Capacity Building This task provides meeting, facilitation and logistics support for capacity building training, and stimulating agency-wide analytic work in economic and budgetary impact analysis of public health and prevention policies. These activities shall address cutting edge methods by experts conducting budgetary impact analysis with the potential to be applied to assessing public health and prevention policies. General Activities Identify and Provide Qualified Instructors • Identify leading experts to serve as Instructors and/or Facilitators to provide intensive technical assistance in economic and budgetary impact analysis through training materials, workshops, seminars and intensive capacity building technical assistance. • These individuals shall have an outstanding blend of skills and research experience (in conducting budgetary impact analysis of health and health care policies), the academic recognition and stature, and access to an extensive research network to provide the intellectual leadership for motivating innovative scholarship and fostering the interdisciplinary collaborations that are critical to move this field forward. Conduct Capacity Building Workshops and Seminars • Work in collaboration with CDC and with guidance and work from Instructors/Facilitators to develop and adapt training materials to convene up to two workshops on economic and budgetary impact analysis, as well as provide timely, as needed didactic and analytic consultations throughout the period of performance. • Invite and secure instructors, arrange travel/lodging, and draft any support materials needed for instructors or participants. • Provide support to facilitate workshop and seminar sessions as needed. • Provide technical solutions to ensure full participation in all learning sessions for remote staff 3. Training to increase awareness of health reform It is anticipated that a subject matter expert will facilitate improved awareness of the impact of legislative and regulatory changes across the agency through trainings and webinars. The ideal organization should have expertise in identifying and assessing public health risks and opportunities and applying its knowledge of health system changes to the program needs of CDC and state and local public health. Deliverables: • Provide training and seminars that would increase the awareness among CDC, state, and local public health staff of the impact of legislative and regulatory changes to health policies • Provide written materials that can serve as a resource for CDC, state, and local public health staff to better understand changes in health policy. • Provide technical solutions to ensure full participation in all learning sessions for remote staff.

Program strategies that relate to FOA*
(Check one or more)

- ☑ Public Health Systems and Organizational Improvement
- ☐ Public Health Data and Information Systems
- ☑ Public Health Partnerships
- ☐ Other
- ☑ Public Health Workforce
- ☑ Public Health Practice and Services
- ☑ Public Health Resources, Communication & Evaluation

Program outcomes that relate to FOA*
(Check two or more)

- ☐ Increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings
- ☑ 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
- ☐ Increased incorporation of core public health competencies into employee position descriptions and performance evaluations
- ☐ Increased integration of state-of-the-art technology into data collection and information systems
- ☑ Increased implementation of evidence-based public health programs, policies, and services
- ☐ Improved capacity to meet nationally established standards, such as those for health department accreditation
- ☑ 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
- ☑ Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources
- ☐ Other

The selected organization must have standing as a national organization with an extensive network throughout the US which has demonstrated capacity in training a public health workforce though a variety

Applicant organizational capacity* (Maximum of 500 words) Word count 50	of modalities, to include training in the application of policy, policy and economic analysis, and health system transformation.
Applicant program experience* (Maximum of 500 words) Word count 44	The selected organization must have broad experience developing and delivering a public health workforce development program with a focus on the application of policy in public health. The program will include a classroom curriculum with core competencies, learning objectives, and relevant instruction.
COLLABORATIVE WORK	
Expectations for collaboration (If applicable, maximum of 300 words) Word count 83	The selected organization will be expected to co-develop and deliver capacity-building programs for CDC staff in conjunction with the Office of the Associate Director for Policy. For the Policy Academy, the two organizations will jointly construct a comprehensive classroom curriculum and additional activities designed to improve participants' policy skills. Similarly, the two organizations will work collaboratively to develop models for developing and delivering training on economic and budgetary impact analysis and technical assistance for understanding implications for health reform on public health.
Expected subcontractual work and recommended criteria for identifying/selecting subcontractors (If applicable, maximum of 300 words) Word count 23	The applicant may subcontract with an organization or consultant that has experience with developing policy training at state and local health departments.
BUDGET INSTRUCTIONS	
General instructions for use of funds – as applicable (Maximum of 300 words) Word count 0	
CIO CERTIFICATION*	
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