



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Sudden Unexpected Infant Death (SUID) Case Registry: Building Capacity (Module A) and Implementation (Module B)

CDC-RFA-DP15-1506

Application Due Date: 06/01/2015

Amendment I Changes are:

- 1. The due date for the FOAs is May 31st at 11:59 pm; since this is a Sunday, we would like to extend the due date by one day to Monday June 1st.***
- 2. The Project Narrative (page 22) currently states that “the 20 page limit includes the work plan”. This should have been the 20 page limit does not include the Work Plan. We are very concerned that the Module A applicants won’t be able to fit their work plans into a 20 page limit (in addition to all the other required information that must be included).***

Sudden Unexpected Infant Death (SUID) Case Registry: Building Capacity (Module A) and Implementation
(Module B)

CDC-RFA-DP15-1506

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP15-1506. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Sudden Unexpected Infant Death (SUID) Case Registry: Building Capacity (Module A) and Implementation (Module B)

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-DP15-1506

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

93.946

F. Dates:

1. Due Date for Letter of Intent (LOI):

N/A

2. Due Date for Applications:

06/01/2015, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

N/A

G. Executive Summary:

1. Summary Paragraph:

Each year in the US nearly 4,000 infants die suddenly of no immediate obvious cause. All states conduct death reviews for these cases, but inconsistencies in reporting and classification have been barriers to accurate monitoring of trends and program evaluation. The National Center for the Review and Prevention of Child Deaths (NCRPCD) operates a case reporting system that is available to all state Child Death Review (CDR) programs at no cost. However, the quality of information entered into this system has been variable, despite established NCRPCD best practices and quality standards. The Sudden Unexpected Infant Death (SUID) Case Registry contains data from a consortium of states chosen to work in collaboration with the CDC to increase the completeness and timeliness of data they collect and enter into NCRPCD through their own state-based systems. The data in the SUID Case Registry meet the highest NCRPCD quality standards that allows them to be used for a number of purposes, including program planning, modification of public health practice and policy for state maternal and child health programs, injury prevention, public health and medicolegal investigation, and reporting on Title V Maternal Child Health Performance Objectives.

Module A will continue to support work of nine states in the SUID Case Registry that have begun implementing NCRPCD data quality standards via the existing Funding Opportunity Announcement (FOA) ending August 31, 2015. This continuation funds additional implementation of best practices needed to meet NCRPCD quality standards, which include reporting of timely and complete review and data entry and quality assurance procedures. The continuation also adds at least two SUID reduction or prevention strategies to the workplan. **Module B** will fund new states to begin implementing best practices for meeting NCRPCD data quality standards so that their data may be included in the SUID Case Registry.

a. Eligible Applicants:

Limited

b. FOA Type:

Cooperative Agreement

c. Approximate Number of Awards:

11

This cooperative agreement has two modules: **Module A** and **Module B**.

- **Module A.** Grantees that are currently funded for the SUID Case Registry are eligible for Module A. We will fund up to nine Module A grantees.
- **Module B.** States and jurisdictions that have never been funded as SUID Case Registry states are eligible for Module B. We will fund up to two Module B grantees.

d. Total Project Period Funding:

\$2,091,000

e. Average One Year Award Amount:

\$63,364

f. Number of Years of Award:

3

g. Estimated Award Date:

09/01/2015

h. Cost Sharing and / or Matching Requirements:

N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Each year in the United States nearly 4,000 infants die suddenly of no immediate obvious cause, accounting for about 16% of infant deaths. We often refer to these deaths as sudden unexpected infant deaths (SUID). Sudden infant death syndrome (SIDS), accidental sleep-related suffocation, and unknown cause are among the most frequently reported types of SUID. However, when SUIDs are investigated, information related to the events leading to the death typically is not collected and reported consistently. By definition, SIDS should be assigned as the cause of death only if a thorough investigation (including a complete autopsy, examination of the death scene, and review of the clinical history) was conducted and no findings were present. Because the term SIDS is nonspecific and prone to inconsistencies in reporting and classification, the ability to accurately monitor national trends or evaluate prevention programs focused on SUIDs, including SIDS, is limited.

In all 50 states, infant and child death review (CDR) are conducted at either the local and/or state level, often through state mandate. CDR teams compile existing information in preparation for multidisciplinary review team meetings, during which they discuss a comprehensive picture of the circumstances associated with the infant death, and strategies that may prevent similar deaths. All states have the option to voluntarily enter the compiled information from the CDR into a well-established HRSA-funded Case Reporting System operated by the National Center for the Review and Prevention of Child Deaths (NCRPCD). This system includes a standardized case report tool developed by a work group of over 30 persons, representing 18 states, and includes a set of standardized data elements to be collected as part of best practices. Currently, 43 states are using the NCRPCD Case Reporting System, but all states are eligible to use this system at no cost. The SUID Case Registry currently contains data from a subset of states using the NCRPCD Case Reporting System who have worked in collaboration with CDC to improve the quality of SUID data collected by CDR. NCRPCD data that have been included in the SUID Case Registry have been collected according the best practices established by NCRPCD and therefore include comprehensive information about the circumstances surrounding each SUID death, as well as information about whether a case investigation was conducted and, if so, the components of that investigation; all of which allow deaths to be more accurately characterized and classified. States use this information for the development of targeted SUID reduction and prevention activities. Initial funding for states to participate in the collaborative with CDC to improve the quality of their NCRPCD data for inclusion in the SUID Case Registry began in 2009 with seven states. Currently, nine states, including six of the originally funded states, are funded through August 2015.

b. Statutory Authorities

Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

c. Healthy People 2020

The SUID Case Registry addresses these Healthy People 2020 objectives relating to Maternal, Infant, and Child Health and Injury and Violence Prevention:

Maternal, Infant, and Child Health (<http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>):

MICH-1 Reduce the rate of fetal and infant deaths

MICH-1.3 Reduce the rate of all infant deaths (within 1 year)

MICH-1.4 Reduce the rate of neonatal deaths (within the first 28 days of life)

MICH-1.5 Reduce the rate of post-neonatal deaths (between 28 days and 1 year)

MICH-1.8 Reduce infant deaths from sudden infant death syndrome (SIDS)

MICH-1.9 Reduce infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in Bed)

Injury and Violence Prevention (<http://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention>):

IVP-5 Increase the number of States and the District of Columbia where 90 percent of sudden and unexpected deaths to infants are reviewed by a child fatality review team

IVP-24 Reduce unintentional suffocation deaths

IVP-24.2 Reduce unintentional suffocation deaths to infants 0-12 months

d. Other National Public Health Priorities and Strategies

N/A

e. Relevant Work

Continues and expands CDC's SUID Case Registry (CDC-RFA-DP09-904 and DP12-1202). For additional information on the project, see <http://www.cdc.gov/sids/CaseRegistry.htm>.

2. CDC Project Description

a. Approach

CDC-RFA-DP15-1506 Logic Model: SUID Case Registry			
Strategies and Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
Identify all resident SUID cases in a timely fashion Review all SUID Case Registry cases in a timely fashion Enter 100% of SUID-related NCRPCD data elements within 30 days of review Analyze, disseminate and utilize SUID data to inform data-driven best practices and policies that will reduce or prevent SUID Module A only: 1) develop, implement and evaluate two SUID reduction or prevention strategies to inform one practice improvement and 2) one policy improvement	Improved case ascertainment* Improved case completion and closure* Improved data completeness*	Agencies conducting infant death investigations improve their practices* Agencies serving young families will adopt data-driven practices and policies that will reduce SUID*	Reduce the incidence of SUID

* Project period outputs and outcomes

i. Purpose

CDR teams use infant death information to inform categorization of SUID cases using standard definitions in the NCRPCD data dictionary (<http://www.childdeathreview.org/Reports/PrintCaseVersion3.pdf>). The objective for this cooperative agreement is to improve the quality, utility, and impact of awardee NCRPCD SUID data by: 1) identifying and reviewing all SUID cases in the awardee state (completeness of population-based surveillance); 2) compiling information to complete all SUID-related data elements included in the NCRPCD standardized case report tool; 3) creating actionable recommendations aimed at improving death investigations, as well as developing SUID reduction and prevention strategies; and 4) reporting and disseminating findings.

ii. Outcomes

Grantees are expected to make progress on two outcomes: 1) agencies conducting infant death investigations will improve their practices related to collection of comprehensive and timely information about unexpected infant death; and 2) agencies serving families will adopt data-driven best practices and policies that will reduce or prevent SUID.

iii. Strategies and Activities

Module A grantees will build upon their work accomplished in previous SUID Case Registry cooperative agreements. It is expected that they will continue to improve measures of case ascertainment, case completion and closure, and data completeness. **Module A** grantees will improve or maintain data completeness at zero missing and <10% unknown data for key NCRPCD variables in the case report. In addition, **Module A** grantees will include at least two SUID reduction or prevention strategies as a part of their workplan. **Module B** grantees will focus efforts on creating a minimal baseline level of missing and unknown data fields with a goal of attaining zero missing and <20% unknown data for key NCRPCD variables in the case report.

General Activities (applicable to both **Module A** and **Module B**)

In the process of collecting NCRPCD data, awardees will meet the following quality standards:

1. Identify all resident SUID cases in a timely fashion.

- Identify all SUID cases in the state, ideally within 30 days of death. Cases can be identified by regular communication with medical examiner/coroner (ME/C) offices or through death certificate notifications from vital statistics.

2. Review all SUID cases in a timely fashion. Because timely review depends on having access to key data sources and technical infrastructure, awardees will:

- Maintain authority to access data sources that are central to primary NCRPCD data elements that are SUID related (e.g., death scene information; ME/C records; public health birth certificate data; death certificates; law enforcement records; social service records; pediatric and obstetric medical records; investigation information from SUID Investigation Reporting Forms or the jurisdictional equivalent, including doll reenactment photos, sleep environment, and infant medical history; social service records that pertain to the case; infant medical records since birth, including newborn screening results; and the mother's prenatal and obstetric records).
- Convene multidisciplinary CDR teams to review and discuss every SUID case and make recommendations aimed at preventing similar deaths and improving local systems of unexpected infant death investigation.
- Maintain active membership in the multidisciplinary review team per state policy, to include agencies that represent ME/C, law enforcement, death scene investigators, public health practitioners, pediatricians or other health care providers, child protective services, and emergency services.
- Review and discuss all SUID cases, and their corresponding case investigations within 3 months of case identification, including scene photos and scene reenactment information.
- Implement written procedures for the multidisciplinary team, as endorsed by the NCRPCD and currently in place for state or local CDR programs. These should include policies on confidentiality, HIPAA compliance, and

member participation.

3. Enter 100% of SUID-related NCRPCD data elements within 30 days of review into the NCRPCD Case Reporting System, a centralized and secure web-based data collection system. SUID-related NCRPCD data elements include: infant health, maternal health during pregnancy, caregiver history of involvement with social services or law enforcement, official cause of death statement from the infant's death certificate, death scene investigation findings, and autopsy results, sleep place, sleep position, any obstruction of the infant's nose and mouth, and shared sleep surface and/or soft bedding in the sleep environment. Implement a quality assurance plan that includes methods to identify and resolve case identification, case review and data entry issues, and data collection problems, including strategies for reducing missing, unknown or inaccurate data. All quality assurance measures should be complete within 90 days (Module A) or 120 days (Module B) of data entry.

4. Analyze, disseminate and utilize SUID data to inform data-driven best practices and policies that will reduce or prevent SUID.

- Communicate information on project activities and results to CDC, partners, and other state programs, including wide distribution of descriptive reports with state aggregate data.
- Share information learned from the project through presentations, reports, and media events.

In addition to the above activities, awardees will be expected to participate in the following activities:

- Participate in collaborative awardee meetings, recommended trainings, site visits by CDC staff at awardee institution, and yearly "reverse site visits" at CDC in Atlanta.
- Participate in the evaluation of collaborative surveillance methods and adjust to any new methodology to improve the quality of data, increase timeliness, and/or respond to changing case registry methodologies.
- Collaborate with CDC and NCRPCD to implement data sharing policies. For CDC's policies on releasing and sharing data see <http://www.cdc.gov/od/foia/policies/sharing.htm>.

Module A Activities:

Awardees will continue their state-based SUID surveillance and:

- Continue to improve data completeness, data timeliness and case ascertainment over levels monitored in previous years.
- Maintain quality assurance measures so that there are no missing variables and unknown responses are kept below 10% for all SUID-specific variables in the case report. Quality improvement measures will include documented discussion and evaluation of:
 - Primary SUID-related NCRPCD data elements (infant health, maternal health during pregnancy, caregiver history of involvement with social services or law enforcement, official cause of death statement from the infant's death certificate, information from the death scene investigation, autopsy result, incident sleep place, sleep position, obstruction of the infant's nose and mouth, shared sleep surface and/or soft bedding in the sleep environment use of doll reenactment photos of the position the infant was found).
 - Factors judged to have directly contributed to each death, which factors were modifiable, and recommendations to prevent similar deaths.
 - Areas for improvements to the death investigation and autopsy procedures for each case, which will demonstrate a local need for increased resources to support these activities.
- Develop, implement, and evaluate two SUID reduction or prevention strategies: 1) one practice improvement and 2) one policy improvement.

Module B Activities:

Successful awardees will do the following:

- Participate in SUID Case Registry training and train CDR teams in the awardee state by January 2016.
- Begin data quality improvement efforts beginning with new SUID cases in January 2016.
- Secure authority to access death scene information, ME/C records, birth certificates (the long form for public health purposes), death certificates, law enforcement records, social service records, and pediatric and obstetric medical records.

- Implement a quality assurance plan that includes methods to identify and resolve case identification, case review and data entry issues, and data collection problems, including strategies for reducing missing, unknown, or inaccurate data. All quality assurance measures should be complete within 120 days of data entry.
- Maintain quality assurance measures so that there are no missing variables and unknown responses are kept below 20% for all SUID-specific variables in the case report.

The strategies and activities outlined above will result in these outputs: 1) improved case ascertainment, 2) improved case completion and closure (i.e., improve timeliness of data), and 3) improved data completeness which are outlined in the logic model.

1. Collaborations

See below.

a. With CDC-funded programs:

Grantees will collaborate with other CDC-funded projects within their states to achieve the outcomes shown in the logic model. For example, grantees may collaborate with other CDC-funded surveillance programs to improve surveillance strategies or with CDC-funded public health programs to address reduction and prevention of SUID. These collaborations are optional but can greatly increase the impact of the SUID Case Registry.

b. With organizations external to CDC:

Grantees will collaborate with the following organizations in order to accomplish the tasks and outcomes outlined in this funding announcement:

Medical Examiners/Coroners (ME/Cs) and Forensic Pathologists

- Collaborate with ME/Cs and forensic pathologists to ensure consistent use of and access to the SUID Investigation Reporting Form or jurisdictional equivalent and autopsy reports. ME/Cs should also assist with identifying SUID cases in a thorough and timely manner.
- ME/Cs and forensic pathologists should participate in CDR meetings to review SUID Case Registry cases.
- Letters of support from ME/Cs and forensic pathologists must be included in the application.

Vital Statistics

- Birth and death certificates are crucial to the data collection for SUID Case Registry cases. Live-time electronic access to vital records allows awardees to identify cases for CDR and serve as a quality check for case ascertainment.
- A letter of support from the state's vital records office should be included in the application. This letter should outline the level of access to vital records (i.e., live-time electronic access; weekly data sets, etc.).

Data Sources for Child Death Review (CDR)

- Successful grantees will develop and maintain relationships with organizations that hold critical data for SUID Case Registry case review. These include: public health records, medical records, hospital records, EMS run reports, pathology and autopsy reports, social service records, law enforcement, and death scene information.
- Letters of support from these data source organizations should be included in the application.

CDR

- Active membership in the multidisciplinary CDR team should include, but not be limited to representation from: ME/C, law enforcement, death scene investigators, public health, pediatrics or other health care providers, child protective services, and emergency medical services.
- Members of the CDR team may write letters of support. These should specify partner contributions including the nature of past and proposed involvement with CDR team meetings and granting access to primary data sources.

If the applicant is not a CDR program, they **must** include a letter of support from their state CDR team (and local teams, if appropriate). This letter(s) should outline the collaboration between the applicant and the CDR team(s).

2. Target Populations

For the purposes of the SUID Case Registry, SUID cases are those where the death certificate indicates that the cause was unknown, undetermined, SIDS, SUID, unintentional sleep-related asphyxia/suffocation/strangulation, unspecified suffocation, cardiac or respiratory arrest without other well-defined causes, or unspecified causes with potentially contributing unsafe sleep factors. Cases must have been a resident in the state reporting the death. Cases where manner of death is reported as homicide are excluded.

a. Inclusion

N/A

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

Module A grantees will receive funding to continue to improve their current SUID surveillance and to expand to include at least two SUID reduction or prevention strategies. **Module B** grantees will receive funding to improve their state's SUID data and surveillance.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC strategy for evaluating program and grantee performance and outcomes will primarily include monitoring outputs and outcomes (as outlined in the logic model) including but not limited to the following:

Data Quality Summaries – Based on meta-data from the NCRPCD related to the timeliness and completeness of data review and entry and implementation of quality assurance procedures, CDC will produce a quarterly Data Quality Summary for each grantee. CDC will use the summary to measure progress on the following logic model outputs: 1) case ascertainment, 2) case completion and closure (i.e., timeliness of data), and 3) data completeness.

Work Plan - Each grantee is required to develop a work plan that outlines how and by when they will achieve the six strategies of the registry (the activities outlined throughout this FOA including the logic model). CDC will use this work plan to evaluate grantee progress on these logic model strategies and activities:

1. Identify all resident SUID cases in a timely fashion.
2. Review all SUID Case Registry cases using primary data sources in a timely fashion.
3. Enter 100% of SUID Case Registry case information in a timely fashion.
4. Conduct quality assurance measures on 100% of SUID Case Registry cases in a timely fashion.
5. Analyze, disseminate and utilize SUID Case Registry data to inform data-driven practices and policies that will prevent SUID.
6. Module A only: Develop, implement and evaluate two SUID prevention strategies: 1) one practice improvement and 2) one policy improvement.

Quarterly Report - Every quarter, each grantee will report to CDC the total number of cases identified, reviewed, entered, and cleaned. Numbers for the current quarter and year to-date are requested. CDC will use this information on the timeliness of case flow to track progress towards meeting process standards as outlined in the logic model strategies and activities section and anticipate future grantee needs.

Factsheet and Data Presentation - Annually, at the Reverse Site Visit, grantees will be asked to work with CDC's technical assistance staff to draft and present a one-page factsheet and data presentation. CDC staff will use this factsheet and data presentation as a metric for continuous quality improvement. Grantees can use this factsheet and presentation to disseminate information on SUID cases in their state.

Capacity Building Report - Twice a year, a capacity building report will be completed by each grantee staff member working on the project activities. It will be important that staff members give specific examples of activities performed over the last six months as evidence to how they score their state program. After the individual assessment is complete, the staff will come together as a team and discuss each competency to come to a consensus and draft a comprehensive

list of evidentiary activities. A key focus of CDC technical assistance to grantees is the development of capacity and infrastructure of the state's CDR program. This assessment is designed to monitor and track the results of CDC's effort within each grantee program.

Each year a capacity evaluation will also be completed by CDC for each grantee based on information gleaned from monthly calls and worksheets, any site visit, the reverse site visit, and additional technical assistance and communication. Whereas the capacity building report completed by the grantee team constitutes an outcome measure, capacity evaluation is used as a process measure for continuous program quality improvement. The CDC's capacity evaluation will be compared to the capacity building assessment done by the grantee. Differences will be identified and discussed with each team to determine if there was a gap in communication between CDC and the grantee.

The evaluation and performance measurements outlined above will result in improved data quality which will inform prevention strategies to reduce unexpected infant deaths.

ii. Applicant Evaluation and Performance Measurement Plan

Grantees will use the following tools to measure their strategies, activities, and outcomes.

Quarterly Report - Every quarter, each grantee will report to CDC the number of cases identified, reviewed, entered, and cleaned. Numbers for the current quarter and year-to-date are requested. CDC will use this information on the timeliness of case flow to track progress towards meeting process standards as outlined in the logic model strategies and activities section and anticipate future awardee needs.

Data Quality Summaries – Based on meta-data obtained from the NCRPCD, quarterly Data Quality Summary for each grantee will be generated by CDC. The grantee will use the data quality summary to identify areas for continuous data quality improvement following logic model outputs: 1) case ascertainment, 2) case completion and closure (i.e., timeliness of data), and 3) data completeness. Grantees will use their data to frame communications and improve relationships with key program partners.

Work Plan - Each grantee will develop a work plan that outlines how, within their system, and by when they will achieve the six strategies of this funding announcement (the activities outlined throughout this FOA including the Logic Model).

1. Identify all resident SUID cases in a timely fashion.
2. Review all SUID Case Registry cases using primary data sources in a timely fashion.
3. Enter 100% of SUID Case Registry case information in a timely fashion.
4. Conduct quality assurance measures on 100% of SUID Case Registry cases in a timely fashion.
5. Analyze, disseminate and utilize SUID Case Registry data to inform data-driven practices and policies that will prevent SUID.
6. Module A only: Develop, implement and evaluate two SUID prevention strategies: 1) one practice improvement and 2) one policy improvement.

Twice a year the grantee will update the work plan to indicate where things have been completed or are currently in process.

Capacity Building Assessment - Twice a year, grantee staff individually assess the capacity of their program, providing evidence for their assessment. They then work collectively to review individual assessments and come to consensus on the final program Capacity Building Assessment, which is submitted to CDC.

Factsheet and Data Presentation - Each year leading up to the Reverse Site Visit, CDC will provide technical assistance as needed for grantees to analyze their data and develop a factsheet and data presentation. The factsheet will focus on the grantees' SUID epidemiology. The data presentation will focus on process measures or descriptive data (for example: the amount of missing and unknown data and its trend over time, the number of cases with complete autopsies and death scene investigations accessible to the CDR panel). This data presentation will be given at a reverse site visit in Atlanta. Awardees are encouraged to share these meta data with local key stakeholders to demonstrate the value and effectiveness of their efforts.

c. Organizational Capacity of Awardees to Execute the Approach

Applicants must demonstrate the ability to execute the activities outlined in this FOA and meet project period outcomes. Applicants will need to address workforce capacity, competence, expertise, and experience related to the following SUID Case Registry activities:

- Child Death Review
- Data abstraction
- Data analysis
- Program and performance management
- Partnership development
- Budget management and financial reporting
- Report submission

d. Work Plan

Applicants will prepare a detailed work plan for the first year of the award.

The work plan must include activities and timelines to support achievement of the FOA project period outcomes. These activities should be in alignment with the FOA logic model activities and should have appropriate performance measures for each task.

Applicants' work plans should include specific, measurable, achievable, realistic, and time-based (SMART) objectives and activities. Applicants should include detailed activities for completing *each* of the following six strategies, a timeline and information about staffing capacity.

1. Identify all resident SUID cases in a timely fashion.
2. Review all SUID Case Registry cases using primary data sources in a timely fashion.
3. Enter 100% of SUID Case Registry case information in a timely fashion.
4. Conduct quality assurance measures on 100% of SUID Case Registry cases in a timely fashion.
5. Analyze, disseminate and utilize SUID Case Registry data to inform data-driven practices and policies that will prevent SUID.
6. Module A only: Develop, implement and evaluate two SUID prevention strategies: 1) one practice improvement and 2) one policy improvement.

CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award. Grantees will be required to update the work plan twice annually.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the
- intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

No additional requirements.

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

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

1. Technical assistance:
 - a. Reviewing awardee meta-data for completeness, timeliness and providing feedback to awardees to improve data.
 - b. Working with awardees to systematically resolve problems of missing and unknown data.
 - c. Reviewing descriptive reports submitted by awardees and providing general assistance to awardees in developing these reports.
2. Information sharing:
 - a. Conducting a reverse site visit yearly with all awardees and partners to assist awardees in achieving their goals and objectives.
 - b. Scheduling and conducting site visits and conference calls to assist awardees in solving problems related to data collection, case review, data entry, data analysis, quality assurance and evaluation.
 - c. Training on data standards and coding, data entry, data editing and other quality assurance functions, quality assurance and evaluation purposes.
3. Additional support:
 - a. Providing a case definition, variable definitions, and data dictionary.
 - b. Ensuring that the NCRPCD Case Reporting System is functioning for grantees.
 - c. Disseminating project findings through presentations, reports, publications and media events.

B. Award Information

- | | |
|--|--|
| 1. Funding Instrument Type: | Cooperative Agreement
CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section. |
| 2. Award Mechanism: | |
| 3. Fiscal Year: | 2015 |
| Estimated Total Funding: | \$697,000 |
| 4. Approximate Total Fiscal Year Funding: | \$697,000 |
| 5. Approximate Project Period Funding: | \$2,091,000 |
| 6. Total Project Period Length: | 3 year(s) |
| 7. Expected Number of Awards: | 11 |

This cooperative agreement has two modules: **Module A** and **Module B**.

- **Module A.** Grantees that are currently funded for the SUID Case Registry are eligible for Module A. We will fund up to nine Module A grantees.
- **Module B.** States and jurisdictions that have never been funded as SUID Case Registry states are eligible for Module B. We will fund up to two Module B grantees.

- | | |
|--------------------------------------|-----------------------------|
| 8. Approximate Average Award: | \$63,364 Per Budget Period |
| 9. Award Ceiling: | \$118,000 Per Budget Period |
| 10. Award Floor: | \$22,000 Per Budget Period |
| 11. Estimated Award Date: | 09/01/2015 |

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

2. Additional Information on Eligibility

State health offices or their bona fide agents, including the District of Columbia, that currently use the National Center for the Review and Prevention of Child Death web-based Case Reporting System.

The award ceiling for this FOA is \$118,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. ([http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf](http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf))

3. Justification for Less than Maximum Competition

Only state health offices or their bona fide agents are eligible because they are designated as registration areas for vital statistics and are uniquely qualified to perform the data quality and programmatic activities for the SUID Case Registry. Moreover, they have the ability and authority to obtain population-based information from core data sets (such as birth and death files), which is crucial for the successful implementation of the grantee's population-based SUID Registry.

Module A eligibility is limited to existing Sudden Unexpected Infant Death (SUID) Case Registry awardees funded under CDC-RFA-DP12-1202. Applicants eligible to apply for this module are: Arizona Department of Health Services, Colorado Department of Public Health and Environment, Louisiana Office of Public Health, Michigan Public Health Institute (acting as a bona fide agent for the Michigan Department of Health), Minnesota Department of Health, New Hampshire Department of Health and Human Services, New Jersey Department of Health and Senior Service, New Mexico Department of Health, and Children's Hospital of Wisconsin Inc. (acting as a bona fide agent for the Wisconsin Department of Health). These grantees are uniquely qualified to build upon their years of experience implementing the SUID Case Registry.

Module B funding will be provided only to the state health offices or their bona fide agents that are not currently funded to participate in the SUID Case Registry. These states have no experience implementing a SUID Case Registry and, if awarded, will improve activities and train teams to better compile, review, and enter data on all cases in their state and to perform data quality assurance measures. While Module B states may have no formal experience or resources to conduct population-based surveillance, it should be noted that potential recipients have experience in compiling, reviewing, and entering data in their CDR program. This funding ensures that grantees are identifying areas to improve current functions.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

N/A

D. Required Registrations

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

1. Required Registrations

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

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

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

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

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

N/A

b. Application Deadline

Due Date for Applications: **06/01/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

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

- Complete the applicable assurances and certifications on an annual basis, name the file “Assurances and Certifications” and upload it as a PDF file at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx)

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

6. Content and Form of Application Submission

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

7. Letter of Intent

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

8. Table of Contents

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

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

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

Applicants must file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.

2. Target Populations

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the CDC Project Description section – Approach: Target Population.

c. Applicant Evaluation and Performance Measurement Plan

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

The plan must:

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

11. Work Plan

(Included in the Project Narrative's 20 page limit)

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

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

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

NOTE: The 20 page Project Narrative limit does not include the Work Plan; the Work Plan should be uploaded as a supporting document.

12. Budget Narrative

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

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

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

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

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

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

No additional requirements.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children

Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

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

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: [http://www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.pdf)).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

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

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

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

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: <http://www.whitehouse.gov/omb/grants/spoc/>.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be

- clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12](http://www.cdc.gov/grants/additional_requirements/index.html#ar12) for detailed guidance on this prohibition and [http://www.cdc.gov/ grants /documents/Anti- Lobbying Restrictions for CDC Grantees July 2012.pdf](http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

No additional restrictions.

18. Other Submission Requirements

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

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

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

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

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

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

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

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact

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

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

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

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

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

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

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

Approach

Maximum Points: 50

CRITERIA	ACTIVITY POINTS	STRATEGY POINTS
IDENTIFY ALL RESIDENT SUID CASES IN A TIMELY FASHION (10 points)		
Identify all resident SUID cases for child death review within 30 days of death.		
- Describe the current methods used to identify all SUID cases for CDR and outline strategies for improvement that are realistic within the system. (<i>case ascertainment</i>) - Applicants demonstrating population-based surveillance will be assigned maximum points.	5	10

- Describe the current timeline from death to case identification and outline realistic strategies to reduce that timeline. (<i>timeliness</i>) - Applicants demonstrating methods to identify all cases within 30 days of death through direct notification from ME/C's offices or electronic notification from vital statistics will be assigned maximum points. - Applicants demonstrating methods that would take greater than three months from death to identify all cases will be assigned minimal points.	5	
REVIEW ALL SUID CASE REGISTRY CASES USING REQUIRED DATA SOURCES IN A TIMELY FASHION (15 points)		
Review all SUID Case Registry cases with a multidisciplinary child death review team within 90 days of identification.		
- Describe the current case review process and the level at which it occurs (i.e., state versus local), as well as core team members and the organizations represented. - Outline a realistic plan to review and discuss all SUID cases (except for those cases pending legal proceedings). - Demonstrate ability to access all primary data sources: (1) death and birth (the long form for public health purposes) certificates; (2) death scene investigation information (for infants: the SUID Reporting Form or jurisdictional equivalent, including doll reenactment photos); (3) autopsy and/or pathology reports and other ME/C records; (4) law enforcement reports; (5) any social service records that pertain to the case; and (6) medical records since birth, including (a) newborn screening results and mother's prenatal and obstetric records if under 1 year old and (b) pediatric, hospital, and outpatient records. (<i>data completeness</i>). This plan should include: - Methods used to access data sources necessary for SUID Case Registry case review. - Processes and organizations responsible for the collection of death scene investigation and autopsy information and how it is shared at CDR meetings. - Plan to resolve any known data collection issues. - Plan to address any incomplete or inefficient data sources. - Applicants that demonstrate consistent CDR with multidisciplinary representation and all required data sources will receive maximum points	10	15
Document the current timeline from case identification to CDR and propose a plan to review all SUID Case Registry cases within 90 days of case identification. (<i>timeliness</i>)	5	
ENTER 100% OF SUID CASE REGISTRY CASE INFORMATION IN A TIMELY FASHION (10 points)		
Enter all data into the NCRPCD Case Reporting System within 30 days of CDR team meetings.		

Describe current and proposed processes to ensure all data sources are completely and accurately entered into the NCRPCD Case Reporting System. (<i>data completeness</i>)	5	10
Describe current and proposed timelines from CDR team meeting to data entry into the NCRPCD Case Reporting System within 30 days of CDR team meeting. (<i>timeliness</i>)	5	
CONDUCT QUALITY ASSURANCE MEASURES ON 100% OF SUID CASE REGISTRY CASES IN A TIMELY FASHION (10 points)		
Develop and implement a quality assurance plan.		10
Describe current quality assurance measures and outline a proposed quality assurance plan. The quality assurance plan should include: (1) methods to resolve case identification, case review, data entry issues, and data collection problems, (2) strategies for eliminating missing and inaccurate data variables and minimizing unknown responses for critical SUID variables, (3) tactics to improve timeliness as a case moves from identification to review to data entry, and (4) a protocol for designating cases as finalized once all quality assurance measures have been completed. (<i>data completeness</i>)	5	
Complete all quality assurance measures within 90 days (Module A) or 120 days (Module B)		
Describe the current timeline from data entry to completion of quality assurance measures and outline realistic strategies to reduce the time from data entry to proposed quality assurance activities. (<i>timeliness</i>)	5	
ANALYZE, DISSEMINATE AND UTILIZE SUID CASE REGISTRY DATA TO INFORM DATA-DRIVEN PRACTICES AND POLICIES THAT WILL PREVENT SUID (5 points)		
Analyze process/program improvement and descriptive data quarterly.		5
Describe what is currently done with SUID data and outline a realistic protocol for SUID data analysis for descriptive and process improvement purposes, including a process for monitoring quality assurance results and data completeness and timeliness.	2	
Disseminate SUID data to internal and external audiences.		
Describe current internal and external data dissemination practices and outline strategies to expand internal and external data dissemination. Include any reports, websites, or feedback to death investigators and ME/Cs, manuscripts, etc.	1	
Use analyzed SUID data to improve case investigations, the CDR process, systems serving families, and to develop SUID prevention strategies.		
Describe current practices for discussing prevention during CDR, outline realistic strategies to improve the discussion of prevention strategies during CDR, and apply to SUID.	1	
Describe the process to use SUID data to improve case investigations, the CDR process, and systems serving families; outline a realistic plan to expand the use of SUID data for prevention activities.	1	

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

CRITERIA	ACTIVITY POINTS	STRATEGY POINTS
• Incorporate evaluation and performance measurements that are relevant and consistent with the activities section of this funding announcement into the work plan. The applicant's work plan should include: • Goals that are specific, measurable, assigned, realistic, and time-phased • Objectives to address the goals and match the activities listed in this funding announcement • Description of how key program partners will participate in any evaluation and performance measurement planning processes, the type of evaluations to be conducted and key evaluation questions. • Explanation of how evaluation findings will be used for continuous program quality improvement. • Description of how evaluation and performance measurement will contribute to developing an effective evidence base for programs for which one is lacking.	25	25

Organizational Capacity to Implement the Approach**Maximum Points: 25**

CRITERIA	ACTIVITY POINTS	STRATEGY POINTS
• Incorporate task assignments into the work plan that match staff experience in conducting the tasks outlined in the activities section of this FOA. This includes demonstrating the capacity to access, collect, edit, manage, and analyze information from multiple data sources.	25	25

Budget**Maximum Points: 0**

Clearly explain and adequately justify a reasonable and sufficient budget that is consistent with the stated project period outcomes and planned activities. The budget should include funds for at least two program-related staff with direct experience with the program to attend 1) one trip per year to CDC in Atlanta for a program related meetings and 2) one trip per year to a grantee meeting or training.

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

c. Phase III Review

The following factors also may affect the funding decision:

- Number of annual SUID cases in the applicant's state
- Geographic and racial/ethnic diversity in the applicant's state (e.g., rural vs. urban)
- Experience with the NCRPCD web-based Case Reporting System
- Feasibility of SUID prevention strategies (Module A only)

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

2. Announcement and Anticipated Award Dates

Successful applicants will receive a Notice of Award from the Procurement and Grants Office (PGO). Applicants not selected for funding will receive a letter via email from the programmatic contact listed in Section G. All notifications will be made by July 1, 2015.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available

at <http://www.cdc.gov/grants/additionalrequirements/index.html>

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

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

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html>
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

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

3. Reporting

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

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

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

Per CDC program, a report describing data on performance measures is required quarterly.

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

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

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

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

c. Performance Measure Reporting (optional)

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

A quarterly data report is required.

d. Federal Financial Reporting (FFR) (required)

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

receive information.

e. Final Performance and Financial Report (required)

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

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

No additional requirements.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Lena Camperlengo, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (770) 488-6322
Email: gtx6@cdc.gov

Grants Staff Contact

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

LaKasa Wyatt, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Rd (MS-E09)
Atlanta, GA 30341
Telephone: (770) 488-2728
Email: lgw5@cdc.gov

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

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

For all other **submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

E-mail: pgotim@cdc.gov

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

H. Other Information

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

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

Optional attachments, as determined by CDC programs

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

For additional information about the SUID Case Registry and the SUID Initiative, visit <http://www.cdc.gov/SIDS/SUIDAbout.htm>.

I. Glossary

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

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

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

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

federal government to an eligible applicant.

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

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

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

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

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

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

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

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

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

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

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

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

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and

outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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