Category A
CIO
Project Plans

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Addressing Intersections of Race and Violence Against Children and Youth

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*
Division of Violence Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local health department

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 142/150 words maximum

This project will build the capacity of a city health department (CHD) addressing intersections of structural racism, health, and violence against children and youth. Findings will be used to tailor programmatic responses to combat the negative impacts of this tumultuous time on children and youth of color. The objective will be to work with an identified point of contact/s within a CHD to build their expertise and identify evidence-based programming to address these dual epidemics for minority communities. Capacity building activities will involve regular virtual meetings and communications, travel to Atlanta to meet with subject matter experts at CDC, and a stakeholder workshop with relevant actors with whom youth regularly interact at the beginning and end of the funding period. The city's population should be predominately Black (over 50%), have or plan to collect population level data on violence against children and youth, and a history of collaboration with CDC on violence prevention.

12 **12.3. Data and Information Systems**

Activities*	1. Develop the CHD's capacity to gather information on racial disparities in violence against children and youth (VACY) from administrative data. 2. Analyze administrative data to compile a report describing what is known about VACY and access to health care. 3. Interview stakeholders on racial disparities in VACY and access to health care and services.
Process Measures*	1. Enumeration of available administrative public health, justice and other data sources for reporting 2. Development of an analytic plan 3. Number of stakeholder interviews conducted
Outputs*	1. Report on racial disparities in VACY in the city 2. Report on racial disparities in healthcare access and outcomes related to violence
Budget Period* Outcomes	1. Increased knowledge and capacity to act within the CHD on the intersections of race, VACY and access health care and services 2. Dissemination of knowledge to city government, the general public and other key stakeholders in order to build capacity for community action
Outcome Measures*	1. Percentage of CHD staff reporting an increase in knowledge and capacity to act within the CHD on the intersecions of race, VACY, and access health care and services 2. Number of individuals (city government, general public, key stakeholders) reached by information dissemination

12.5. Partnerships

Activities*	1. Conduct meetings with stakeholders at the beginning of the project period 2. Conduct a findings meeting at the end of the project period
Process Measures*	

	1. Identification and number of key stakeholders 2. Scheduled meetings
Outputs*	1. Report from initial stakeholders meeting 2. Report from end of project stakeholders meeting including plan for addressing racial disparities linked with VACY and access to health care and services
Budget Period Outcomes*	1. Increased knowledge of stakeholders on the intersection or race, VACY and access to health care and services 2. Increased collaboration among stakeholders on the intersection or race, VACY and access to health care and services 3. Inreased public knowledge on the intersection of race, VACY, and access to health care and services
Outcome Measures*	1. Percentage of stakeholders reporting an increase in knowledge on racial disparities linked with VACY and access to health care and services 2. Number of new partnerships or collaborations established among stakeholders on the instersection of race, VACY and acccess to health care and services
12.7. Programs and Services	
Activities*	1. Identify and support CHD POC for the project 2. Training of the CHD POC on access to health care, racial disparities and VACY by CDC subject matter experts and other partners with expertise in these areas 3. Training of the CHD POC on administrative data sources useful to track project topics and on evidence-based public health interventions, with special attention to VACY and health 4. Training of the CHD POC on how to develop a data driven and evidence-based action plan
Process Measures*	1. CHD POC identified 2. Number of trainings offered to CHD POC 3. Number of trainings completed by CHD POC 4. Number of meetings held with CHD POC to provide TA on development of action plan
Outputs*	1. Action plan framework completed by end of project
Budget Period Outcomes*	1.The city has a focused, data-driven, evidenced-based framework for addressing racial disparities in VACY and access to health care and services
Outcome Measures*	1. Number of stakeholders consulted in development of action plan framework 2. Number of stakeholders who have signed off on the action plan framework to address racial disparities and VACY

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 33/200 words maximum
	The recipient organization will have a proven track record of working to build the capacity of city Public Health Departments, education sector and frontline service providers and have extensive project management experience.
14	Applicant Program Experience:* 47/200 words maximum
	Recipient will have experience in violence as a public health problem and how to prevent it. Experience with health disparities, racial justice, and/or health equity is also key. Experience with infectious disease is a bonus. Other key experience includes capacity building, training, research translation and dissemination of public health information.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 64/200 words maximum
	CDC expects to collaborate with the recipient and the CHD. Here CDC will work with the receipient to increase the capacity of CHD on the intersection of race and VACY. CDC will work with the recipient on developing key trainings, developing reports, partnering, and dissemination activities.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 1/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 71/100 words maximum

	Recipients will be permitted to expend funds for project related costs (personnel, fringe, supplies, travel, etc.) in accordance with general terms and conditions for non-research cooperative agreements. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Enhancing Tribal environmental health program capabilities and engagement in COVID-19 responses

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division/Branch/Office/Unit:*
Division of Environmental Health Science and Practice

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Tribal health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
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☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
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☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☑	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☑	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☑	Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

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☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
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11 Project Purpose : * 127/150 words maximum

The purpose of this project is to enhance Tribal EH program capabilities and engagement in COVID-19 response and prevention efforts by providing technical expertise, resources and tools, and operational assistance to Tribal health departments.
Project activities will focus on:

- Developing protocols and conducting environmental assessments (a systematic approach to identifying a hazard and the conditions that lead to the existence of the hazard) to prevent transmission in facilities and other congregate environments
- Establishing and promoting plans and policies for addressing environmental factors to prevent transmission to ensure the safe reopening of facilities
- Strengthening coordination among the environmental, epidemiological, and laboratory responses

12	**12.1. Public Health Systems Infrastructure**	
	Activities*	• Develop protocols for conducting environmental assessments and ensuring sanitation and infection control in facilities and other congregate environments • Develop and provide guidelines for the safe reopening and occupancy and operation of Tribal facilities, utilities, and building infrastructure • Support extensive continuity of operations planning initiatives for critical Tribal infrastructure and facilities such as drinking water and wastewater treatment systems and other utilities with potential impacts on public health • Develop effective approaches and strategies for encouraging Tribal restaurants and other food service facilities to adopt protocols that prevent food workers from working while ill
	Process Measures*	• Status of development of protocols and guidance documents • # of continuity of operations planning initiatives initiated • Status of developing approaches and strategies for encouraging restaurants and other food service facilities to adopt protocols that prevent food workers from working while ill
	Outputs*	• Developed protocols and guidance documents • Completed continuity of operations planning initiatives • Established approaches and strategies for adopting protocols that prevent food workers from working while ill
	Budget Period Outcomes*	• Increased engagement of EH programs and professionals in Tribal health department COVID-19 responses • Enhanced EH program capability for ensuring safe reopening, occupancy, and operation of facilities, utilities, and building infrastructure
	Outcome Measures*	• # of EH programs with increased operational capabilities to conduct EH assessments to prevent coronavirus transmission
	12.3. Data and Information Systems	
	Activities*	• Support the contribution of environmental data to surveillance and monitoring efforts and to inform development of interventions
	Process Measures*	• # of identified EH datasources and systems for contributing to surveillance and monitoring, and informing interventions
	Outputs*	• Description with guidance about EH data sources and systems that can contribute to surveillance and monitoring, and informing interventions
	Budget Period* Outcomes	

	• Increased Tribal EH programs contributing EH data for surveillance, monitoring, and developing interventions
Outcome Measures*	# of Tribal EH programs contributing EH data for surveillance, monitoring, and developing interventions
12.5. Partnerships	
Activities*	• Support engagement and coordination among Tribal EH programs and partners for conducting environmental assessments of facilities including but not limited to water utilities, long-term care facilities, healthcare facilities, homeless shelters, schools, daycares, and restaurants. • Support coordination efforts between Tribal EH programs and laboratories to enhance environmental sampling and testing capabilities
Process Measures*	• Status of resources and guidance developed to increase engagement and coordination with partners for conducting environmental assessments • Status of efforts to support coordination with laboratories
Outputs*	• Resources and guidance developed and made available for Tribal EH programs to strengthened partnerships for conducting environmental assessments • Report detailing results of efforts to support coordination between Tribal EH programs and laboratories
Budget Period Outcomes*	• Increased Tribal EH program partnerships for conducting environmental assessments and coordinating with laboratories
Outcome Measures*	• # of Tribal EH program partnerships strengthened or established
12.7. Programs and Services	
Activities*	• Develop resources to support Tribal EH program involvement in epidemiological investigations and activities to ensure incorporation of environmental factors • Assess effectiveness of social distancing recommendations, disinfection techniques, environmental modification factors during large gatherings (e.g. access to cleaning supplies)
Process Measures*	• # of resources developed to support Tribal EH program involvement in epidemiological investigations • Status of efforts to assess effectiveness of recommendations and guidance
Outputs*	

	• Developed resources to support Tribal EH program involvement in epidemiological investigations • Report detailing results of efforts to assess effectiveness of recommendations and guidance
Budget Period Outcomes*	• Strengthened services through increased coordination among the environmental, epidemiological, and laboratory to enhance STLT health department COVID-19 responses • Mitigated environmental hazards and conditions to prevent COVID-19 transmission in facilities and other congregate environments
Outcome Measures*	• # of Trial EH programs with enhanced services through stronger involvement and coordination in COVID-19 responses

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 111/200 words maximum
	The recipient should have demonstrated experience in developing and disseminating resources addressing technical, field-based EH topics and practice areas. The applicant should demonstrate approaches that use innovative and collaborative methodologies to accomplish the proposed project activities. A particularly useful benefit would be experience or ability to develop and disseminate new course content on relevant EH practice areas and topics impacting Tribal EH professionals. The applicant should be able to produce products and materials that meet the needs of the target audience (in this case, the target audience) and that are supported by the current evidence base. Since much of the EH subject matter expertise resides with well-trained and experienced EH professionals.
14	Applicant Program Experience:* 37/200 words maximum
	The recipient should have: • Knowledge and experience with project planning and implementation. • Knowledge and experience developing effective relationships and partnerships with EH programs at public health departments. • Subject matter expertise in Tribal EH issues and topics.
COLLABORATIVE WORK	
15	Expectations for Collaboration, as applicable: 29/200 words maximum

	Collaboration with other organizations or agencies may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 46/200 words maximum
	The recipient may subcontract with EH subject matter experts and other organizations or agencies to carry out work plan objectives. These contractors will consist of highly skilled and trained EH professionals with EH practice and workforce development experience.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 46/100 words maximum
	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.
	CIO CERTIFICATION
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ADMINISTRATIVE

Project Plan Round	COVID 1

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Evaluating Policies to Prevent Incarceration, Adverse Childhood Experiences, and Violence

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*
Division of Violence Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

Target Population Category Descriptions

6 Description of the Target Population:* 6/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
State and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)

○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
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Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

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10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

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☐ Increased leadership decision-making to address public health needs strategically and systematically

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☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

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☑ Increased capacity to evaluate laws and policies to affect health

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☑ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

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☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

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☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

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1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 137/150 words maximum

Parental incarceration and other adverse childhood experiences (ACEs) are linked to poor health outcomes across the lifespan including depression, substance use disorder, suicide, and chronic disease. Recently, states and localities have passed policies and laws that aim to decriminalize behavior (e.g., drug reform and policies related to sex work), change the way the criminal justice system interacts with defendants (e.g., removing cash bail requirements), or divert youth from the juvenile justice system (e.g., transformative or restorative justice strategies). This proposal is to compile a database of policies that may reduce rates of youth and parental incarceration to rigorously evaluate impacts of the policies on multiple forms of violence. This proposal presents a timely opportunity to examine experiences of racism and social injustice in the context of primary prevention policies. This proposal is needed to better understand policies related to incarceration that have the potential to reduce ACEs and social inequality.

12 **12.6. Laws and Policies**

Activities*

1. Collaborate with CDC staff to identify U.S. policy reforms (e.g., decriminalization and diversion policies) that are likely to reduce youth or parental incarceration as an adverse childhood experiences and to create a data management plan for data collection, analysis, and data sharing.
2. Develop a coding scheme to identify states and territories that have enacted the identified policy reforms.
3. Compile a database of policies using existing sources (e.g., National Council of State Legislators, Westlaw, LexisNexis) for information on existing state legislation such as its provisions, dates of passage and enactment in a user-friendly format so that the database can be used to conduct analyses using statistical software (e.g., SAS, STATA, SPSS, or R).
4. Conduct a 50 state and U.S. territory survey, using an online legal research database to identify the states and territories that have enacted the chosen criminal justice reform policies, to collect information on emerging policy developments, implementation, and other data as determined by CDC and the partner organization.
5. Prepare the results of the 50 state and U.S. territory survey in a database, table, spreadsheet, or other format that is user-friendly and can be analyzed using statistical software (e.g., SAS, STATA, SPSS, or R) to inform strategic plans and priorities.
6. Develop informational materials based on recommendations gleaned from the analysis of data and use to build capacity of target population in developing policies that reduce youth or parental incarceration.

Process Measures*

1. # of U.S. policy reforms analyzed or coded.
2. # of existing data sources used to compile the information on U.S. policy reforms.
3. # of questions developed for the 50 state and U.S. territory survey that will be sent to stakeholders in the identified states and territories.
4. Identification of a coding methodology and approach.
5. Identification of a format for the results of the 50 state and US territory survey.
6. # of informational materials developed (e.g., webinars, one-pagers).

Outputs*

	1. Recommendations for U.S. policy reforms (e.g., decriminalization and diversion policies) that are likely to lead to reduced parental and youth incarceration and adverse childhood experiences. 2. Finalized list of U.S. policy reforms that are likely to lead to reduced parental and youth incarceration and adverse childhood experiences. 3. A final database containing the search results of existing data sources on U.S. policy reforms that are likely to lead to reduced parental and youth incarceration that can be used to conduct analyses using standard statistical software (e.g., SAS, STATA, SPSS, or R). 4. A reproducible, scientifically valid coding scheme for identifying U.S. states and territories that have enacted criminal justice reform policies 5. A final database containing the results of the 50 state and territory survey in a format that is user-friendly and informs government health department with the best strategies for criminal justice reforms. 6. Informational materials highlighting the recommendations for U.S. policy reforms that are likely to lead to reduced parental and youth incarceration and adverse childhood experiences.
Budget Period Outcomes*	1. Increased understanding of parental and youth incarceration as adverse childhood experiences. 2. Increased understanding of U.S. policy reform efforts that are likely to reduce youth and parental incarceration and prevent adverse childhood experiences. 3. Increased understanding of the national landscape of state- and territorial-level policy reform efforts that are likely to impact public health and prevent multiple forms of violence in the U.S. 4. Identified recommendations for improving data quality and accessibilities, filling data gaps, and data analysis of and distribution for adverse childhood experiences strategies.
Outcome Measures*	1. # of states and territories included in analysis of policy reform efforts. 2. # of policy reforms identified and recommended as likely to lead to reduced parental and youth incarceration and adverse childhood experiences. 3. # of technical assistance requests fulfilled from public health partners related to data collection, policy evaluation, and other programmatic support

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 233/200 words maximum

Recipient organization should have the expertise and capacity for conducting legal research using online databases, such as Westlaw, developing databases of existing policies using these online databases, and developing reproducible coding schemes for state-level policies in all 50 states and territories. Recipient organization will compile the results in a format that is acceptable for data analysis using standard statistical software. Recipient should have documented expertise in the prevention of adverse childhood experiences and multiple forms of violence and the improvement of child and adolescent health by identifying health inequities, understanding their causes, and addressing inequities through evidence-based strategies, including public health policy. Additionally, the recipient organization should have demonstrated knowledge, expertise or capacity in adverse childhood experiences (see: https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html), U.S. policy reform efforts, health equity, and social determinants of health. Recipient organization may partner with organizations involved in relevant U.S. policy reforms and incarceration reform organizations to provide expertise in the identification of existing policies and development of the survey.

14 Applicant Program Experience:* 138/200 words maximum

Recipient organization should have previous experience developing inventories or databases of state-level policies, laws, or regulations that impact disadvantaged communities, preventing adverse childhood experiences and multiple forms of violence, and impacting health equity; knowledge of strategies that support safe, stable, nurturing relationships and environments and healthy development of children and youth through public health policy; a variety of partners, including states and territories, local government agencies, community groups, incarceration reform organizations, faith-based organizations and other stakeholders; expertise in formulating and influencing sound public health policy and ensuring excellence in state-based public health practice; and expertise tracking, evaluating, and advising public health partners, including the CDC, on the impact and formulation of public or private public health equity policies and provide health departments with guidance and technical assistance on improving the nation's health.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 116/200 words maximum

Recipient is expected to collaborate with CDC on identifying the policies that will be included in the database of existing U.S. policy reforms and the 50 state and territory survey, developing a coding scheme, and ensuring the final results of the survey and the database of U.S. policy reforms using existing data sources are user-friendly and reproducible. Recipient organization may consider collaborations with sectors serving children, youth and their families to prevent incarceration (e.g., early care, education, human services, child welfare, law enforcement, criminal justice). Collaboration would focus on aligning goals and strategies of this cooperative agreement to identify policy and societal factors that lead to adverse childhood experiences

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 108/100 words maximum

	Budget and total costs to identify and summarize U.S. policy reforms (e.g., diversion and decriminalization policies) to prevent multiple forms of violence at the state and territory levels is not to exceed $200,000. Funds will be used to support recipient staff salary and fringe, equipment, travel, supplies, and indirect costs to directly support the work plan. Funds cannot be used to advocate for specific policies. The budget needs to reflect specific expertise in providing administration, oversight, and coordination for CDC-funded projects. Budget must incorporate costs for IT security requirements and expediting execution of contracts when necessary .

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Save and Close | Submit | Submit without sending an email

Submission Date:

You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

Print

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Identify and Mitigate Transmission of COVID19 North of the US Mexico Border

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASE

3 Division/Branch/Office/Unit:*
Other
Enter other division, branch, office, or unit:*

4 CIO Point of Contact (POC) name(s):*
Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):*
Category A
Target Population Category Descriptions

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 112/150 words maximum

Communities on the US-Mexico border may be disproportionately impacted by COVID-19 due to intense cross-border population mobility. Many essential workers cross the border for work (on both sides) and many local industries are being affected by COVID-19 -positive workers, who infect others in close working conditions, leading to reduced productivity. There are no COVID-19 screening and testing programs at the ports of entry (POE). The project's purpose is to improve the detection and prevention of COVID-19 among persons crossing the US-Mexico border and at/near worksites with binational employees by implementing COVID-19 testing at POEs (voluntary) and binational worksites (those employing binational workers) in US border communities, along with comprehensive worksite prevention and mitigation plans, and thus reduce transmission in US-Mexico border communities.

12 **12.7. Programs and Services**

Activities*

- Establish COVID-19 testing stations near the US-Mexico border
- Provide point of care (POC) testing, and/or PCR testing, and medical consultation/ recommendations for symptomatic persons
- Establish system for data collection and follow-up with client, providing test results, and contact tracing
- Provide specific outreach to persons crossing into the US at ports of entry
- Recruit worksites for collaboration
- Develop and implement prevention and mitigation measures at worksites including PPE, social distancing, cleaning, and education
- Develop Isolation and quarantine plans as appropriate
- Implement worksite COVID-19 testing, follow-up, and contact tracing programs with appropriate periodicity of testing, linked to local health departments systems

Process Measures*

- # of POE testing stations established
- # of persons with POC and PCR testing
- # of persons with test results delivered
- # of binational worksites identified among persons tested
- # of contacts identified for positive cases
- # worksites recruited for collaboration
- # worksite mitigation and prevention plans implemented
- # worksite testing programs established
- # workers tested at worksites (for the determined periodicity)
- # of contacts identified for positive cases

Outputs*

	• POE testing centers • Forms and databases for binational COVID-19 cases recruited from POEs • Tracking system for cases and contacts • Worksite testing, mitigation, and prevention plans
Budget Period Outcomes*	• US-Mexico border POE voluntary testing established • Binational worksite testing established • Binational worksite prevention and mitigation plans implemented or improved
Outcome Measures*	• # COVID-19 **positive** cases identified at POE testing centers • Increased % and # of contacts identified and tested from POE testing stations • # of COVID-19 **positive** contacts identified • # COVID-19 **positive** cases identified from binational worksite testing • Increased % and # of contacts identified and tested from binational worksite testing • # of COVID-19 **positive** contacts identified from binational worksite testing

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 56/200 words maximum

Recipient should have the organizational reach and technical expertise to implement public health programs in collaboration with a diverse network of partners including Department of Homeland Security/Customs and Border Protection, community health centers or other medical providers, and local/state public health agencies. Recipient should have the capacity to quickly develop subcontracts if needed for implementation efficiency.

14 Applicant Program Experience:* 41/200 words maximum

Recipient shoud have extensive experience in implementing public health programs for infectious disease prevention, including outreach to vulnerable populations. Specific experience implementing programs for Spanish speaking and binational populations is desirable.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 77/200 words maximum

Recipient required to collaborate in planning and implementation with federal public health and border-related agencies, local public health agencies, academic institutions with experience in Latino community health, private/public sector employers identified, and community health centers or other medical providers that may be involved in testing. Systems developed should be vetted by local public health agencies, and should integrate with their established public health systems for reporting and contact tracing, and environmental health.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 98/200 words maximum

COVID-19 testing and contact tracing systems, including the associated information technology, data collection and management, will likely need to be subcontracted. Outreach and worksite prevention plans may also need to be subcontracted. Subcontractors should be well established in the community, with specific experience conducting outreach, and rapidly implementing testing programs, such as community-based organizations or universities. Budgets will depend on the number of staff needed to perform the required work. The budget period for subcontracts should start as soon as possible (September 1, 2020, and end on July 31, 2021) once the recipient receives thier notice of award.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 22/100 words maximum

Funds may be used for personnel, supplies, equipment, travel, and contractual expenses.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round: COVID 1

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Submission Date:

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Local HDs Informing the Evolution of Public Health Emergency Preparedness (PHEP)

2 CIO:*
CENTER FOR PREPAREDNESS AND RESPONSE

3 Division/Branch/Office/Unit:*
Division Of State And Local Readiness

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$350,000 (Whole numbers only)

○Funded ○Unfunded

8 Expected Length of Project:*

◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☑	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☑	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
	10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 149/150 words maximum

The “next generation" of public health emergency preparedness (PHEP) program should be shaped by the COVID experience.

Health departments and CDC will benefit from lessons learned from states and local health departments' experiences during the COVID response that will encourage tailoring and adoption of promising practices. This information will also influence the Public Health Emergency Preparedness program, including the public health preparedness and response capability standards.

Concept: Fund local HD serving organization partnering collaboratively with its State counterpart to identify COVID response insights and lessons learned from their constituents over the next 8-10 months.Topic areas may include, but not be limited to:
o Should PHEP funding requirements be realigned or changed (e.g., are past preparedness efforts paying off, what requirements of preparedness need updating)
o Perceptions of guidance gaps and prioritized state, local, and territorial preparedness gaps
o Implications for ORR requirements/implementation, action plans, and technical assistance going forward
o Exposed critical functions that were not anticipated, etc.

12

12.1. Public Health Systems Infrastructure

Activities*	Support member engagement through facilitated discussions through various means (face-to-face meetings, hosting calls/webinars etc.) with local health departments to gather lessons learned, share information, discuss promising practices, identify needs, tools/resources from the COVID response experience, and compile consensus and recommendations on proposed changes impacting PHEP. Develop plan outlining strategic tasks and implementation of project in collaboration with state health department organizational counterpart. Create set of concrete lessons learned, promising practices, and actionable recommendations from constituents.
Process Measures*	Number of convenings and calls/webinars to align with project goals Number of participants
Outputs*	Report on project and implementation plan outlining the strategic goals, tasks and deliverables of project Report on lessons learned, promising practices, and actionable recommendations from constituents.
Budget Period Outcomes*	Increased capacity at local health departments to prepare and respond to infectious disease threats.
Outcome Measures*	Change in agencies reporting increased capacity to prepare and respond to infectious disease threats

12.5. Partnerships

Activities*	Collaborate with state health department organizational counterpart to facilitate discussions around leveraging partnerships to address preparedness planning and response needs as informed by COVID response.
Process Measures*	

	Number of convenings and calls/webinars to align with project goals Number of participants engaged in discussions on using partnerships to improve preparedness and response efforts
Outputs*	Report strategies, implementation and outcomes of project Detailed catalogue of lessons learned and promising practices ready for state and local health departments to adapt and adopt. Consensus recommendations on evolution of PHEP. Catalogue and recommendations will include using partnerships to prepare and respond to infectious disease threats.
Budget Period Outcomes*	Strengthened partnerships to address preparedness planning and response at the local PHEP level as informed by the COVID-19 response
Outcome Measures*	Change in local health departments reporting strengthened partnerships for preparedness planning and response

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 20/200 words maximum
	The organization must have capacity to connect and communicate with local health departments and local public health officials.
14	Applicant Program Experience:* 21/200 words maximum
	The organization must have a track record of communicating and implementing effective intervention to strengthen the response posture of local health departments
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 16/200 words maximum
	Partnering organization to be funded at the same level with expectations to share project workload.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	N/A

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Draft

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Print

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Partnerships between local health departments and faith-based organizations during COVID-19

2 CIO:*
CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

3 Division/Branch/Office/Unit:*
Division of Performance Improvement and Field Services

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A — Target Population Category Descriptions

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 24/150 words maximum

Reduce the incidence and transmission of COVID-19 among racial and ethnic groups by forming partnerships among local health departments from various jurisdictions and faith-based organizations.

12 **12.4. Communication and Information Systems**

Activities*

-Recipient assess if local health departments (LHDs) have communication plans in place for vulnerable populations, particularly during the COVID-19 pandemic

-Based on findings from the assessments, recipient will determine level of training needed for LHD staff and provide the training on communicating effectively with FBOs

-Once training (if needed) is completed, LHDs will develop relevant comprehensive communication plans for vulnerable populations in partnership with FBOs

-Recipient assist LHDs and FBOs in addressing gaps in information about COVID-19 among vulnerable populations

-Recipient and LHDs develop and share epidemiological profile of populations served by FBOs and assist them with logistics to communicate.

-Recipient develop culturally-relevant outreach plan to build capacity of key stake holders to reduce rising infections of COVID-19.

-LHDs, in partnership with FBOs, develop culturally-relevant COVID-19 messages for multiple generations

Process Measures*

	-Number of assessments completed -Number of capacity-building trainings completed (if needed) -Number of COVID-19 epidemiological profiles completed -Number of communication plans developed that address existing COVID-19 gaps, misinformation, and recommendations on COVID-19 -Number of outreach plans developed -Number of COVID-19 messages developed for social media -Number of entries or events in social media -Number of jurisdictions served by LDHs and FBOs -Number of LHDs received capacity building training -Number of outreach events to vulnerable populations by LHDs and FBOs -Number and type of resources developed and dissemination
Outputs*	-Training material for developing specialized communication planning and messaging -Epidemiological profiles -Communication plans -Outreach plans -Number of new and unique COVID-19 messages and resources in English and Spanish (if needed)
Budget Period Outcomes*	-Improved capacity of LHDs to communicate effectively with vulnerable populations on COVID-19 in partnership with FBOs -Improved outreach of LHDs to vulnerable populations in addressing COVID-19 knowledge gaps in partnership with FBOs -Improved resources for vulnerable populations on COVID-19 as result of epidemiological profiles, messaging and social media publications
Outcome Measures*	-Number of LHDs reporting improved capacity to communicate effectively with vulnerable populations as a result of project activities -Number of LHDs reporting improved outreach to vulnerable populations
12.5. Partnerships	
Activities*	-Recipient assess LHDs' level of partnerships with leaders of FBOs that represent vulnerable populations -Based on findings from assessment, recipient will determine level of training needed for LHDs' establishing effective partnerships with FBOs -Recipient establish partnerships between LHDs leadership and FBOs leadership -Recipient facilitate kick-off meeting as well as regular meetings between LHDs and FBOs to discuss and address impact of COVID-19 among vulnerable populations in their communities -Recipient and LHDs provide COVID 101 education to 10 to 12 faith-based organizations. Training will focus on the prevention and control of COVID-19 among vulnerable populations with an emphasis on high risk for COVID 19 and to consider living conditions that include multiple generations, essential workers, and hard to reach non-English or Spanish speakers.
Process Measures*	-Number of assessment on current partnerships between LHDs and FBOs completed -Number of training programs developed and implemented for LHDs -Number of partnerships formed between LHDs and FBOs, target is 10-12 partnerships -Number of meetings held -Number of COVID-19 educational resources developed
Outputs*	-Report of assessment findings -Training materials developed -Reports/minutes from meetings -Educational resources developed
Budget Period Outcomes*	Improved capacity to establish and maintain partnerships between LHDs and FBOs to create a shared vision of addressing the impact of COVID-19 in vulnerable populations
Outcome Measures*	Increased number of LHDs partnering with FBOs to address the impact of COVID-19 in vulnerable populations
12.7. Programs and Services	
Activities*	

	-Recipient and LHDs develop available resources, in partnership with FBOs, for COVID-19 testing and care -Recipient and LHDs develop indicators and measures to determine effectiveness in meeting COVID-19 prevention and control needs -LHDs adopt evidence-based interventions that reduce COVID-19 among vulnerable populations -LHDs work with FBOs to assist in implementing evidence-based COVID-19 prevention and control interventions
Process Measures*	-Number and type of available resources for COVID-19 testing and care -Number and type of indicators and measures for meeting COVID-19 prevention and control needs -Number of evidence-based programs adopted by LHDs and disseminated to FBOs -Number of FBOs implementing evidence-based prevention and control interventions among vulnerable populations
Outputs*	-List of resources for COVID-19 testing and care -List of indicators and measures for meeting COVID-19 prevention and control needs
Budget Period Outcomes*	-Improved capacity of LHDs and the FBOs partners to identify, prioritize, and customize relevant programs and services to address COVID-19 prevention and control needs among vulnerable populations
Outcome Measures*	-Increased number of relevant programs and services that address COVID-19 prevention and control among vulnerable populations -Increased number of FBOs that implemented evidence-based prevention and control interventions among vulnerable populations

Save and continue

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 69/200 words maximum
	Recipient will have the capacity to work in jurisdictions with high community transmission of COVID-19, identify Faith-based leaders or Organizations, and leverage their relationship to recruit local health departments; provide logistical support for up to 10 jurisdictions; skills in communications, partnership building; use and adaptation of technology. Current knowledge of COVID-19 in vulnerable and ongoing national efforts or local recommendations to prevent and control its spread.
14	Applicant Program Experience:* 31/200 words maximum
	Experience implementing programs and knowledge of national efforts to mitigate COVID-19 in vulnerable populations. Familiar with CDC guidelines for prevention and control of COVID-19.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 37/200 words maximum
	Recipient is expected to collaborate with local health departments and faith-based leaders, and to leverage realtionships with local health departments to achieve success. Collaborate with CDC to obtain information on COVID-19.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 words maximum
	Creation of educational tools, communication materials and provision of technology may be subcontracted. Selection of jurisdictions will be based on criteria selected by the recipient and CDC.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 20/100 words maximum
	Follow the Office of Grants Services (OGS) budget guidelines. May have to purchase ppe, provide technological support and informational materials.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	

Save and Close | Submit | Submit without sending an email

Submission Date:

You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum

State HDs Informing the Evolution of Public Health Emergency Preparedness (PHEP)

2 CIO:*

CENTER FOR PREPAREDNESS AND RESPONSE

3 Division/Branch/Office/Unit:*

Division Of State And Local Readiness

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 4/25 words maximum

Note: Proposals should not build capacity for CDC or other federal agencies

State health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*

$350,000 (Whole numbers only)

○Funded ○Unfunded

8 Expected Length of Project:*

◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☑	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☑	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
	10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 150/150 words maximum

The "next generation" of public health emergency preparedness (PHEP) program should be shaped by the COVID experience. Health departments and CDC will benefit from lessons learned from state and local health departments' experiences during the COVID response to encourage tailoring and adoption of promising practices. This information will also influence the Public Health Emergency Preparedness program, including the public health preparedness and response capability standards.

Concept: Fund state state HD serving organizations partnering collaboratively with its local counterpart to gather COVID response insights and lessons learned from their constituents over the next 8-10 months. Topics may include, but not be limited to:

- Should PHEP funding requirements be realigned or changed (e.g., are past preparedness efforts paying off, what requirements of preparedness need updating)
- Perceptions of guidance gaps and prioritized state, local, and territorial preparedness gaps
- Implications for ORR requirements/implementation, action plans, and technical assistance going forward
- Exposed critical functions that were not anticipated, etc.

12

12.1. Public Health Systems Infrastructure

Activities*	Support member engagement through facilitated discussions through various means (face-to-face meetings, hosting calls/webinars etc.) with local health departments to share information, discuss promising practices, identify needs, tools/resources, and compile consensus and recommendations on proposed changes impacting PHEP. Develop plan outlining strategic tasks and implementation of project in collaboration with local health department organizational counterpart. Create a set of concrete lessons learned, promising practices, and actionable recommendations from constituents.
Process Measures*	Number of convenings and calls/webinars to align with project goals Number of participants
Outputs*	Report on a project and implementation plan outlining the strategic goals, tasks and deliverables of project. Report on lessons learned, promising practices, and actionable recommendations from constituents.
Budget Period Outcomes*	Increased capacity at state and local health departments to prepare and respond to infectious disease threats.
Outcome Measures*	Change in agencies reporting increase capacity to prepare and respond to infectious disease threats.

12.5. Partnerships

Activities*	Collaborate with local health department counterpart to facilitate discussions around leveraging partnerships to address preparedness planning and response needs as informed by COVID response.
Process Measures*	

	Number of convenings and calls/webinars to align with project goals Number of participants engaged in discussions on using partnerships to improve preparedness and response efforts
Outputs*	Report on strategies, implementation, and outcomes of project Detailed catalogue of lessons learned and promising practices ready for state and local health departments to adapt and adopt. Consensus recommendations on evoluation of PHEP. Catalogue and recommendations will include using partnerships to prepare and respond to infectious disease threats.
Budget Period Outcomes*	Strengthened partnerships to address preparedness planning and response at the state PHEP level as informed by the COVID response
Outcome Measures*	Change in state health departments reporting strengthened partnerships for preparedness planning and response

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 17/200 words maximum
	The organization must have capacity to connect and communicate with state health departments and state public health officials.
14	Applicant Program Experience:* 21/200 words maximum
	The organization must have a track record of communicating and implementing effective intervention to strengthen the response posture of state health departments
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 17/200 words maximum
	Partnering organization to be funded at the same level with expectations to share project workload.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

	N/A

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/10 words maximum
Strengthening STLT Health Department Capacity to Support Community-based COVID-19 Response Mitigation Coordination and Implementation

2 CIO:*
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY AND STRATEGY

3 Division/Branch/Office/Unit:*
Division Of Population Health

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 2/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$10,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capacity to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 122/150 words maximum

CDC has developed, and continues to enhance, extensive guidance and considerations resources for local and COVID-19 community mitigation efforts as they are adjusted to meet the evolving needs of the pandemic.The purpose of this project is to work with and through national non-profit organizations to ensure the optimal dissemination and effective uptake of CDC information and rapidly identifiy needs and best practices for community mitigation and implementation to prevent and control of COVID-19. Such national organizations are both agile and uniquely positioned to strengthen COVID-19 response efforts, whether through mobilizing their own constituents and/or by providing technical assistance to public health agencies and their partnerships. Key focus areas for this effort are: local health agency leadership, communications and state-of-the-art information technology, local health agency's programs and services, and local public health agency partners.

12 **12.4. Communication and Information Systems**

Activities*	-Coordinate with local health officials, public health information officers, and infectious disease leaders to assess current COVID-19 communication activities and needs -Convene and coordinate conference calls/in-person meetings to share findings and recommendations emerging from assessments of information gaps and needs
Process Measures*	-A rapid assessment of current communication activities and needs among local health officials, information officers, and infectious disease leaders -Data analyses -Number of conference calls and/or meetings to share findings and recommendations from the assessment and focus groups
Outputs*	Report of findings from assessment of current communication activities -Minutes from conference calls, power point presentation
Budget Period Outcomes*	Improved local health departments' communication and information technology capacity to inform the public and stakeholders efficiently and effectively during COVID-19 outbreak -Improved local health departments' collaboration with critical partners and stakeholders to develop, test, and disseminate timely public health messaging to targeted populations through trusted representatives or spokespersons
Outcome Measures*	-Change in local health departments' use of communication skills and information technology to make health decisions and implement actions during public health emergencies such as COVID-19 -Increase in number of health departments' that develop, test, disseminate messaging to critical partners and stakeholders nto targeted populations
12.5. Partnerships	
Activities*	Develop training for local health department leadership to effectively provide TA to their critical partners on accurate COVID-19 information and best practices for prevention, control and response
Process Measures*	Number of trainings for leadership to provide TA to partner organizations -Identify partner organizations to receive TA -Identify best or evidence-based practices for prevention,
Outputs*	Training Manual -List of partner organizations that received TA -Report of best COVID-19 practices for prevention, control and response

Budget Period Outcomes*	Improved engagement with public and private partners, and other chief stakeholders to support prevention, control, and response to public health emergencies such as the COVID-19 outbreak
Outcome Measures*	Increase in number of local health departments that engage partners to support prevention, control, and response to public health emergencies such as the COVID-19 outbreak
12.7. Programs and Services	
Activities*	Assist local health department leadership in facilitating collaboration via convening meetings among jurisdictional partners and stakeholders to build or strengthen a network of support services -Develop plans to expedite recovery services as appropriate based on the jurisdictional public health agency leadership (or support roles) and other critical stakeholders.
Process Measures*	-Number and types of TA provided -Number of meetings -Types and number of plans for jurisdictions and stakeholders
Outputs*	Report of network of support services issues and recommendations from convened meetings with partners -Report of TA provided -Report of recovery plans developed
Budget Period Outcomes*	-Improved local health departments' capacity to identify, prioritize, and customize relevant programs and services to address COVID-19 and other pblic health emergencies for jurisdictions and stakeholders
Outcome Measures*	Increase in the number of local health departments that implement evidence-based public health programs and services to address COVID-19 -Increase in number of local health departments that develop recovery programs and services during public health emergencies such as the COVID-19 outbreak

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 191/200 words maximum

Applicant must demonstrate capacity and institutional infrastructure to:

- Coordinate and convene local health officials, public health information officers and infectious disease prevention experts around uptake and operationalization of COVID-19 community mitigation guidance and strategies;
- Solicit, direct and coordinate a wide variety of subject matter experts, partners and resources around the development and delivery of comprehensive, tailored training and technical assistance to local health departments and key stakeholders related to the implementation, adoption, and communication of COVID-19 community mitigation guidance and strategies.
- Build, convene, and lead virtual learning collaboratives among health departments and community stakeholders, including facilitating and coordinating peer-to-peer engagements focused on building community capacity to address COVID-19 wrap-around community mitigation.
- Work with local health officials, along with community partners, to conduct rapid assessments, and share findings, focused on communities' readiness to implement and apply public health-informed community response and mitigation guidance, strategies and activities.
- Track**,** mange, and analyze data to inform understanding of local assistance needs related to addressing public health emergencies, including needs related to communicating with stakeholders and public. Applicant must have demonstrated capacity to support and assist local health officials in facilitating collaboration with jurisdictional partners and community stakeholders.

14 Applicant Program Experience:* 132/200 words maximum

The applicant must have an established history of training and providing technical assistance local health agency leadership during public health emergencies. Applicant must have experience with: conducting rapid-turn-around assessments; analyzing existing data; developing instruments, sampling frames, and respondent samples; and developing tools and resources related to timely communications in response to public health emergencies; knowledge of how public health messaging is developed and disseminated during times of high uncertainty and concern; extensive expertise and experience assisting local health agency leadership with effectively working with critical stakeholders, including those that are non-traditional public health partners (e.g. public safety, school districts, and chambers of commerce or equavilent organizations, etc.) and the public during public health emergencies; and demonstrated ability to identify best practices related to partnering with stakeholders and developing messaging that target different audiences.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 28/200 words maximum

The applicant is expected to collaborate with the CDC and other critical organizations, as needed, to implement this project.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 77/200 words maximum

	Applicant is permitted to pursue subcontract work as needed with organizations or individuals that possess technical knowledge or capacity to assist with activities identified in this project plan. Due to the varied relationships and cultures of public health practice at each of the different jurisdictional levels, this project may be most appropriate with a national partner who various health agencies, but is also comfortable subcontracting to and coordinating with jurisdiction-specific national partners.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 76/100 words maximum
	Applicant may only expend funds for reasonable and relevant program purposes, including personnel, supplies, communication and marketing materials, database enhancement, and services, such as contractual. - Actual funding level for this project may be slightly or substantially higher or lower than estimated, and Recipients should be willing to revise the workplan they submit in response to it, in collaboration with CDC Technical Monitors. -Applicant may not use funds for any activities or products inconsistent with the purposes and intent of the project plan.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Supporting local health department efforts to increase uptake vaccinations through COVID supplement

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division/Branch/Office/Unit:*
Immunization Services Division

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

local health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$900,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 80/150 words maximum

Maintaining immunization coverage levels for vaccine-preventable diseases, preparing for the upcoming flu season, and working to protect at-risk and vulnerable populations are crucial activities during the COVID pandemic. Identifying and supporting the programmatic needs of local health departments to increase vaccine uptake are critical. Targetted partnerships are needed to protect vulnerable populations and reduce the burden on the current healthcare system. Capacity building activities delivered through technical assistance, training, information sharing, material development will enable local health departments to strengthen public health.

12 **12.5. Partnerships**

Activities*	To collaborate with partners to increase routine, influenza and COVID vaccination uptake
Process Measures*	increase in the number of partners reached through collaboration
Outputs*	number of collaborations created and expanded with partners
Budget Period Outcomes*	increase in coordination at the national, state and local level to support LHD
Outcome Measures*	increase in coordination of partners to support LHD

12.7. Programs and Services

Activities*	• to assessment of local health departments to implement strategies to increase routine, influenza and COVID vaccine uptake • to create resources that address the identified needs to support LHDs • to disseminate resources that address the needs to LHDs
Process Measures*	• % increase of LHD that receive resources and technical assistance
Outputs*	• number of LHDs staff needs identified • number of resources created • number of resources disseminated
Budget Period Outcomes*	

	• LHD improved capacity to support increased vaccination uptake
Outcome Measures*	• % increase in LHD's ability to support vaccination

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 32/200 words maximum
	Must have established experience working with local health departments as well as diverse stakeholders related to immunization Must have qualified and experienced personnel to complete the activites listed in the project description
14	Applicant Program Experience:* 31/200 words maximum
	Applicant must demonstate success working with local health departments and coordinating with other immunizaton stakeholders. Applicant should have experience with disseminating best practices from local health departments to their membership.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 18/200 words maximum
	recipient is expected to work collaboratively with public health partners, especially local health departments and immunization stakeholders.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum
	the applicant should demnstrate the ability to identify subawardees or sub- contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Supporting state health departments efforts to increase vaccine uptake through COVID supplement

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division/Branch/Office/Unit:*
Immunization Services Division

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

state health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term
☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate
☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term
☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate
☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term
☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate
☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term
☐ Increased capacity to evaluate laws and policies to affect health

Intermediate
☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term
☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate
☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:
1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 76/150 words maximum

Maintaining immunization coverage levels for vaccine-preventable diseases, preparing for the upcoming flu season, and working to protect at-risk and vulnerable populations are crucial activities during the COVID pandemic. Identifying and supporting the programmatic needs of state health departments to increase vaccine uptake are critical. Targeted partnerships are needed to protect vulnerable populations and reduce the burden on the current healthcare system. Capacity building activities delivered through technical assistance, training, information sharing, material development will assist state health departments to protect children from vaccine preventable diseases.

12 **12.5. Partnerships**

Activities*	• To establish collaborations with key partners to increase vaccination uptake
Process Measures*	• To increase collaboration and partner engagement at the state level
Outputs*	• Development of collaborations to increase programmatic impact
Budget Period Outcomes*	• SHDs will improve capacity to support vaccination uptake
Outcome Measures*	• increase SHD support of vaccination efforts

12.7. Programs and Services

Activities*	• To identify SHDs programmatic needs to increase vaccine uptake • To develop and disseminate tools needed to address identified needs • To provide technical assistance to SHDs
Process Measures*	• To increase the # of SHD needs identify • To increase the # resources for SHDs
Outputs*	• Development of priorities to address SHD needs • Developement of tools to provide technical assistance
Budget Period Outcomes*	• Improved capacity to develop and implement strategy for increasing vaccination uptake

	Outcome Measures*	• # of states reporting improved capacity

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 33/200 words maximum
	Must have established experience working with state health departments as well as diverse stateholders related to immunization. Must have qualified staff and experienced personnel to complete the activities listed in the project description.
14	Applicant Program Experience:* 29/200 words maximum
	Applicant must demonstrate success working with state health departments and other immunization stakeholders and must have appropraite staff that can conduct the activities listed in the project description.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 28/200 words maximum
	Collaboration is an essesntial part of this project. The recipient will be expected to collaborate with national immunizaiton stakeholders advancing vaccine uptake for influenza and COVID vaccines.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 18/200 words maximum
	If needed, the applicant should demonstrate the ability to idenitfy sub-awardees or sub contractors with appropriate qualifications.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Supporting tribal health programs to respond to hepatitis C and COVID-19 epidemics

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTIC

3 Division/Branch/Office/Unit:*
Division Of Viral Hepatitis

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category A

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Tribal health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 108/150 words maximum

American Indians and Alaska Natives (AI/AN) have the highest incidence of hepatitis C infection and highest hepatitis C-related mortality compared to other racial and ethnic groups in the United States. COVID-19 epidemics have also disproportionately and severely impacted several AI communities, demonstrating the susceptibility of AI/AN people and communities to the disease. In addition, the COVID-19 pandemic has disrupted care processes, resulting in interruptions to hepatitis C screening, education, and treatment that could otherwise eliminate this cause of severe liver disease and death among AI/AN communities. The purpose of this project is to address the problems of disproportionate impact of hepatitis C and COVID-19 among AI/ANs through technical assistance, exchange of best practice information and tools, and education.

12 **12.7. Programs and Services**

Activities*

	1. Conduct a needs assessment of tribal health departments to describe gaps and challenges pertaining to: i) hepatitis C surveillance, prevention, testing and treatment and ii) COVID-19 prevention and control. Include an assessment of challenges to all elements along the hepatitis C cascade of care posed by the COVID-19 pandemic, and potential solutions. 2. Provide technical assistance, education and training to tribal health care providers to support hepatitis C prevention, testing, and treatment, and COVID-19 prevention and control 3. Create culturally appropriate tools and resources, and a learning community to facilitate hepatitis C elimination efforts and COVID-19 prevention and control among AI/AN
Process Measures*	1. # of tribal health departments consulted in needs assessment to identify gaps and challenges 2. # of materials/trainings developed for tribal HDs/health care providers 3. # of technical assistance requests fulfilled 4. # of strategies identified to advance hepatitis C elimination goals in the context of COVID-19 pandemic 5. # of participants in learning community
Outputs*	1. Report of needs assessment that identifies challenges and opportunities for improving hepatitis C elimination and COVID-19 prevention and control 2. Strategies identified to advance hepatitis C elimination goals in the context of COVID-19 pandemic 3. Pertinent tools and resources made available to tribal health providers
Budget Period Outcomes*	Increased awareness among tribal providers of effective strategies for hepatitis C prevention, testing, and treatment, and options for COVID-19 prevention and control
Outcome Measures*	% of tribal providers reporting an increased awareness of effective strategies for hepatitis C prevention, testing, and treatment, and options for COVID-19 prevention and control

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 50/200 words maximum
	The recipient should have national organizational reach, tribal health and health system knowledge and experience, expertise and existing partnerships with tribal health/public health programs as well as ability to develop partnerships with experts in hepatitis C micro-elimination, subject matter experts, and other stakeholders necessary to accomplish the activities listed.
14	Applicant Program Experience:* 21/200 words maximum

	The recipient should have experience supporting tribal health health programs and achieving public health project goals.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 19/200 words maximum
	It is expected that the awardee will collaborate with CDC, key stakeholders, and other organizations with expertise in these areas.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 18/200 words maximum
	The recipient may subcontract to effectively meet project deliverables. The CDC technical monitor may recommend criteria for subcontractor selection.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 12/100 words maximum
	Funds may not be used on medical equipment or medical tests.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

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Category B
CIO
Project Plans

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/10 words maximum
Advancing Arthritis Public Health Priorities through Evaluation of Alternate Delivery Modes for Intervention Programs

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROM

3 Division/Branch/Office/Unit:*
Division Of Population Health

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 7/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Health educators in STLT health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 146/150 words maximum

Over 54 million US adults report being diagnosed with some form of arthritis and is projected to increase to 78 million by 2040. Arthritis can be managed effectively, and its symptoms improved through routine physical activity and self-management education. Low-cost, arthritis-appropriate, evidence-based interventions (AAEBIs) shown to decrease arthritis pain and disability and improve quality of life are available across the US but remain underused. Many of these programs were developed for in-person/group-based delivery, a format that is challenging or not possible given COVID-19 physical distancing recommendations.

Lack of awareness about AAEBIs, their benefits, and how to access them remains a challenge and a barrier to participation, as does the lack of program offerings (i.e.- due to the pandemic and inequity issues). The purpose of this project is to implement an evaluation to assess program effectiveness and barriers/opportunities for virtual or remote program delivery among adults with arthritis and older adults.

12 **12.7. Programs and Services**

Activities*

The applicant is expected to evaluate recognized, Arthritis-Appropriate, Evidence-Based Programs (AAEBIs) (https://www.cdc.gov/arthritis/interventions/index.htm) and other packaged evidence-based interventions for adults with arthritis or older adults, including older adults with dementia who have arthritis and/or caregivers of persons with dementia who also have arthritis for their public health impact through remote delivery methods. The applicant is also expected to report findings and develop recommendations for program delivery improvements and participant engagement that will advance health equity, promote equal access to programs and result in improved health and quality of life outcomes. The applicant is encouraged to identify and collaborate with community-based organizations (CBOs), health departments, and other partners who are currently delivering in-person AAEBIs and packaged evidence-based interventions for adults with arthritis and older adults including older adults with dementia who have arthritis and/or caregivers of persons with dementia who also have arthritis, in alternative, new, remote delivery modes. The applicant is expected to evaluate new, alternative delivery modes that are not reliant on in-person participation, for their effectiveness, reach and adoption, and explore barriers and facilitators associated with program delivery and participation. The applicant is expected, at minimum, to produce results about the programs' impact on health, quality of life, and behavior outcomes of importance among adults with arthritis and older adults, including older adults with dementia who have arthritis and/or caregivers of persons with dementia who also have arthritis, and to explore differences in program delivery barriers and facilitators between working aged adults with arthritis and older adults, and to identify any distinctions in outcomes and recommendations. The applicant is encouraged to identify and analyze findings related to subpopulations associated with the target populations. The applicant is also expected to apply findings to develop guidance and recommendations for future program dissemination and delivery.

Process Measures*

Number of AAEBI programs identified and contacted for participation

Number of CBO's and health departments participating in AAEBI program evaluation efforts

Number of facilitators and barriers identified

Outputs*

	1) Written evaluation report and recommendations for alternative, remote delivery of evidence-based intervention programs among adults with arthritis and older adults. • Report describing findings from program administrators, instructors and participants on remote and virtual program delivery acceptance and impacts on health and social connectedness among older adults and adults with arthritis • Information about the comparative effectiveness of various interventions being delivered remotely or virtually • Recommendations about necessary adaptations and support and capacity needed to transition from in-person to remote delivery of interventions among the target population • Recommendations for alternative, remote delivery of programs relevant to specific age groups and health conditions • health and behavior outcomes associated with the new, virtual or remote formats. 2) Funded partner technical assistance offerings on evaluation findings and recommendations (e.g. webinars, tools, fact sheets, job aids, messages, etc.)
Budget Period Outcomes*	1. Increased options for packaged, evidence-based interventions for adults with arthritis and older adults 2. Improved access to packaged, evidence-based interventions among adults with arthritis and older adults
Outcome Measures*	Percent change in options available for packaged, evidence-based interventions for adults with arthritis and older adults Change in number of health departments reporting an increase in the packaged, evidence-based interventions they make available to adults with arthritis and older adults

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 51/200 words maximum
	The applicant must demonstrate previous experience and success in evaluating evidence-based intervention programs for people with arthritis or older adults and working with a variety of agencies to implement them. The organization must also demonstrate their current organizational capacity to carry out the strategies and activities associated with this project.
14	Applicant Program Experience:* 102/200 words maximum
	Applicants must describe their capacity to design and implement an evaluation of AAEBIs and other relevant evidence-based interventions for adults with arthritis and older adults. Preference may be given to organizations with the capacity to demonstrate the following: 1. Successful history of developing and carrying out program evaluations for physical activity and self-management education interventions. 2. Experience working with and identifying the needs of program deliverers and participants regarding alternate delivery methods such as remote, online, or self-directed methods. 3. Capacity and proven prior success in engaging various types of CBOs and health departments in evaluation activities and providing subsequent technical assistance and information support.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 27/200 words maximum
	The awardee is expected to partner, as appropriate, with organizations that can aid in meeting the goals of this project.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 24/200 words maximum
	The applicant may contract with organizations, institutions and individuals possessing the technical knowledge or capacity to assist with activities identified in this proposal.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 70/100 words maximum

	• Recipients may not use funds for clinical care. • Recipients may only expend funds for reasonable and relevant program purposes, including personnel, supplies, data collection, management and analysis tools and services, such as contractual. • Funds may not be used for the purchase of furniture or other equipment. • Recipients may not use funds for construction. • Recipients may not use funds for any activities or products inconsistent with the purposes and intent of the project plan.

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

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National Partnership Branch

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum

Building capacity for hygiene promotion in school and early childhood education settings

2 CIO:*

NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES

3 Division/Branch/Office/Unit:*

Division Of Foodborne, Waterborne, & Environmental Diseases

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 13/25 words maximum

Note: Proposals should not build capacity for CDC or other federal agencies

Environmental health scientists and specialists employed in state, tribal, local, and territorial governments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*

$1,500,000 (Whole numbers only)

○Funded ○Unfunded

8 Expected Length of Project:*

◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
	10.4. Communication and Information Technology

Short-term

☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 117/150 words maximum

Engagement in community hygiene-related behaviors (hand hygiene and cleaning and disinfection) is one of the primary community mitigation behaviors CDC is promoting not only for the prevention of COVID-19 but also for controlling the spread of COVID-19. As the U.S. is reopening schools and early childhood education centers (ECEs), a range of cleaning and disinfection suggestions have been developed to inform hygiene, and cleaning and disinfection practices. It is critical that these settings have the capacity to be able to engage in these practices, and to do them in a safe and sustainable way. This project will build capacity of the EH workforce to support schools and ECE settings with respect to implementing hand hygiene, cleaning, and disinfection guidance as part of comprehensive COVID-19 prevention efforts.

12 **12.4. Communication and Information Systems**

Activities*

	• Sector-specific and issue-specific stakeholder webinars, in-person sessions, or other activities for implementation of CDC hygiene considerations, TA and training at the local level on topics relevant to COVID-19 hygiene practices, safe use of chemicals, and water-related considerations. • Developing educational materials for the EH workforce and school and ECE professionals, and for children in these settings, to promote COVID-19 hygiene practices, safe use of chemicals, and drinking water related considerations. • Developing applied toolkits and trainings for the EH workforce and school and ECE professionals that can be disseminated to other jurisdictions. • Support the EH workforce in training school and ECE Staff on COVID-19 hygiene practices, safe use of chemicals, and water-related considerations through methods such as dissemination of communications materials and guidance documents, in-person trainings, webinars, and regular phone calls. • Developing mechanisms to inform and mobilize target populations on hygiene practices, including safe use of chemicals. • Evaluate the implementation of CDC suggestions on hygiene practices in schools and ECE settings and describe lessons learned that can be used by other jurisdictions. Conduct needs assessments with schools and ECE settings to identify barriers and needs regarding hygiene and safe cleaning practices and develop implementation plans based on these assessments.
Process Measures*	• Applicants will report on the number of stakeholders engaged in trainings and the number of webinars, activities or educational materials developed. • Applicants will report on number webinars, toolkits, educational materials, needs assessments, or TA sessions provided.
Outputs*	• Needs assessment report indicating primary barriers and challenges related to hand hygiene, cleaning, and disinfection in schools and ECE settings. • Webinars, trainings, toolkits, and educational materials for school and ECE settings. Such resources could include guidance toolkits for schools, webinars to facilities on implementation, posters for safe cleaning practices, and other applied tools.
Budget Period Outcomes*	• Target populations have increased access to the educational material and trainings required to implement COVID-19 hygiene-related guidance to school and ECE settings.
Outcome Measures*	• Change in number of agencies reporting receipt of educational material and completion of trainings.
12.5. Partnerships	
Activities*	• Peer-to-peer communities of practice or work groups for on-going sharing of ideas, best practices, and lessons learned to build community capacity for public health-informed response and mitigation work relevant to hygiene, cleaning, disinfection, and sanitation in school and ECE settings. • Convening key stakeholders, promoting collaboration, and conducting evaluation of hygiene/cleaning practices such as through organizational committees addressing key COVID-19 hygiene-related topics in school and ECE settings.
Process Measures*	• Applicants will report on the regularity of peer-to-peer connections.
Outputs*	

	Summary of ideas, best practices, and lessons learned identified through novel or strengthened connections between key stakeholders.
Budget Period Outcomes*	• Establishment of new partnerships and communities of practice within sectors and among stakeholders • Increased cross-sector collaboration to develop and implement mitigation plans • Leveraging and sharing of financial and professional resources among stakeholders
Outcome Measures*	At least 50% of target population reports engagement with peers regarding implementation of WASH topics in school and ECE settings.
12.7. Programs and Services	
Activities*	• Make accessible dynamic sector-specific and issue-specific tools, based on CDC's existing guidance, best practices, and lessons learned, to support local development and implementation of mitigation plans. • Facilitate building community capacity to advocate for resources needed for hand hygiene, cleaning, and disinfection within school and ECE settings (i.e., hand soap, towels, hand sanitizer, cleaning and disinfecting supplies). • Fund staff member(s) to coordinate across schools and ECE settings in conducting needs assessments, developing implementation plans, and coordinating staff training. • Development of implementation plans for reopening school and ECE settings focused on hygiene. As part of this plan, recipients should develop a protocol for tracking needs for hygiene and sanitization supplies across school districts and ECE settings (i.e., facilitate communications and networking, conduct "walk-throughs", reporting, facility assessments, etc.)
Process Measures*	• Recipient will report on number of sessions on how to advocate for hygiene related resources. • Recipient will report number of needs assessments conducted, implementaion plans developed, and trainings provided
Outputs*	• Complete a final report detailing successes, challenges, and lessons learned. • Report of findings from needs assessment • Implementation plan(s) for reopening schools and ECE settings
Budget Period Outcomes*	• Increased capacity to advocate for hygiene resources needed to accomplish hand hygiene, cleaning and disinfection behaviors for COVID-19 prevention. • Increased uptake of CDC/public health guidance for COVID-19 mitigation related to hygiene-related guidance in school and ECE settings.
Outcome Measures*	• At least 50% of target population reports increased capacity regarding implementation of COVID-19 hygiene topics in school and ECE settings. • Change in number of agencies reporting uptake of CDC/public health guidance for hygiene-related COVID-19 mitigation • Number of agencies reporting adherence to CDC considerations within school settings.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 72/200 words maximum
	The applicant organization must have the capacity to effectively and efficiently support the EH workforce in collaborating with school and ECE professionals. This project requires a significant level of staff time and diligence to ensure timely progress. The applicant organization should have the capacity, expertise, and mechanisms to develop and disseminate tools and products for school and ECE professionals. The organization must implement work activities in a timely fashion.
14	Applicant Program Experience:* 95/200 words maximum
	The applicant should have experience developing and disseminating tools and products for public health, environmental health, and school/ECE professionals. The applicant should have extensive knowledge and be deeply familiar with the trends, experiences, and needs of school and ECE professionals and the EH workforce supporting them. In addition, the applicant organization should have demonstrated experience in: • Community hygiene, cleaning, disinfection practices and behaviors. • Performance improvement activities according to the 10 Essential Environmental Public Health Services, health department accreditation, community environmental health assessment, and strategies and approaches for supporting professionals in school and ECE settings.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 55/200 words maximum
	There are no specific expectations for collaboration with other organizations or entities, but applicants should consider collaborating with education and ECE organizations including ATSDR Choose Safe Places for Early Care and Education. However, collaboration may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 22/200 words maximum
	At this time, CDC does not anticipate needing subcontractors for this project.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 46/100 words maximum

	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the applicant will work together to revise and further prioritize activities in the work plan.

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Building public health workforce to address those at risk for COVID-19

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PR...

3 Division/Branch/Office/Unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 11/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health nutritionists in state, tribal, local and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 128/150 words maximum

The purpose of this project is to employ health promotion and education innovations through internships that focus on the burden of cardiovascular disease and health disparities among racial and ethnic minority communities, with a specific focus on working to address the needs of these populations in response to COVID-19. Through a competitive web-based application and selection process, this project will provide up to 20 students of minority serving institutions in public health related programs. Internship projects will engage students and faculty mentors in partnership with public health nutritionits across state and local health departments or community-based organizations to implement evidence-based strategies and activities that address health disparities of racial and ethnic minority communities with a specific emphasis on relevant COVID-19 response efforts. Also, the goal is to strengthen workforce pipeline through introducing students to public health careers in health departments.

12 **12.2. Leadership and Workforce Development**

Activities*

Based on established schedule, manage process to receive applications and select interns through the use of web-based Minority Internship program Information & Evaluation System.

•During the sessions, coordinate 3 conference calls with the interns: orientation call, describe and discuss intern presentation COVID-19 related response project topics, and PowerPoint presentations of projects.

•During each session, evaluate interns through the web-based Minority Internship program Information & Evaluation System.

•During each session, provide skills to emphasize health policy competencies and social determinants of health, and the purpose of the data analysis tools to address health equity.

•During sessions, provide each intern with at least 6 in-person/online professional development training webinar including preparing for employment, understanding, and articulating diversity, cultural competence and social determinants, and the implications for COVID-19 response efforts specific to identified communities, and 1 professional conference targeted for public health practitioners or policy, systems, and environmental change approaches to chronic disease prevention and health promotion, including those with a specific emphasis on COVID-19.

•During sessions, provide opportunities to obtain skills in team building, strategic planning, project management, human resource management, systems thinking, and stakeholder identification.

Process Measures*

- **Continuing education and trainings webinars on professional development topics**
- **Public health education materials**
- **Evaluation tools and resources**

Outputs*

Provided internship training opportunities in health education/equity/promotion/policy for cardiovascular disease and nutrition, with a specific emphasis on COVID-19 response efforts among high risk individuals and communities in up to 3 sessions (fall, spring, and summer) for approximately 20 students from Minority Serving Institutions to prepare them for public health careers and ability to work in communities disproportionately impacted with health problems.

Budget Period Outcomes*	**Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships.** **Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources** **Improved public health workforce through internship program**
Outcome Measures*	**Increased availability and accessibility of continuing education and training focused on public health competencies and new skills among health departments' staff, including the increased use of experience-based internships and fellowships** **Increased number of public health education materials, training, and evaluation tools and resources** **Increase public health workforce by 30%**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 67/200 words maximum

The applicant must have a history of developing and strengthening public health leadership skills. Applicant must also have a national network of nutrition leaders, and have the capacity to develop and participate in educational workshops on cutting edge public health nutrition issues and strategies. Applicant must be willing to work with and have substantive collaborations with national organizations to move forward key nutrition policies and programs.

14 Applicant Program Experience:* 105/200 words maximum

Recipient should have the ability to attract a qualified pool of applicants through visits to Minority Serving Institutions (MSI), direct faculty interviews, database of MSIs, listservs, and targeted/direct marketing. Have experience screening, processing, and matching student applications with internship assignments. Additionally, have the ability to processes payroll and conduct intern and program performance evaluations over the course of the program. Recipient must have sufficient resources to develop leaders in public health nutrition and cardiovascular disease who strengthen policy, programs and environments making it possible for everyone to make healthy food choices and achieve healthy, active lifestyles. Recipient must have an adequate knowledge base and expertise on cardiovascular diseases, the risk factors and the related health disparities.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 72/200 words maximum

Collaboration should include organizations that have experience creating partnerships between minority-serving institutions and the public health community; have contributed to creating a highly qualified, diverse public health workforce that provides services and better health outcomes for all communities through internships; be an authorized provider of continuing education credits for Certified Health Education Specialists (CHES/MCHES); and have experience administering a workforce development program through a web-based state-of-the-art mid-term and final program evaluations.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 14/200 words maximum

If expertise is not available in-house, the recipient should engage subject matter experts.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 0/100 words maximum

CIO CERTIFICATION

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Submission Date: 06/22/2020

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/10 words maximum
Campaign and Parent Ambassador Program to Support Hispanic and African American Families with Young Children

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

3 Division/Branch/Office/Unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 15/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Maternal and child health program directors and CYSHCN directors in state and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,580,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 45/150 words maximum

In order to address the reduction in child developmental assessments during COVID – 19, launch a health communication campaign and parent/family ambassador program to promote developmental monitoring and promotion (including seeking support/referral) to lower income Hispanic and African American families to improve resiliency and support in early childhood.

12 **12.4. Communication and Information Systems**

Activities*	• Conduct an environmental scan/formative assessment for the development, implementation, and evaluation of a health communication campaign targeting low-resource African American and Hispanic families with young children in the U.S. • Develop messaging and materials to be delivered by the campaign to inform and facilitate families' abilities to monitor and promote their children's developmental (and mental) health, appropriate screening, referral to services and follow-up • Conduct an evaluation of the health communication campaign • Summarize findings in a report, including lessons learned that may be adapted for future health communication campaigns
Process Measures*	• # of sources consulted to inform formative assessment • # of informational materials developed for campaign • # of resources distributed
Outputs*	• Formative assessment report • Tested messaging concepts • Campaign products (imagery, social media, ads, PSAs) • Promotion plan • Evaluation plan • Final report
Budget Period Outcomes*	• Increased awareness of Learn the Signs Act Early and other resources to promote and monitor children's early development among low-resource Hispanic and African American families • Increased usage of LTSAE tools and other resources among low-resource Hispanic and African American families
Outcome Measures*	• % of MCH programs reporting increased awareness/distribution of LTSAE resources to low-resource Hispanic and African American families • % increase in low-resource Hispanic and African American families being exposed to LTSAE resources and utilizing services

12.5. Partnerships

Activities*	Conduct an environmental scan/formative assessment for the development, implementation, and evaluation of a family ambassador program targeting low-resource African American and Hispanic families with young children in the U.S. The family ambassador program will inform and facilitate families' abilities to monitor and promote their children's developmental (and mental) health, appropriate screening, referral to services and follow-up, as well as CDC's ability to reach HIspanic and African American families nationwide.
Process Measures*	• # of sources consulted to inform formative assessment • # of Hispanic and African American family ambassadors engaged and supported
Outputs*	• Robust program plan to engage and support family ambassadors • Evaluation plan to assess outcomes and impact • Final report summarizing outcomes of family ambassador program and impact
Budget Period Outcomes*	• Increased awareness of Learn the Signs Act Early and other resources to promote and monitor children's early development among low-resource Hispanic and African American families • Increased usage of LTSAE tools and other resources among low-resource Hispanic and African American families
Outcome Measures*	• % of family ambassadors reporting increased *awareness* of LTSAE resources for low-resource Hispanic and African American families • % of family ambassadors reporting increased *use* of LTSAE resources/services for low-resource Hispanic and African American families

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 56/200 words maximum

A successful applicant has long standing relationships with maternal and child health programs nationwide, and the ability to engage partners and manage subcontractors where appropriate to develop, implement and evaluate a health communication campaign(s) targeting Hispanic and African American families as well as recruit and provide technical assistance to a new cohort of family ambassadors.

14 Applicant Program Experience:* 17/200 words maximum

Applicant should have relevant experience collaborating with NCBDDD to engage partners and develop campaigns and programs.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 22/200 words maximum

The applicant should expect high interest and close collaboration with NCBDDD staff in the planning and execution of the proposed plan.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 51/200 words maximum

The recipient may need to engage an appropriate subcontractor to provide expertise in the planning, implementation and evaluation of a health communication campaign targeting low-resource Hispanic and African American families. Subcontractors should have expertise in health communication/social marketing and significant experience in successfully reaching low-resource (Spanish-speaking) Hispanic and African American families.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 45/100 words maximum

Funds should be used to engage any necessary partners or contractors to successfully develop, implement, and evaluate a health communication campaign targeting low resource Hispanic and African American families with very young children as well as to develop and support a family Ambassador program.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/19/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/10 words maximum
COVID19 Comorbidity and CT

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTIC

3 Division/Branch/Office/Unit:*
Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health informaticians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$5,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☑	Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capacity to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 139/150 words maximum

Public health requires both comprehensive and up-to-date information on patients infected with an emerging diseases. This case information is used for the causal investigation, contact tracing, quarantine (in some cases), policy decisions on social distancing, and population analytics to project response needs and the future evolution of an outbreak. The goal of this project is to collect information on comorbidity of COVID data using FHIR technology. For the pilot on sexually transmitted diseases, we used electronic laboratory reporting messages coming into a simulated health department as the initial trigger for the case report which subsequently, using a provider directory, gathered data on diagnosis and treatment to create a complete case report. The query definition is predefined and reviewed by the health system prior to implementation. Additionally, the query can be updated at any time as new data requirements emerge with appropriate governance but without other changes to the technology.

12

12.3. Data and Information Systems

Activities*	A great deal of public health surveillance data comes from the healthcare systems, and, in the past, public health has used labor-intensive methods to collect information through paper forms or faxes sent to the public health agencies that are then entered into a health department's database. This manual process is error-prone and does not yield timely information required by a fast-moving outbreak. However, modern interoperability technologies such as Fast Healthcare Interoperability Resources (FHIR) could substantially support the data requirements of effective public health response. Due to the widespread adoption of EHRs, most health records are now digitized. 1. Onboarding health departments and clinical partners to engage public and private sector industry stakeholders to leverage best clinical and health IT resources. 2. Develop healthcare comorbidity value set : develop and review of value set content spanning a variety of code systems in the public domain including but not limited to SNOMED CT US, LOINC, RxNorm, ICD-10-CM 3. Create FHIR based CQL queries 4. Route comorbidity report to the state and local health department 5. Link Comorbidity report with contact tracing systems and electronic lab reports 6. Support interoperability through healthcare industry stakeholders via a standard based approach for clinical, demographic, and administrative data exchange for COVID19 In Phase 1 using CQL-based FHIR queries, public health can collect information on demographics and comorbidities of interest for the COVID (e.g.: age, sex, diabetes, immunosuppressive treatment or disorders, COPD, asthma, etc.) for those cases confirmed by a positive laboratory report to the public health department from clinical or commercial labs. In Phase 2, it could collect information on available healthcare resources to detect gaps between the requirements of a geographic area and the demand based on the projections above. For this phase of work, public health standards communities such as HL7, as well as EHR vendors, will need to expand adoptions of standard around healthcare resources, bed management, and supplies. This type of data collection will allow healthcare agencies to plan in real-time.
Process Measures*	Monitor technical and collaborative progress by measuring independent steps
Outputs*	A quaterly report documenting the progess made. The details of which could be determined during the project charter development phase.
Budget Period* Outcomes	Improved collection of information on comorbidity of COVID data using FHIR technology Improved capacity of data and information systems to conduct public health monitoring and surveillance
Outcome Measures*	

1. Number of positive ELR reports reinforced with EHR information

2. Number of comorbidity report sent to the HD

3. Number of enhanced ELRs provided to the contact tracing systems

4. Development of the relevant value sets

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 63/200 words maximum

This system would be developed in close collaboration with state and local jurisdictions and would be deployed so the STLT jurisdictions can easily gather relevant information on a disease outbreak. Only aggregate data would be passed on to the CDC through the regular information stream. Hence applicant must have an established capacity to work with health IT system vendors and Health Departments.

14 Applicant Program Experience:* 22/200 words maximum

Applicant ideally should have worked with CDC and other partners to solve national level issue related to public health and informatics.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 27/200 words maximum

The applicant should be able to establish partnerships

- with national standard setting bodies (HL7, SNOMED)
- with Health IT system vendors
- with STLT jurisdictions and national associations
- with clinical partners

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 12/200 words maximum

	Subcontractual work will be performed as per CDC rules and regulations.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 11/100 words maximum
	Follow general instructions on use of funds available from CDC

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/23/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Print

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/10 words maximum
COVID-19 electronic healthcare data initiative

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICE

3 Division/Branch/Office/Unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B — Target Population Category Descriptions

6 Description of the Target Population:* 8/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health informaticians in STLT health departments.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$4,933,800 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

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☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

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Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 58/150 words maximum

To build capacity for utilizing healthcare data to support population health surveillance of COVID-19 and related healthcare through the implementation of a nationally distributed data infrastructure and applications to answer critical questions. Project activities will target health informatics experts, IT specialists, and others responsible for building information systems, services, applications and platforms to support public health programs.

12 **12.3. Data and Information Systems**

Activities*

- Establish a working group. Members will be representatives from participating health departments, PCORnet Clinical Research Networks, the PCORnet Coordinating Centers, CDC, FDA, and other federal partners. Additional members will be identified prior to the project launch.
- Build and maintain data infrastructure. Use the established PCORnet mechanism to support rapid querying of data and database development to answer critical questions about COVID-19 and related conditions. During the project period, network sites will further develop this infrastructure and maintain it with frequent data refreshes to support ongoing data needs.
- Define surveillance needs of national importance around COVID-19 and related health care. PCORnet and CDC, with input from the working group, will identify core surveillance needs for exploration and analysis, leading to publishable results.
- Develop, validate, test, and implement distributed queries related to the surveillance needs identified by CDC and PCORnet, with input from the working group.
- Implement expanded linkage to additional data resources as needed to support surveillance needs identified.
- Report the processes and lessons learned from the experience of standing up and maintaining a healthcare distributed data infrastructure to support rapid pandemic response.

Process Measures*

	• Number of sites participating in data infrastructure and queries • Number of working group meetings • Modular statistical program enhancements to support queries • Number of Data quality assessments
Outputs*	• Working group • Robust distributed data infrastructure that is rapidly updated and available for queries • Query tools, and methodologies to analyze data across participating sites • Data reports from queries • Report on lessons learned regarding data infrastructure and processes for pandemic response
Budget Period* Outcomes	• Increased distributed data infrastructure and capacity to support exploration of COVID-19 and related conditions • Enhanced query capability across PCORnet • Publishable data and information on topics of national interest regarding COVID-19 and related conditions
Outcome Measures*	• Number of queries executed by sites • Number of data reports • Number of patients included in queries • Number of manuscripts and reports published using data • Enhanced distributed data infrastructure to support COVID-19 surveillance • Robust cohorts of patient data that facilitate answering key COVID-19 related questions

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 48/200 words maximum

- Facilitate dialogue between national partners organizations, public health departments, community partners and other health care partners to understand information needs, processes, and systems.
- Define functional and technical requirements for PCORnet queries
- Manage large scale projects
- Work with healthcare instiitiutions & data networks on implementation of data platform, services and applications

14 Applicant Program Experience:* 60/200 words maximum

Working with public health, healthcare and community health partners on informatics initiatives from concept to implementation.

- Managing large scale health IT projects
- Conducting business process analysis
- Established experience with professional and subject matter experts in public health informatics, clinical practice, and data policies.
- Implementation of technology components/services on data platforms accessible by researchers, clinical care, public health and others.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 16/200 words maximum

The awardee must collaborate with CDC and other organizations as appropriate to achieve intended outcomes

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 28/200 words maximum

Sub-contractual work with the implementation site will be needed if the applicant organization or CDC resources are unable to provide subject matter expertise, technical guidance or other.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A

	CIO CERTIFICATION
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ADMINISTRATIVE

Project Plan Round	COVID 1

Save and Close | Submit | Submit without sending an email

Submission Date: 06/24/2020

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Development and publication of evaluation findings from DP18-1817/DP18-1815 funded health departments

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROM

3 Division/Branch/Office/Unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 15/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Health strategist workforce (leaders and mid career professionals) in state, tribal, local and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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10 CBA Program Outcomes (Check one or more)*

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- ☐ Strengthened capability of public health workforce to deliver essential public health services

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- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

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2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 131/150 words maximum

A goal of NCCDPHP is to "conduct chronic disease research and translate to practical and effective prevention strategies". Translation and dissemination of CDC recipient activities and accomplishments through publications and presentations is an important aspect of the work funded by CDC. This project will provide technical expertise to translate and disseminate programmatic and evaluation findings from two cooperative agreements between CDC, States, localities, and large cities, DP18-1815 and DP18-1817, that focus on strategies to improve heart disease and diabetes during the COVID-19 pandemic. This includes 1) supporting CDC recipients to develop publications and presentations that describe successes, challenges, barriers, and noteworthy activities of 1815/1817, and assess program progress and outcomes, and 2) build recipient capacity to disseminate 1815/1817 programmatic and evaluation findings in peer reviewed journals that will build the evidence-base practices in the field to reduce the effects of heart disease in America.

12 **12.4. Communication and Information Systems**

Activities*

- Manage the implementation of the project and maintain regular communication with the CDC technical monitor
- Develop and conduct a systematic review process for identifying interventions designed to prevent and reduce the risk factors associated with heart disease that are ready for dissemination in a peer-review journal; include criteria for interventions that specifically address social determinants of health or health inequity
- Review potential interventions against standard criteria developed based on the systematic review process, and make recommendations for which interventions are ready for publication and identify the appropriate dissemination method for each one
- Using the findings from the reviews, the contractor shall ensure that the content, scope, format, type of manuscript, and journal used to disseminate the manuscripts meet the needs of public health practitioners by developing guidance and tools for developing a manuscript.
- Develop, implement, manage and evaluate manuscript development sessions: 1) develop and implement a process for manuscript development, and also address how to develop manuscripts that increases practice-based evidence and increases dissemination of 1815 and 1817 interventions through publication in peer-reviewed journals; 2) review existing resources and provide a list of up to 10 existing materials that may require development or refinement; 3) provide up to 5 manuscript development planning webinars and 3-4 web-based sessions on technical writing; and 4) conduct an evaluation after each web-based session and utilize evaluation feedback to improve implementation of future sessions.
- Provide analytic and editorial support in technical writing and graphic design of up to 30 manuscripts to CDC and health department staff, including a) editing and proof-reading draft manuscripts; b) reviewing and providing feedback on appropriateness of analyses done; c) determining whether the manuscript fills a gap in the evidence base; d) determining whether the author used appropriate tables and figures given the results and evaluation questions, and e) determining whether the manuscript and purpose of the study is framed from an evaluation context versus a research context.
- Develop and maintain a transferable database for tracking 1815 and 1817 manuscripts and technical expertise provided on a monthly basis.

Process Measures*

	• Meet with CDC team bi-weekly or other agreed upon frequency and submit meeting notes within 5 days. • Provide project timeline within first month of award • Develop list of potential manuscript topics for journal within 2 months of award • Develop process for manuscript development planning sessions within 3 months of award • Finalize all manuscript development web-based session training materials within 4 months of award • Deliver 3-4 manuscript development webinars within 5 months of award • Submit monthly technical assistance provision logs and monthly update reports on manuscript progress for each recipient • Provide recommendations for sustaining the capacity of 1815/1817 recipients beyond the funding period before the end of the cooperative agreement
Outputs*	• Develop and submit a project timeline containing the schedule for completing activities with period of performance • List of potential manuscript topics and 1815/1817 interventions that meet criteria for inclusion in peer-review journal • Document outlining process and content for 3-4 manuscript development planning sessions • Manuscript development web-based session training materials, power point presentations, guidance, tools, and evaluation forms • 3-4 manuscript development webinars (and recordings) • Recommendations and lessons learned from web-based session evaluations • Drafts of manuscripts or components of manuscripts • Recommendations for sustaining the capacity of 1815/1817 recipients beyond the funding period • Monthly technical expertise log of manuscript technical assistance provided to 1815/1817 recipients and CDC staff • Monthly update reports on 1815/1817 recipient manuscript progress
Budget Period Outcomes*	• Increased capacity of health department staff to disseminate 1815 and 1817 programmatic and evaluation findings through webinars and other training materials • Increased number of draft manuscripts for publication in peer review journal(s) • Improved dissemination of evidence-based practices for improving cardiovascular disease outcomes during COVID-19 pandemic
Outcome Measures*	• At least 80% of participating health department staff will have attended the majority of training webinars and activities • Increase number of draft manuscripts for peer review journal(s) from 0 to 30. • Identification of at least two potential peer-review journal publications to submit finalized manuscripts

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 63/200 words maximum
	• Capacity to conduct virtual trainings, provide effective guidance and feedback virtually • Experienced trainers of public health translation and dissemination activities • Knowledge of editorial standards and requirements of public health scientific peer-review journals • Capacity to recruit or hire highly skilled personnel to carry out the outlined activities
14	Applicant Program Experience:* 88/200 words maximum
	• Previous experience working with CDC to build capacity among public health agencies • Experience training public health practitioners to translate and disseminate programmatic and evaluation information • Demonstrates analytic and editorial abilities in technical writing, and ability to do graphic design • Familiarity with chronic disease, especially cardiovascular disease • Knowledge of social determinants of health and fundamentals of health equity • Extensive expertise in the scientific peer-review publication process
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 71/200 words maximum
	• Recipient is expected to collaborate with CDC staff and state and local health department staff to complete the outlined activities. The OT18-1802 Awardee should use approaches that are sensitive to time constraints of CDC and health department staff, especially during the COVID-19 pandemic. The Awardee is expected to be culturally competent, assess their own biases, and ensure that all collaborators are treated respectfully.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 71/200 words maximum
	• The recipient can, but is not required to, subcontract all or part of the outlined activities. The subcontractor should have experience working with state and local public health departments, including training public health practitioners to translate and disseminate programmatic and evaluation information; knowledge of cardiovascular disease, related prevention and management strategies, and health disparities; and extensive experience of the scientific peer-review publication process.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum

	CIO CERTIFICATION
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ADMINISTRATIVE	
Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/10 words maximum

DIS Mentors for Contact Tracers and Case Investigators Development and Capacity Building Program

2 CIO:*

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTIC

3 Division/Branch/Office/Unit:*

Division Of Sexually Transmitted Disease Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 12/25 words maximum

Note: Proposals should not build capacity for CDC or other federal agencies

Health Strategist workforce (leader and midcareer professionals) in STLT health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*

$4,000,000 (Whole numbers only)

○Funded ○Unfunded

8 Expected Length of Project:*

◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☑	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☑	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
	10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 147/150 words maximum

To combat COVID-19, 100,000 Contract Tracers and Case Investigators (CT/CI) will be hired. Their roles are like STD and TB Disease Investigation Specialists (DIS), who have extensive experience, performing quality case interviews and investigations, contact tracing, and engaging cases and contacts in needed interventions. These 'soft' skills, including gaining trust and convincing people to share personal information, are difficult to acquire in the classroom and were historically taught through mentoring and on-the-job training. A formal experiential on-the-job mentorship program for CT/CI to hone their skills is not in place.

This project seeks to hire part-time about 100 mid-level or senior DIS leaders to provide mentoring and experiential training, 1-2 days/week, to allow CT/CI to gain essential skills, improve contact tracing efforts and build response capacity. This is especially important for newly hired staff who work in a HD where their supervisor has no DIS experience.

12 **12.2. Leadership and Workforce Development**

Activities*	**DIS Mentors will provide a blend of mentoring and guidance for the contact tracing workforce to improve their ability to conduct contact tracing activities. Training modality may include methods such as individualized coaching, case reviews, virtual observation of interviewing and other soft skills, and group discussions with other newly hired staff. The recipient is expected to work with local and state HD to provide DIS Mentors.**
Process Measures*	1. **Number of DIS Mentors hired** 2. **Number and percent of newly hired contact tracing staff with DIS Mentors providing additional Contact Tracer and Case Investigators experiential support** 3. **Number of on-the-job trainings and coaching sessions provided** 4. **Number and percent of jurisdictions that report being highly satisfied with DIS mentoring and support** 5. **Within 1 month of receiving support, DIS Mentors will provide mentoring and skill building to cohort of Contact Tracers and Case Investigators** ◦ **Number and percent of Contact Tracers and Case Investigators mentored in jurisdiction**
Outputs*	1. **Resources developed for Contact Tracers and Case Investigators** 2. **Report of Contact Tracer and Case Investigator Needs and lessons learned**
Budget Period Outcomes*	1. **Increased workforce of DIS certified Contact Tracers and Case Investigators** 2. **Increased knowledge for Contact Tracers and Case Investigators** 3. **Strengthened capability of Contact Tracer and Case Investigator workforce to perform essential duties during COVID-19 response**
Outcome Measures*	1. **Number and percent of state, tribal, local and territories reporting increases in Contact Tracers and Case Investigators' knowledge and skills** 2. **Number of Contact Tracers or Case Investigators who become DIS certified** 3. **Within 6 months of receiving support, at least 90% of mentees have demonstrated improvements in skills as measured by the contact tracing performance measures**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 41/200 words maximum
	Recipient needs capacity to provide training and capacity building, and familiarity with DIS, and contact tracing and case investigation efforts. Applicants should demonstrate the capacity to use a virtual platform to hold interviews, trainings, etc. to achieve the intended outcomes of this project.
14	Applicant Program Experience:* 45/200 words maximum
	Recipient needs some awareness of STD program operations and of COVID-19 response efforts to be most effective. Recipient should demonstrate experience developing training and mentorship programs. Specific experience with training contact tracers or case investigators is preferred, but not required.

	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 35/200 words maximum
	The recipient is expected to work closely with jurisdiction's COVID-19 response efforts and local STD and TB programs, as appropriate, to ensure Contact Tracers and Case Investigators mentoring and guidance needs are met.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 47/200 words maximum
	The recipient may wish to subcontract some of the work. Selection criteria for both would be based in part on demonstrated excellence in prior projects of a similar scope. Recipient should work with CDC to establish the selection criteria and scope of work for potential subcontractors.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 22/100 words maximum
	Funds will likely go to fairly standard categories of personnel, contractors/consultants, and costs associated with online training and virtual event planning.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/10 words maximum
Enhance the safety net of WIC to support developmental monitoring and referral during COVID-19

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

3 Division/Branch/Office/Unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 30/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health nutritionists in state, tribal, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$440,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 52/150 words maximum

Integrate the WIC Developmental Checklist Program (www.cdc.gov/WICguide) into WIC services across additional states with an aim to bolster WIC as a safety-net for develomental monitoring and referral for possible develpmental concerns in response to the declining rates of health supervision visits being delivered by primary pediatric care during the COVID-19 pandemic.

12 **12.1. Public Health Systems Infrastructure**

Activities*	The project would expand and enhance parent-engaged developmental monitoring and of parent-engaged developmental monitoring and referral to developmental screening and services within WIC through
	
	1. the implementation of the WIC Developmental Checklist Program (www.cdc.gov/WICguide) into WIC services across additional states,
	2. the development and promotion of an online training for WIC clients about early child development
	    1. Steps include developing, testing, refining, evaluating, and promoting online training for WIC clients about early childhood development
	3. the development of models for integrating use of CDC's Milestone Tracker app to facilitate developmental monitoring and referral during virtual and in-person WIC visits
	    1. Steps include developing, testing, refining, evaluating, and promoting models for integrating use of CDC's Milestone Tracker app to faciliate developmental monitoring and referral during virtual and in-person WIC visits
	4. the establishment of models for establishing a "closed-loop" referral system to track referral outcomes for developmental concerns, to support families in response to the declining rates of health supervision visits being delivered by primary pediatric care during the COVID-19 pandemic.
	    1. Steps include developing, testing, refining, evaluating, and promoting models for establishing a "closed-loop" referral system to track referral outcomes for developmental concerns

Process Measures*	Number of online trainings developed for WIC clients Number of models created for integrating use of CDC's Milestone Tracker app to facilitate developmental monitoring and refferal during virtual and in-person WIC visits
Outputs*	A tested and refined online training for WIC clients about early child development -implementation plan for each of the 8 additional states working to implement the developmental checklist program -evaluation plans for each of the 8 additional states working to implement the developmental checklist program -at least 5 models for how best to integrate the Milestone Tracker app into WIC encounters to facilitate developmental monitoring and referral during virtual and in-person WIC visits -at least 5 models for a closed-loop referral system to track referral outcomes for developmental concerns -final report representing the work of each of the funded states
Budget Period Outcomes*	Expand by 8 the number of states working toward implementation of the WIC Developmental Checklist Program into WIC services statewide

Outcome Measures*	Number of states reporting working toward implementation of the WIC Developmental Checklist Program into WIC services statewide

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 93/200 words maximum
	Applicants must have: 1. Established working relationships with leaders within the Special Nutrition Supplementation Program for Women, Infants, and Children (WIC) agencies, and other organizations with a focus on infant and early childhood health and development. 2. Expertise in early childhood health topics. 3. Expertise in federal, state, and local early childhood programs and systems of service. 4. The capacity to administer and manage a minimum of 8 sub awards as well as provide programmatic and logistical support including convening regular TA calls or webinars, developing timelines and agendas, monitoring and evaluating performance, and producing an annual report.
14	Applicant Program Experience:* 37/200 words maximum
	The successful applicant will have experience in the provision of technical assistance to nutrition staff and clinics that administer WIC services, and in soliciting, reviewing, and selecting applications, developing funding agreements, monitoring and evaluating performance, and producing an annual report.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 61/200 words maximum
	The applicant should expect to work closely with CDC in all aspects of the cooperative agreement. The applicant should expect to develop documents, schedules, agendas, reporting mechanisms, and other items, plans, and procedures; CDC will expect to review and suggest revisions to plans and procedures; and the applicant will implement the final decisions.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 36/200 words maximum
	In addition to the described sub-awardees, the applicant may wish to subcontract some portion of the activity. Any contract should be awarded on an annual basis to an individual or organization that fills a gap of required expertise.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 68/100 words maximum
	Funds should be used to support a miniumum of 8 statewide agencies that administer WIC services with support of up to $30,000 per state for a 1 year term, based on the availability of funds; as well as costs associated with regular (at least monthly) technical assistance that may include the use of webinars, newsletters and email lists; and staff support time including an expected 1.0 FTE for program operations and logistical support.
	CIO CERTIFICATION
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ADMINISTRATIVE

Project Plan Round	COVID 1

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Enhancing Legionnaires' Disease Prevention Efforts during COVID-19 Building Reopening

2 CIO:*
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division/Branch/Office/Unit:*
Division of Environmental Health Science and Practice

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 14/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Environmental health scientists and specialists employed in state, tribal, local and territorial governments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 108/150 words maximum

The COVID-19 pandemic has led to closures and reduced occupancy in buildings, which can create water stagnation in plumbing systems resulting in potential Legionella growth and proliferation. The purpose of this project is to build capacity among state, tribal, local, and territorial (STLT) health departments to prevent exposures from premise plumbing systems during the building reopening phase and improve Legionnaires' disease outbreak response and prevention activities. Activities will focus on providing tools, resources, and technical assistance for STLT health departments to

- Develop enhanced, multidisciplinary building reopening protocols
- Create building reopening protocols as part of a Legionnaires' disease primary prevention strategy.
- Evaluate water management program implementation in buildings at increased risk

12 **12.7. Programs and Services**

Activities*	• Provide tools and resources to health departments to evaluate needs, challenges and best practices for ensuring the safety of building water systems when reopening • Assist state and local health departments to develop guidelines and protocols for building owners and managers to minimize *Legionella* risks in premise plumbing systems during building reopening • Support health departments to conduct comprehensive assessments of building reopening plans to prevent exposure and outbreaks associated with premise plumbing organisms • Assist health departments to evaluate water management program implementation in high risk buildings (e.g, hotels, hospitals, long-term health care facilities) and provide water management program technical assistance as needed
Process Measures*	• Establishment of evaluation tools and needs assessment guidance to promote safety of building water systems • Status of development of protocols and guidance documents • # of comprehensive assessments of building reopening plans • # of water management programs evaluated in each type of building
Outputs*	• Evaluation report detailing needs, challenges and best practices for ensuring the safety of building water systems when reopening • Developed protocols and guidance documents for safe reopening and operatation of building water systems • Established approaches and strategies for assessing building reopening protocols and water management programs
Budget Period Outcomes*	

	• Increased efficiency and coordination of building reopening procedures and implementation of control measures. • Increased number of buildings with comprehensive water management programs • Reduced environmental hazards and conditions to prevent Legionnaires' disease and other biofilm pathogens in building water systems • Increased awareness of building reopening threats and implementation of effective interventions by target audiences (e.g., state/local health departments, building owners and managers) • Enhanced capacity to identify and address barriers for water management program implementation during building reopening.
Outcome Measures*	• # of buildings for which comprehensive water management programs are established • # of health department staff reporting increased awareness of building reopening threats and implementation of effective interventions • # of health departments with increased capabilities to assess building reopening protocols and water management programs

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 38/200 words maximum

The recipient should have demonstrated experience in developing and disseminating in-person and electronic training solutions and conducting needs assessments and evaluations. The applicant should also demonstrate experience and expertise in collaborating with state, local, tribal, and territorial public health professionals.

14 Applicant Program Experience:* 38/200 words maximum

The recipient should have:

- Extensive knowledge and experience with project planning and implementation.
- Extensive knowledge and experience developing effective relationships and partnerships with EH programs at public health departments.
- Subject matter expertise in building water systems and Legionnaires' disease.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 19/200 words maximum

Collaboration with other organizations or agencies may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum

The recipient may be expected to subcontract with subject matter experts and other organizations or agencies to carry out work plan objectives.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 36/100 words maximum

The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round	COVID 1

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/10 words maximum

Enhancing public health department environmental health program capabilities and engagement in COVID-19 responses

2 CIO:*

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

3 Division/Branch/Office/Unit:*

Division of Environmental Health Science and Practice

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 17/25 words maximum

Note: Proposals should not build capacity for CDC or other federal agencies

Environmental health scientists and specialists employed in state, tribal, local and territorial governments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*

$3,000,000 (Whole numbers only)

○Funded ○Unfunded

8 Expected Length of Project:*

◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☑	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☑	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☑	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☑	Increased capability to use data to inform decision-making and support evidence-based practices and policies
	10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 144/150 words maximum

The purpose of this project is to enhance EH programs' capacity, capabilities and engagement in COVID-19 response and prevention efforts by providing technical expertise, resources and tools, and operational assistance to state, tribal, local, and territorial (STLT) health departments.

Project activities will focus on:

- Supporting development of protocols and processes for conducting environmental assessments (a systematic approach to identifying a hazard and the conditions that lead to the existence of the hazard) to prevent transmission in facilities and other congregate environments
- Establishing and promoting plans and protocols for addressing environmental factors to prevent transmission to ensure the safe reopening of facilities
- Supporting efforts to strengthen coordination among the environmental, epidemiological, and laboratory responses

12

12.1. Public Health Systems Infrastructure

Activities*	• Support EH programs with developing protocols for conducting environmental assessments and ensuring sanitation and infection control in facilities and other congregate environments • Assist EH programs with developing and providing guidelines for the safe reopening and occupancy and operation of facilities, utilities, and building infrastructure • Support extensive continuity of operations planning initiatives for critical infrastructure and facilities such as drinking water and wastewater treatment systems and other utilities with potential impacts on public health • Develop effective approaches and strategies for encouraging restaurants and other food service facilities to adopt protocols that prevent food workers from working while ill
Process Measures*	• Status of development of protocols and guidance documents • # of continuity of operations planning initiatives initiated • Status of developing approaches and strategies for encouraging restaurants and other food service facilities to adopt protocols that prevent food workers from working while ill
Outputs*	• Developed protocols and guidance documents • Completed continuity of operations planning initiatives • Established approaches and strategies for adopting protocols that prevent food workers from working while ill
Budget Period Outcomes*	• Increased engagement of EH programs and professionals in STLT health department COVID-19 responses • Enhanced EH program capability for ensuring safe reopening, occupancy, and operation of facilities, utilities, and building infrastructure
Outcome Measures*	• # of EH programs with increased operational capabilities to conduct EH assessments to prevent coronavirus transmission

12.3. Data and Information Systems

Activities*	• Support the contribution of environmental data to surveillance and monitoring efforts and to informind development of interventions
Process Measures*	• # of identified EH datasources and systems for contributing to surveillance and monitoring, and informing interventions
Outputs*	• Description with guidance about EH data sources and systems that can contribute to surveillance and monitoring, and informing interventions

Budget Period* Outcomes	• Increased EH programs contributing EH data for surveillance, monitoring, and developing interventions
Outcome Measures*	• # of EH programs contributing EH data for surveillance, monitoring, and developing interventions

12.5. Partnerships

Activities*	• Support engagement and coordination among EH programs and partners for conducting environmental assessments of facilities including but not limited to long-term care facilities, healthcare facilities, homeless shelters, schools, daycares, and restaurants. • Support coordination efforts between EH programs and laboratories to enhance environmental sampling and testing capabilities
Process Measures*	• Status of resources and guidance developed to increase engagement and coordination with partners for conducting environmental assessments • Status of efforts to support coordination with laboratories
Outputs*	• Resources and guidance developed and made available for EH programs to strengthened partnerships for conducting environmental assessments • Report detailing results of efforts to support coordination between EH programs and laboratories
Budget Period Outcomes*	• Increased EH program partnerships for conducting environmental assessments and coordinating with laboratories
Outcome Measures*	• # of EH program partnerships strengthened or established

12.7. Programs and Services

Activities*	• Develop resources to support EH program involvement in epidemiological investigations and activities to ensure incorporation of environmental factors • Determine effectiveness of social distancing recommendations, disinfection techniques, environmental modification factors during large gatherings (e.g. access to cleaning supplies)
Process Measures*	• # of resources developed to support EH program involvement in epidemiological investigations • Status of efforts to assess effectiveness of recommendations and guidance
Outputs*	• Developed resources to support EH program involvement in epidemiological investigations • Report detailing results of efforts to assess effectiveness of recommendations and guidance

Budget Period Outcomes*	• Strengthened services through increased coordination among the environmental, epidemiological, and laboratory to enhance STLT health department COVID-19 responses • Mitigated environmental hazards and conditions to prevent COVID-19 transmission in facilities and other congregate environments
Outcome Measures*	• # of EH programs with enhanced services through stronger involvement and coordination in COVID-19 responses

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 163/200 words maximum

The recipient should have demonstrated experience in developing and disseminating in-person and electronic training solutions and resources addressing technical, field-based EH topics and practice areas. The applicant should demonstrate approaches that use innovative and collaborative methodologies to accomplish the proposed project activities. A particularly useful benefit would be experience or ability to develop and disseminate new course content on relevant EH practice areas and topics impacting the EH professionals who work at STLT health departments throughout the U.S. The applicant should be able to produce products and materials that meet the needs of the target audience (in this case, the target audience will be EH programs from STLT health departments) and that are supported by the current evidence base. Since much of the EH subject matter expertise resides with well-trained and experienced EH professionals across the nation, the recipient must be prepared to work with the CDC Water, Food, and Environmental Health Services Branch (WFEHSB) staff to identify and determine EH experts to contract with to accomplish certain project activities.

14 Applicant Program Experience:* 33/200 words maximum

The recipient should have:

- Extensive knowledge and experience with project planning and implementation.
- Extensive knowledge and experience developing effective relationships and partnerships with EH programs at public health departments.
- Subject matter expertise in EH.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 27/200 words maximum

Collaboration with other organizations or agencies may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 45/200 words maximum

	The recipient may be expected to subcontract with EH subject matter experts and other organizations or agencies to carry out work plan objectives. These contractors would include highly skilled and trained EH professionals with EH practice and workforce development experience.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 44/100 words maximum
	The proposed funding amount is subject to the availability of funds. Applicant proposals should be scalable. If less funds are available, CDC and the recipient will work together to revise and further prioritize activities in the work plan.

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/19/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Expanded Drug Overdose Investigation Trainings to Improve Overdose Mortality Surveillance

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 21/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Health strategist workforce (leaders and mid-career professionals) in state, tribal, local and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,040,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 94/150 words maximum

The purpose of this project is for chief health strategists across health department types (state, local, tribal & territorial) to increase capacity and use of public health surveillance data on fatal drug overdoses. By increasing medical examiner and coroner knowledge around investigating and certifying overdose deaths, health department leaders and chief health strategists will receive more timely and comprehensive mortality data for their enhanced fatal overdose surveillance efforts. Improvements in the comprehensiveness and timeliness of fatal overdose surveillance will allow chief health strategists ~~health departments~~ to more effectively design and implement prevention interventions to reduce overdose deaths within their state or jurisdiction.

12 **12.2. Leadership and Workforce Development**

Activities*

- Recipient will establish chief health strategists' relationship with medical examiner and coroner professional organizations/associations and document needs for enhanced fatal overdose surveillance
- Kick off meeting between recipient and medical examiner and coroner professional organizations/associations to begin development of trainings on drug overdose death investigation and how data are used for public health surveillance
- Recipient will work with medical examiner and coroner professional organizations/associations to expand trainings
- Recipient will work with coroner professional organizations/associations to subsidize training and conference attendance for coroner offices with limited budgets
- Provide assistance to medical examiner and coroner professional organizations/associations to promote and disseminate training content and national standards on drug overdose death investigation
- Provide assistance to medico-legal death investigators professional organizations/associations to promote and disseminate training content and national standards on drug overdose death investigation and how data is used for public health surveillance of fatal drug overdoses
- Develop processes for information access, data use, and sharing across health departments and the medical examiner/coroner and medico-legal death investigators communities

Process Measures*

- CDC and funded recipient kick-off meeting completed
- Meeting between recipient and medical examiner and coroner professional organizations/associations occurred
- Developed trainings on drug overdose death investigation and how data ~~is~~ are used for public health surveillance
- Increased number of trainings available for medical examiners and coroners
- Number of medical examiners and coroners participating in trainings
- Number and type of promotion/dissemination of training content and national standards on drug overdose death investigation
- Draft of processes for information access, data use, and sharing across health departments and the medical examiner/coroner and medico-legal death investigators communities

Outputs*

	• Notes from CDC and Funding Partner kick-off meeting and Project timeline created and completed • Notes from kick-off meeting between recipient and medical examiner and coroner professional organizations/associations • Contracts executed with professional organizations/associations • Regular check-in calls with CDC and professional organizations/associations planned and completed • Trainings developed and approved for continuing education credit • Trainings available and promoted on professional organization/association websites • Trainings successfully completed by medical examiners/coroners/medico-legal death investigators
Budget Period Outcomes*	• Improved quality and completeness of fatal overdose data • Improved capacity of medical examiners/coroners/medico-legal death investigators in drug overdose death investigation • Improved capacity for chief health strategists to report on fatal overdoses in their jurisdiction
Outcome Measures*	• At least 75% of medical examiners/coroners/medico-legal death investigators completing developed trainings will report an increase in knowledge around investigating and certifying opioid overdose deaths • At least 75% of medical examiners/coroners/medico-legal death investigators completing developed trainings will report intent to apply the content of the trainings to their work • Increased capacity of chief health strategists by 50% will report on fatal overdoses in their jurisdiction

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 21/200 words maximum
	Recipient must have the capacity to partner with medical examiner and coroner organizations or associations to implement proposed training and marketing activities.
14	Applicant Program Experience:* 30/200 words maximum
	Recipient must have experience working with public health organizations and associations for specific segments of the public health workforce
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 43/200 words maximum
	Recipient must collaborate with CDC on selection of appropriate consultants and subcontractor associations for development of training content. Recipient will be expected to partner with entities who directly reach medical examiners and coroners.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 31/200 words maximum
	Recipient must subcontract or consult with appropriate professional organizations or associations who directly reach the medical examiner and coroner workforce.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Expanding syringe service program capacity to respond to COVID-19

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTIC

3 Division/Branch/Office/Unit:*
Division Of Viral Hepatitis

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 13/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Infectious disease workforce in state, local, and territorial public health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$8,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 151/150 words maximum

Syringe services programs (SSPs) are effective community-based prevention programs that can provide a range of services to people who inject drugs (PWID), including access to and disposal of sterile syringes and injection equipment, vaccination, testing for infectious disease such has viral hepatitis and HIV, naloxone distribution, and linkage to infectious disease care and substance use treatment. SSPs prevent infectious diseases and overdose deaths among PWID by providing clients with sterile injection equipment, naloxone and referrals to substance use treatment. SSPs can serve as a critical access point for PWID and other vulnerable populations who may otherwise not engage with the health care system for COVID-19 education, testing, contact tracing, referral to health care, and, in the future, vaccination**.** This project aims to build the capacity of infectious disease workforce to partner with SSPs, ensure continuity of operations for SSPs, and provide surge capacity support for COVID-19 services and response efforts for SSPs.

12 **12.7. Programs and Services**

Activities*

- Develop capacity of infectious disease workforce to partner with SSPs to increase access to PWID and other vulnerable populations
- Develop and distribute guidance based on best practices for processes to provide services such that physical contact with persons and with items in the program are limited to prevent transmission
- Develop protocols based on best practices for client navigation for health and social services, linking clients to care and services for including but not limited to: opioid use disorder, access to medication for opioid use disorder and other substance use disorder, treament for other infections, such as HIV and HCV, vaccination, transportation, and housing
- Provide training on COVID-19 testing , prevention and contact indentification protocols, including plans for what to do if clients test positive to ensure health care access and the ability to self-quarantine, particularly if homeless.
- Support the provision of personal and personnel protective gear for all clients, staff, and volunteers to ensure safe appointments when care providers and clients have face-to-face interactions.
  - Includes, but not limited to, providing access to hygiene supplies such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, face masks or cloth coverings, and gloves.
- Support the provision of supplies through mobile services, delivery, or mail-order services where allowable to allow for optimal social distancing.
- Build capacity of the infectious disease workforce to offe services and referrals to care via telehealth appointments and/or using online tools for clients with the ability to use these services, including offering referral for substance use treatment.
  - Includes working with clients living with HIV, viral hepatitis and other comorbidities to ensure continuity of care and adherence to prescribed medications.
- Enable infectious disease programs to hire staff to increase community outreach to provide services, including to homeless PWID, who may not make it to the physical location of the program.
  - This includes developing a system to ensure staff are safe, and if they become ill, have a compensation package to ensure no loss of wages and access to health care, similar to essential workers.
- *NOTE: no federal funds may be used to purchase syringes, ancillary injection equipment or naloxone*

Process Measures*

	• # of health departments partnering with Syringe Service Programs (SSPs) • # of SSPs supported to implement COVID-19 testing • # of informational materials developed based on best practices for providing services, client navigation in compliance with infection prevention and control guidleines • # of trainings developed for COVID-19 testing and contact tracing • # of infectious disease workforce trained in COVID-19 testing and contact tracing
Outputs*	• Informational materials and guidance • Trainings • Supplies purchased • Productive partnerships between health departments and SSPs
Budget Period Outcomes*	• Improved partnerships or collaborations between health departments and SSPs • Improved provision of services in compliance with best practices for reducing infectious disease
Outcome Measures*	• # of health departments reporting new linkages with SSPs • # of health departments/SSPs who adopt or adapt best practices for reaching PWID and other vulnerable populations

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 33/200 words maximum
	Recipient should have national organizational reach, public health system knowledge and experience, expertise, and existing partnerships as well as capacity to develop partnerships with appropriate organizations and other stakeholders necessary to accomplish the activities listed above.
14	Applicant Program Experience:* 16/200 words maximum
	Recipient should have experience convening groups, supporting health departments and programs in setting and achieving project goals.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 21/200 words maximum
	It is expected that the awardee will collaborate with CDC, key stakeholders, and other organizations with expertise in these areas.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum
	The recipient may subcontract to effectively meet project deliverables. CDC technical monitor may provide recommendations for critera used for subcontractor selection.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 16/100 words maximum
	Funds may not be used on syringes, Naloxone, fentanyl test strips, medical equipment or medical tests.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/10 words maximum
HIV cluster and outbreak response summit

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTIC

3 Division/Branch/Office/Unit:*
▪ Division of HIV/AIDS Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 19/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Infectious disease workforce in state, tribal, local, or territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$140,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 105/150 words maximum

To successfully implement HIV cluster and outbreak detection and response, health departments and prevention partners need a large and robust knowledge base of proven strategies for effective response to HIV clusters and outbreaks. This project will help to compile the knowledge base essential to informing scale-up of cluster and outbreak response under the *Ending the HIV Epidemic* (EHE) initiative. The goal of this project is to convene key informants who have been directly engaged in HIV cluster response efforts to identify best practices and lessons learned from their efforts and to distill, synthesize, and disseminate that information The project activities will be implemented in close collaboration with CDC as part of a cooperative agreement.

12 **12.7. Programs and Services**

Activities*

	▪ Plan a summit to convene key informants who have been directly engaged in HIV cluster response efforts. Depending on circumstances at the time of award, CDC will work with the recipient to determine whether this meeting should be an in-person meeting, a virtual format, or a blended format allowing for both options. If a virtual or blended format is selected, CDC will work with the recipient to determine details of the optimal format. ◦ Work with CDC to identify health departments and community partners with relevant experience with cluster and outbreak response. ◦ Extend invitations to a CDC-approved list of attendees and follow up to confirm participation. ◦ Work with CDC to develop summit format, including agenda and speakers ◦ Determine venue, logistics, and transportation (if applicable). ▪ Prepare a pre-meeting package to include a framing letter accompanied by a compilation of existing publications, toolkits, standing webinars/calls, and other resources for cluster and outbreak response identified by invitees. ▪ If appropriate for meeting format, conduct pre-meeting assessment or information-gathering with attendees. ▪ Work with CDC to host summit, including serving as a contact for speakers and attendees, liasing with space or virtual platform organization contacts, and all necessary logistic support to execute the summit. ▪ Coordinate post-meeting communication, including evaluation, follow-up discussions, or dissemination of content related to summit proceedings. ▪ Distill and synthesize information shared at meeting into a suite of materials and disseminated jointly by recipient, including: ◦ Notes from the summit; ◦ Summaries of successful cluster response efforts, best practices, challenges, and collaboration strategies across partners; this may include best practices related to public health systems infrastructure, leadership and workforce, data and information systems, partnerships, and laws and policy, among other areas; ◦ Description of priorities, gaps, and next steps identified by attendees; and ◦ Description and findings of the summit via a white paper or other format for use by health departments and others involved in cluster response.
Process Measures*	• At least 70% of invited organizations (e.g., health departments and community partners) will attend the summit. • Pre-meeting package materials developed in partnership with CDC in preparation for summit. • Summit convened.
Outputs*	• Developed a suite of materials, including summit notes and white paper, based on discussions and resources shared at the summit (see above)
Budget Period Outcomes*	▪ Summit participants improve capacity to identify and implement best practices for HIV cluster response through preparation and participation in the summit ▪ CDC-funded health departments increase knowledge of best practices for HIV cluster response through dissemination of summit findings webinar and development of reports for dissemination
Outcome Measures*	At least 75% of summit participants report learning new best practices for HIV cluster response after participation in the summit

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 72/200 words maximum
	Applicants should demonstrate capacity to support infectious disease workforces in health departments (state, tribal, local, or territorial) and to engage with community partners engaged in HIV prevention. Applicants should demonstrate capacity and infrastructure to organize and host an in-person or virtual meeting with national stakeholders. If necessary, applicants should have access to appropriate technology platforms to host an interactive virtual meeting with national stakeholders.
14	Applicant Program Experience:* 97/200 words maximum
	Applicants should describe their experience working with infectious disease workforces in health departments (state, tribal, local, or territorial), specifically with HIV program activities. Applicants should demonstrate experience in the following: ▪ building the capacity of infectious disease workforces in health departments (state, tribal, local, or territorial); ▪ collaborating with health departments and community partners to implement HIV programs, including HIV cluster and outbreak response; ▪ convening diverse HIV program stakeholders through in-person and virtual meetings; ▪ using technology platforms and tools to host interactive virtual meetings and promote creative interaction; and ▪ synthesizing and disseminating scientific evidence and best practices.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 58/200 words maximum
	In preparing and hosting the summit, the recipient will be expected to collaborate with CDC, as well as with health department staff (HIV prevention, surveillance, partner services, and HIV care), other HIV partners (e.g., health care providers, community-based organizations), and potentially other federal partners, including representatives from the HRSA and SAMHSA).
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum
	Subcontractual work is not expected, but may be allowable pending CDC approval.
	BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 80/100 words maximum
	The budget should include personnel for meeting coordination and in-person meeting venue costs. The budget should include travel for 50 attendees from health departments or community partners. Note: The proposed project funding amount is intended for hosting an in-person meeting. At the time of the award, if a virtual meeting or blended format is more appropriate given circumstances (e.g., restrictions on travel and/or the size of in-person gatherings), the proposed funding amount may change.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Improving Food Security, Access to Safe Physical Activity and Social Connectedness

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROM

3 Division/Branch/Office/Unit:*
Division Of Nutrition, Physical Activity, And Obesity

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 24/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Chronic disease directors in state, local, and territorial health departments in jurisdictions most impacted by COVID-19

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$14,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.
○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 83/150 words maximum

This project will address the social needs of priority populations at greatest risk for, and disproportionally impacted by, COVID-19 leading to improved food security, access to safe and equitable physical activity, and social connectedness at the community level. The purpose is to build sustainable actions into EXISTING efforts to tackle the impact of COVID-19 in high-risk and vulnerable populations (e.g., African American, Hispanic, Native American, young children and adults over 65) needing additional support and resources to increase food security, access to safe physical activity, and social connectedness due to COVID-19.

12 **12.5. Partnerships**

Activities*	• Establish and coordinate a Partnership to Address COVID-19 and Chronic Disease (DDPACC) collaborative that includes DNPAO, DPH, the SPAN states and communities and relevant national or state health, agriculture, food system, and transportation partners. • Plan and host virtual learning communities and digital platforms
Process Measures*	At least 80% of the partners attend at least 2 virtual learning sessions
Outputs*	• Increased partnerships with public health, agriculture, transportation, education, area agencies on aging, planning, public works and /or local economic developers • Increased partnerships with local non-governmental organizations supporting the social and emotional needs of older adults particularly those in living in long term care facilities
Budget Period Outcomes*	Sustainable cross sector partnerships established in food security, physical activity, and social connectedness.
Outcome Measures*	At least 80% of established partnerships can demonstrate community or systems changes in food security, physical activity, and social connectedness.

12.7. Programs and Services

Activities*

	Applicant will provide support and technical assistance (TA) to all 16 SPAN funded states and the 8 DNPAO Ambassador (unfunded states) program participants, who will, in turn, provide support and TA for up to ten communities within their state that is most impacted by COVID-19. All 24 target states will develop a work plan to support community level actions to improve food security, access to safe and equitable physical activity and transportation alternatives (with social distancing), and social connectedness based on age, racial and ethnic characteristics to achieve one or more associated outputs for each of the three areas. • Determine resource and training needs and provide training and technical assistance. • Disseminate CDC's COVID-19 guidance and other educational resources that demonstrates cultural competence and awareness when tailoring a dissemination plan for intended audiences. • Submit a state work plan that includes activities to mitigate, prepare, or respond to the impact of COVID-19 to improve food security, access to safe and equitable physical activity and transportation alternatives (with social distancing), and social connectedness based on age, racial and ethnic characteristics. • Each state plan must include how it plans to provide support and TA for up to 10 "high burden" communities • Design and incorporate a COVID-19 and Chronic Disease track for the 2021 DNPAO National Training (in partnership with DNPAO) to share the project plans developed by the DDPACC learning communities. • Disseminate lessons learned from the 24 states and associated communities through case studies, success stories, presentations, and/or publications. • Develop or revise State Plans on Aging for participating states. • Provide design and cost for an evaluation plan that assesses the activities of the project period.
Process Measures*	Each of the 24 states have work plans to support at least one output for each of the three (food security, safe access for physical activitiy, social connectedness) targeted areas of improvement.
Outputs*	• Standardized food security metrics to be used in food banks • Tailored messaging, recipes, and food tips based on client choice models • Written plan to work with elected officials to update zoning policies to support increased access to healthy food options • Written community design for safe and equitable access to physical activity • Identification and integration of alternative commuting facilities, programs or services for essential travel • Strategic plan for social connectedness and emotional well-being initiatives that target older adults and other COVID-19 at-risk populations • 24 state work plans
Budget Period Outcomes*	Development or revisions of 24 State plans that incorporates work in the three areas below Other outcomes by individual area: **Foods and services at food banks, pantries, and other key anchor institutions:** • Increased number of food banks/pantries adopting nutrition standards • Enhanced healthy food access, storage, and distribution capacity • Increased number of people who receive healthier food distributions • Increased number of places providing increased financial access to healthier foods **Safe Access to places for physical activity and essential travel:** • Improved community designs for safe and equitable access to physical activity • Changes in community safety and walkability characteristics • Increased number of alternative commuting facilities, programs or services for essential travel **Social Connectedness** • Increased number of older adults reporting meaningful relationships and connectedness within their communities • Changes in community design for increased opportunities to interact with others in safe and healthy environments • Implementation of tailored interventions based on a population health approach of primary and secondary prevention (Screening for those at risk; decrease consequences for those who are lonely and or isolated)
Outcome Measures*	

At least two of the identified measures for each area has been met:

Food insecurity measures

- At least two food banks, pantries, or feeding sites adopting nutrition standards as demand increased due to COVID-19
- Verifiable increase in the number of people who receive healthier foods distributed by food pantries, food banks, or other feeding sites (measure: clients with high diet quality as measured by the FRESH foods survey) to reduce individual our household food insecurity (including how demand changed with COVID-19)
- At least two new or enhanced community venues places providing increased financial incentives (double up bucks) or acceptance of federal or state food assistance (e.g. SNAP, WIC, Pandemic EBT) to purchase healthier foods (including how demand changed with COVID-19)

Physical activity access measures

- At least 60% of the Action Plans have been developed and/or implemented and include the potential assessment of the local community design as it relates to improving safe and equitable access to physical activity (including number of federal, state or local partners formally engaged) including how local demand changed due to COVID-19
- At least two verified changes in the characteristics of 5 communities that demonstrate walkability or increased safety for those most at risk for COVID illness and death (e.g., safer and pedestrian-friendly streets, increased access to transit with social distancing) including how local demand changed due to COVID-19
- At least two alternative commuting facilities, programs or services created or enhanced that can be used by the priority population to safely travel to essential services, including jobs, grocery stores or food pantries including how local demand changed due to COVID-19

Social Connectedness measures

- At least 12 new or revised State Plans on Aging State Plans on Aging to emphasize and integrate feasible and innovative social connectedness strategies to reach older adults at higher risk for severe illness from COVID-19; incorporation of existing networks of community health workers should be encouraged.
- At least 6 new or improved programs for older adults that offer on-line and in-person educational, social, creative, and physical activities that encourage personal interactions, regular attendance, and community involvement
- **At least 2 Intergeneration Mentoring Programs have been established to foster healthy, ongoing, supportive relationships between older adults and youth.**

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 190/200 words maximum

The project requires the capacity to bring a team of cross disciplinary fields together (i.e. project manager, project evaluator and subject matter experts for each individual area), and work within DNPAO's existing technical assistance framework of SPAN program to build/expand the program and integrate this project. The recipient should have the capacity to reach out to a diverse group of stakeholders, plan, develop, support and evaluate partnerships and trainings. The organization should have credibility among chronic disease directors and public health professionals with experience working with other sectors. The recipient should have a proven track record in successful program management using an existing CDC programmatic framework, meeting program goals, and advancing policy, system, and environmental supports for environments that support food systems and walking, physical activity, and/or active living. The recipient should have demonstrated experience of recruiting expert faculty for trainings and recruiting participants from public and non-public health sectors. Organizational capacity to manage complex projects including project, budget, and personnel planning is required. The recipient should have capacity and expertise to take a proven process and scale it up to reach a wider audience and weave social connectedness initiatives into programmatic development that focuses on physical activity access/transportation alternatives and healthy food access strategies.

14 Applicant Program Experience:* 199/200 words maximum

- Expertise in chronic disease programs and how they are addressing nutrition and physical activity to support community development, health equity and resiliency.
- Competency in assisting state health agencies, specifically in community development and health equity and ability to look through a lens of enhancing social connectedness through existing strategies.
- Extensive knowledge of key additional workforces, such as transportation planning and engineering and their planning and programmatic activities and responsibilities.
- Ability to engage with SPHD leadership, to obtain engagement and commitment to address support at the statewide level.
- Established relationships within the fields of nutrition and physical activity as well as reliable leaders to provide TA, training, and guidance.
- Understanding of CDC chronic disease funded programs, particularly SPAN, that include nutrition, physical activity and health interventions and approaches.
- Knowledgeable in program and impact evaluation and the use of evaluation results in program development modifications
- Expertise in providing services for at-risk populations (aging adults, young children, people with disabilities etc.) or educational, social, creative, and physical activities that encourage personal interactions.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 74/200 words maximum

- It is expected that the recipient will partner with up to the 16 state public health agencies funded through Cooperative Agreement DP18-1807: State Physical Activity and Nutrition (SPAN) and 8 DNPAO designated ambassador state agencies.
- It is expected that the recipient will closely collaborate with DNPAO to coordinate within the current DNPAO technical assistance framework and support for states

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 81/200 words maximum

	• It is expected that the recipient will subcontract with up to 24 SPHDs (or their designees) to expand implementation of nutrition and physical activity support interventions that also integrates innovative social connectedness efforts into their programs • The recipient will subcontract with up to 3 subject matter experts in the fields of food insecurity, physical activity and social connectedness to develop a team to achieve project outcomes and proposed activities
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 2/100 words maximum
	N/A
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

Print

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Informed policy decision making to improve children's mental health (Covid-19)

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITI

3 Division/Branch/Office/Unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

Target Population Category Descriptions

6 Description of the Target Population:* 12/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public Health Lawyers supporting State, Tribal, Local, and Territorial (STLT) Health Departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$500,000 (Whole numbers only)

○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☑ Increased capacity to evaluate laws and policies to affect health

Intermediate

☑ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 120/150 words maximum

Current disruption and social isolation due to the COVID-19 pandemic has resulted in an increased need and demand for children's mental health services. The purpose of the project will be to characterize state variability in licensure and credentialing policies for service providers (psychologists, social workers, licensed professional counselors, and others), which could influence the number of providers in a state, the type of providers, the modes of treatment delivery they are authorized to bill for (e.g., telemental health), provider training, and thus the availability of services to address the increased need. This project would use replicable legal epidemiology methods to compile a database of state licensure and credentialing policy, to support analyses to understand the relationship between characteristics of policies and the number of providers in states

12 **12.6. Laws and Policies**

Activities*	Activities will include scientific and systematic analysis of state laws related to child mental health licensure and credentialing, comprising distinct but iterative phases: conceptualization and scoping; collecting laws; creating a coding scheme/questions to analyze laws; collaborating closely with subject matter experts to review the scope, questions and the coding; applying the coding scheme/questions to laws to create data; quality control; and publication.
Process Measures*	Number of state laws collected and analyzed Number of subject matter experts engaged in project activities Number of submissions to peer-reviewed journals Number of publications in peer-reviewed journals
Outputs*	

- Coding scheme/questions
- Reports of findings, including:
  - Summaries of the reasons for state variability and possible levers to remediate
  - Summaries of provider legislation that mentioned age-related concepts and if requirements are different for those who serve children
  - The availability of Medicaid reimbursement for children's services
  - Characterization of provider liability for children's services
- Data base and coding scheme created and populated with laws/regulations/legislation.

Budget Period Outcomes*	Increase knowledge of state variability in licensure and credentialing policies for service providers (psychologists, social workers, licensed professional counselors, and others)
Outcome Measures*	Change in knowledge of licensure and credentialing policies for service providers across states.

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 21/200 words maximum

The applicant should document capacity to access a network of public health attorneys and other experts to support policy description, analysis, and interpretation.

14 Applicant Program Experience:* 59/200 words maximum

The applicant should document expertise in the characterization, tracking, and analysis of laws and policies to improve health outcomes. Specifically, the applicant should be able to conduct systematic and replicable policy scans to support cross-sectional and/or longitudinal policy analysis, experience in supporting statistical analyses to evaluate policy impact, developing issue and policy briefs informed by published literature, and supporting publishing of results in peer-reviewed journals.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 42/200 words maximum

The recipient and CDC will collaborate to refine the scope and coding scheme for policy scans, determine the topic and audience for issue and policy briefs, and write articles for submission to peer-reviewed journals.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 20/200 words maximum

Applicant may include, but is not required to include, subcontracted work as justified to complete the components of this project.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 5/100 words maximum

N/A

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round: COVID 1

Save and Close | Submit | Submit without sending an email

Submission Date: 06/19/2020

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Integrating Immunization Information Systems (IIS) to the Immunization Gateway

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division/Branch/Office/Unit:*
Immunization Services Division

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 12/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
IIS & Immunization Workforce across state, tribal, local, and territorial health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,600,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 167/150 words maximum

The purpose of this project is to support IIS awardees with onboarding, connecting and sharing with the Immunization Gateway (IZ Gateway). This project will establish a centralized method for tracking and mitigating broad technical data sharing issues to facilitate connectivity with the Immunization Gateway (IZ Gateway). This project will also establish and implement a process for testing and validating there is uniform connectivity to the IZ Gateway across IIS. Additionally, this project will support and provide technical assistance to awardee developed IIS platforms with onboarding to the IZ Gateway and integrating with the connecting and sharing components of the IZ Gateway. This project will also ensure awardee developed sites appropriately plan and implement the required policy activities to onboard, connect and share with the IZ Gateway allowing for the most optimal data collection and reporting of COVID-19 vaccine use data. The project will benefit state, tribal, local, and territorial health departments by supporting IIS to onboard, connect and share data with IZ Gateway to ensure they are able to assess, determine and report COVID-19 vaccination data.

12 **12.1. Public Health Systems Infrastructure**

Activities*

In collaboration with CDC:

- Evaluate awardee's policy infrastructure and support awardee with establishing the legal agreements required to participate in various components of the IZ Gateway. In some jurisdictions, regulatory and legal changes might be necessary in order to participate in the IZ Gateway. The types of legal agreements awardees will need to consider include the following:
  - Data Use Agreement– an agreement between the Jurisdiction IIS and an association focused on building capacity of laboratory systems
  - Interjurisdictional MOU – an agreement between Jurisdiction IIS and Jurisdiction IIS
  - Business Associate Agreement – an agreement between Provider Organization and the appropriate association
  - Jurisdiction-specific Policy Agreement(s) (e.g., provider site agreements, confidentiality agreements, etc.) - Jurisdiction IIS and Provider Organization

Process Measures*

- Number of states policy infrastructure evaluated
- Number of legal agreements established

Outputs*

	• State policy infrastructure evaluation results • Data Use Agreements • Interjurisdictional MOUs • Business Associate Agreements • Data Use Agreements • Jurisdiction-specific Policy Agreement(s)
Budget Period Outcomes*	• Increase in the number of required agreements for all awardee developed states are established
Outcome Measures*	• Change in the number of required agreements for all awardee developed states
12.3. Data and Information Systems	
Activities*	• In Collaboration with CDC support and provide technical assistance with the following: ◦ Onboarding awardee developed IIS platforms to the IZ Gateway Share component for IIS to IIS data exchange ◦ Enabling awardee developed IIS platforms to be connected to the IZ Gateway as receivers of data and query, which will enable national and non-traditional providers to report and query immunization data (IZ Gateway Connect component). ◦ Support awardee developed IIS platforms that leverage Vaccine Administration Management System (VAMS) to IIS that use the IZ Gateway Connect. IZ Gateway Connect allows vaccinations conducted through the mass vaccination application to route to all IIS that sign up for IZ Gateway Connect. This connection is a bi-directional exchange, allowing clinicians to look up patient's vaccination history and contraindications before the vaccine administration. ◦ Producing extracts required to integrate with the IZ gateway and the data lake for partner organization(s) • Establish a centralized tracking and mitigation process for broad IIS to IIS technical data sharing issues and provide technical assistance to resolve issues as needed • Establishing and implementing a testing and validation process to ensure there's uniform standardized adoption of the functionality required to connect and share with the Gateway and with submitting extracts to the data lake.
Process Measures*	• Number of awardee developed IIS platforms using the IZ Gateway component • Number of awardee developed IIS platforms using the IZ gateway share component • Number of awardee developed IIS platforms onboard to the IZ gateway • Number of awardee developed IIS platforms with all extracts developed • Number of broad technical IZ Gateway connectivity issues tracked and mitigated • Number of IIS awardees validated as having the appropriate functionality to connect and share with the IZ Gateway and to submit the appropriate extracts to CDC.
Outputs*	• Onboarded awardee developed IIS platforms • Awardee developed platforms connecting and sharing with the IZ Gateway • Extracts for sharing with the IZ gateway • Extracts for submitting to the APHL data lake • Central repository for tracking connectivity issues
Budget Period* Outcomes	• Awardee developed sites have been onboarded, connected and are sharing with the IZ Gateway • Awardee developed IIS platforms are creating and submitting all required extracts • Awardees connectivity issues are identified, tracked and mitigated • Awardees are validated as having the appropriate functionality
Outcome Measures*	• Number of awardee developed IIS platforms successfully onboarded, connected and sharing with the IZ Gateway • Number of awardee developed IIS platforms successfully submitting all required extracts

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 75/200 words maximum

	Applicants should have a large IIS membership in their organizations and have extensive experience in facilitation, standards support, technical assistance and community engagement. The applicant must demonstrate an organizational infrastructure and capacity to bring together IIS professionals, evaluators, and information technology professionals to accomplish program activities, specifically illustrating ability to produce products that benefit the entire IIS community. Examples of infrastructure include a national perspective, board of directors, established communication channels, and active workgroups and committees and experience conducting similar work.
14	Applicant Program Experience:* 24/200 words maximum
	Applicants should have the ability and relevant experience to achieve the purpose, activities and outcomes of this project. Applicants must include examples of demonstrated capacity in their application.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 21/200 words maximum
	Partner will be expected to work collaboratively with: • CDC • IIS Vendors, implementers, & Subject Matter Experts • Grantee and Provider communities • HHS CTO
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 29/100 words maximum
	Awarded funds should be used in line with the terms and agreement of the notice of award and should support the stated project purpose, requirements, and outcomes.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 4/10 words maximum
Modernizing the TRAIN Learning Network

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES

3 Division/Branch/Office/Unit:*
Division Of Scientific Education And Professional Development

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 16/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Public health professionals in STLT health departments working to improve quality, performance, and outcomes of individuals, programs and organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$6,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.

◉	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
	☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
	☐ Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
	☐ Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
	☐ Improved leadership capacity to identify and prioritize public health needs
	☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
	☐ Increased leadership decision-making to address public health needs strategically and systematically
	☑ Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
	☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
	☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capacity to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 117/150 words maximum

The primary purpose of this project is to modernize a national learning management system (LMS) that is used by more than 25 state health departments, 4 federal agencies, 3 tribal affiliates, and other organizations to manage and share trainings with the public health, clinical, and emergency response workforce. Modernization of this system will ensure that state, tribal, local, and territorial (STLT) public health professionals receive the training they need to best serve their communities and respond to health threats. Among its benefits, this national LMS provides a uniform architecture to enable data sharing among affiliate portals as well as aggregate reporting. Additionally, this coordinated system provides a single place where health professionals can search for, register, and track participation in educational activities offered locally, nationally, and internationally.

12 **12.2. Leadership and Workforce Development**

Activities*	A1. Add functionality so that organizations can use the national LMS to manage and award continuing education. ($400,000) A2. Ensure adequate server bandwidth to handle increasing learners accessing the system to take trainings ($20,000) A3. Add a new Data Access Role so that organizations can access key course reports including course registration and completion metrics. ($20,000) A4. Add functionality so that learners can search for courses that have the Public Health Learning Navigator seal. This function similarly to the existing Quality Training Standards filter. ($60,000) A5. Move the national LMS functionality that is still on the classic dot net platform to the new html5 platform. ($2,500,000) A6. Hire a Business Analyst to work with the IT vendor and oversee the IT development work. ($300,000) A7. Hire an individual that can provide program support for CDC TRAIN and work with the IT BA to engage LMS affiliate stakeholders. ($200,000) A8. Build additional improvements in the LMS based on CDC and other affiliate member feedback (e.g. xAPI, webinar integration, connection with social media platforms, etc.) ($2,500,000)
Process Measures*	By December 2020, provide final approved IT specs for the new CE module and the development timeline to CDC.
Outputs*	Additon of a continuing education management and reporting module on the national LMS.
Budget Period Outcomes*	Improve the learner and administrator experience using the national LMS by modernizing and improving the system.
Outcome Measures*	By the end of the project year, at least 60% of the national LMS users report improved satisfaction with the system.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 128/200 words maximum

The partner selected for this project must

- Have at least 15 years of experience managing a nationwide, coordinated public health learning management system (LMS) that is used by at least 25 states and 3 federal agencies.
- Have at least 2 million registered learners across the national LMS
- Have successful, long-standing collaborative partnerships that address workforce development issues with numerous national public health organizations, as well as academia
- Have proven ability to enhance the performance and effectiveness of public health agencies and systems through established partnerships with STLT health departments, national public health organizations, and academia.
- Have the technological capacity to serve the changing needs of public health learners, content providers, and affiliate members.
- Have access to server space to host course content including SCORM-compliant e-learning courses for delivery on the national LMS.

14 Applicant Program Experience:* 140/200 words maximum

The ideal partner selected for this project is a single organization that has a long-standing history of providing resources, tools, and services to state, tribal, local, and territorial (STLT) health departments to build capacity and strengthen the public health workforce. Specifically, the partner should have substantial expertise in developing, managing, supporting, and overseeing a national learning management system (LMS) comprised of many interconnected federal and state affiliate portals. This LMS should have demonstrated the ability to help the STLT public health workforce meet training needs through a comprehensive, coordinated, and robust design and have a consistent way to assign and identify courses built on the Core Competencies for Public health Professionals and/or the Bioterrorism and Emergency Readiness Competencies. In addition, the partner must have established strategies, including meetings, listservs, teleconferences, councils, and learning communities, for collaborating with STLT health departments.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 85/200 words maximum

Collaboration will be key to ensure that the system improvements and modernizations are thoroughly planned, developed, and implemented in a way that is seemless to users. Collaboration will take place with key stakeholders including those states and federal agencies already using the national LMS to share trainings, with other organziations who offer public health trainings, and with distance learning leaders in other STLT agencies and organizations. It will be key for the partner doing this work, to ensure all key stakeholders are engaged in planning and aware of progress.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 70/200 words maximum

Potential subcontractual work may include those necessary to ensure:

- The technological capability to serve needs of learners, content providers, and affiliates through coordinated system that provides free user support.
- Development of modifications and enhancements to the national LMS including CDC's affiliate portal.

Selected subcontractors should have demonstrated knowledge and extertise of the national LMS IT architecture, and the administrative controls needed to make updates and improvements directly to the system.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 79/100 words maximum
	Modernize the national LMS so that organizations can easily manage, share, and report on trainings (including those that offer CE) and learners can access them. Ensure that staff are in place to oversee the work from an IT perspective as well as a program perspective. Utilize the remainder of funds for CDC-approved activities such as strengthening the LMS through additional modifications and enhancements or hosting a roundtable to engage key stakeholders
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 14/10 words maximum
Strengthening Support for STLT EH Disaster Preparedness, Response, and Recovery Capabilities During Concurrent Disasters

2 CIO:*
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

3 Division/Branch/Office/Unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

Target Population Category Descriptions

6 Description of the Target Population:* 11/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Environmental health scientists and specialists employed in STLT health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)

○Funded ○Unfunded

8 Expected Length of Project:*

- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 86/150 words maximum

The purpose of this project is to assess state, tribal, local, and territorial (STLT) jurisdictional needs, and to improve preparedness and response to environmental health (EH) hazards (e.g., natural disasters, chemical, nuclear, or radiological emergencies) in the context of a concurrent disaster, such as an infectious disease pandemic. Assessment findings will inform the development of tools to address identified improvements and to provide recommendations and resources to strengthen STLT disaster preparedness, response, and recovery capabilities regarding concurrent disasters, with an emphasis on high risk populations.

12 **12.7. Programs and Services**

Activities* Assess and identify primary STLT jurisdictional needs for strengthening EH preparedness, response, and recovery capabilities in the context of concurrent disasters (Year 1, $250K)

- Convene a representative group of STLT public health and emergency management experts in a facilitated setting to leverage their expertise about how STLT jurisdictional preparedness and response capabilities are impacted by simultaneous disasters, and to identify new, innovative approaches and improvements for managing concurrent EH and infectious disease disasters.
- Prepare and distribute report(s) and recommendations resulting from the stakeholder facilitations
- Establish an online toolkit or repository, specific to EH preparedness, response, and recovery capabilities in the context of concurrent disasters, to host existing resources and materials, including access to available training courses and exercises.

Process Measures*

- Status of defined stakeholder facilitations
- Status of developing the final report(s) and recommendations
- Status of the online toolkit/repository development

Outputs*

- Number of stakeholder facilitations completed
- Total number of participants engaged through facilitated settings
- Number of needs identified related to strengthening EH preparedness, response, and recovery capabilities in the context of concurrent disasters
- Number of new, innovative approaches and improvements for managing concurrent EH and infectious disease disasters
- Published final report(s) and recommendations
- Distribution of report(s) and recommendations
- Developed and online toolkit/repository with resources for EH preparedness, response, and recovery capabilities in the context of concurrent disasters
- Number of users who access the toolkit/repository with resources for EH preparedness, response, and recovery capabilities in the context of concurrent disasters

Budget Period Outcomes*

- STLT needs identified for achieving and maintaining a high level of preparedness, response, and recovery capacity for concurrent disasters
- Improved awareness, access and availability of resources for STLT jurisdictions to use to improve their capacity to manage concurrent disasters.

Outcome Measures*

- Strengthened ability to support STLT jurisdictions in responding to EH hazards in the context of multiple disaster events.
- Increased understanding of STLT jurisdictional readiness and/or preparedness to respond to concurrent disasters.
- Information to leverage and informing national initiatives and efforts for increasing STLT jurisdictional disaster management capabilities, reduce risk for critical populations, and strengthen community resilience.

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 142/200 words maximum

Successful recipients must have a demonstrated core organizational capacity to effectively conduct the activities for which awards are made. This organizational capacity includes skill sets such as program planning and performance management, partnership development, evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management (including developing staffing plans, developing and training workforce and developing a sustainability plan). Recipients should have adequate infrastructure (equipment and physical space), information and data systems, electronic information and communication systems, and workforce capacity and competence to execute the award. Applicants must also be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with 45 or 74 C.F.R.

Recipients should have EH and disasters subject matter expertise, ability to work effectively with health department EH programs, and knowledge of the EH practice and workforce.

14 Applicant Program Experience:* 51/200 words maximum

Organizations with demonstrated experience working in communities in which a major disaster or emergency has been declared. Successful applicants may also demonstrate prior EH program experience or expertise in identifying, preventing, and controlling environmental health hazards; assessing environmental interventions; and strengthening environmental health capacities.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 33/200 words maximum

There are no specific expectations for collaboration with other organizations or entities. However, collaboration may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum

Subcontractual work may be deemed appropriate and acceptable to accomplish project work plan objectives and deliverables.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 85/100 words maximum

	Funding should be planned for a 11 month activity period. Funding may support staff time, travel, shipping, printing, contracting for services or products, and purchasing supplies and equipment. Contracted services may include but are not limited to developing tools, guidance documents, protocols and surveys; collecting, organizing, analyzing, and/or interpreting environmental health data; conducting assessments and surveillance; evaluating environmental public health interventions, services, processes; creating communications products, such as outreach and educational campaigns and materials and public health messaging. Future year funding is not guaranteed.

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

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Submission Date: 06/24/2020

You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Supporting WISEWOMAN Programs in Adapting to Virtual Engagements During COVID-19

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROM

3 Division/Branch/Office/Unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category B

6 Description of the Target Population:* 12/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Chronic disease directors and chronic disease specialists in STLT health departments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 68/150 words maximum

The purpose of this project is to work collaboratively with CDC and WISEWOMAN Progams to plan, develop, implement, and model best practices for virtual engagement of internal and external stakeholders in response to state and tribal COVID-19 response efforts. The project will culminate in a fully virtual WISEWOMAN recipient and stakeholder meeting/symposium, in addition to multiple resources designed and developed to model best practices for highly interactive, fully virtual engagements with relevant stakeholders.

12 **12.4. Communication and Information Systems**

Activities*	1. Assess and document landscape of current programmatic and clinical activities being implemented by WISEWOMAN Programs, including adjustments and adaptations made in response to the COVID-19 pandemic (e.g., in public health and health care systems, with community-based organizations, etc.) 2. Work with CDC staff to plan virtual meeting and content development 3. Identify participants across a broad sector of organizations to serve as potential partners in meeting content development and implementation 4. Develop meeting approach and agenda 5. Identify details and implementation timeline related to hosting meeting, including all aspects related to fully virtual engagement (dates, registration process, identifying technology requirements, planning for and addressing potential challenges associated with technology interruption and failure, and other relevant content planning, partner engagement, and associated logistics)
Process Measures*	1. # of health departments engaged to assess current activities of WISEWOMAN programs 2. # of participants identified for inclusion in meeting, including WISEWOMAN Program recipients, as well as individuals and/or entities identified as speakers. 3. # of meetings held with CDC for planning of virtual meeting 4. # of meeting content presentations monitored and managed for adherence to established guidelines and criteria.
Outputs*	1. Log of activities implemented and adapted by WISEWOMAN programs during COVID-19 2. Best practices for highly interactive, fully virtual engagements for adaptation by WISEWOMAN programs 3. Proposed meeting agenda and participant list 4. Approved meeting logistics plan and implementation timeline 5. Meeting content and presentations monitored and managed 6. Implementation and facilitation of virtual meeting
Budget Period Outcomes*	

	1. Increased understanding among WISEWOMAN programs of best practices for engaging virtual meetings 2. Increased awareness of WISEWOMAN activities that can be adapted in response to COVID-19
Outcome Measures*	1. % of virtual meeting participants who report and improved understanding of best practices for engaging virtual meetings 2. % of virtual meeting participants who report an increased awareness of WISEWOMAN activities that can be adapted in response to COVID-19

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 90/200 words maximum
	Organization must be able to demonstrate significant experience engaging with state and tribal chronic disease directors in order to educate, provide technical assistance, inform programming and grow chronic disease prevention knowledge, leadership, and capacity among these individuals. Applicant must have significant experience and capacity to conduct high-level strategic meetings, convene diverse partners, including those in the public health, chronic disease care and medical health systems landscape; organization must demonstrate proven ability to facilitate a multi-faceted process towards the development and planning of a proscribed output that is national in scope and impact to participating individuals and funded entities.
14	Applicant Program Experience:* 44/200 words maximum
	Applicant must describe sufficient experience working with state health departments, chronic disease directors, CDC cooperative agreement program recipients, clinical providers, and community-based organizations working to address those with and at risk for cardiovascular disease. Applicant must also describe experience in convening partners and facilitating meetings.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 38/200 words maximum
	Applicant will lead development of this project in collaboration with CDC DHDSP/Program Development and Services staff. Applicant is expected to engage additional partner organizations for collaboration purposes in assessing the current landscape, developing meeting content, logistics planning and implementing the meeting.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 16/200 words maximum
	Applicant will engage with CDC SMEs to determine the need for sub-contractual engagements, as appropriate.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020 You will be directed to a confirmation screen upon successful save or submission.

Category C
CIO
Project Plans

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Addressing Racism Through a Public Health Approach to Violence Prevention

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*
Division of Violence Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

City governments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
◯Funded ◯Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☑	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☑	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
	10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 123/150 words maximum

Racism is a social determinant of interpersonal violence and efforts to change racist attitudes/beliefs have the potential to help in preventing violence. We propose to support the development of a conceptual document that (a) documents the theory and research that links interpersonal and structural (or institutional) racism to violence, (b) outlines preventive actions (policies, programs, practices) that may help mitigate acts of racism which impact violence, and (c) defines the role of city government and public health institutions in better understanding, collaborating on, carrying out and/or supporting these actions. The document should help agencies implement actions to address racism's role in violence prevention, guide public health action, and create a common conceptual basis for addressing racism and violence as a public health issue.

12 **12.1. Public Health Systems Infrastructure**

Activities*

	• Assess government capacity/capability • Identify and engage sectors/institutions that have historically discriminated against marginalized populations • Develop a conceptual document, framework, and accompanying capacity-building resources • Develop and disseminate a strategic plan that outlines steps for using the framework in alignment with existing violence prevention efforts
Process Measures*	• # of LHDs identified that address racism as a social determinant of violence • # of LHDs assessed for operational capacity to evaluate and manage systems addressing racism as a social determinant of health • # of best practices/evidence-based strategies identified in the literature • # of identified historically discriminatory institutions engaged in concept development • % of identified historically discriminatory institutions addressing racism
Outputs*	• Strategic plan that outlines steps for using the framework in local settings • Corresponding capacity-building resources
Budget Period Outcomes*	• Improved operational capacity to evaluate, manage, and improve public health systems for addressing racism as a social determinant of violence • Increased capability of systems to meet recommendations in the conceptual framework/strategic plan for addressing racism as a social determinant of violence
Outcome Measures*	• # of stakeholders addressing racism as a social determinant of violence • # of city governments and LHDs with improved operational capacity for addressing racism as a social determinant of violence • # of stakeholders with increased capability to meet recommendations in the conceptual framework/strategic plan for addressing racism as a social determinant of violence • # of stakeholders using the resource document, framework, and corresponding capacity-building resources
12.5. Partnerships	
Activities*	• Build capacity of city governments to leverage LHDs in addressing racism linked to violence • Engage LHDs and other major stakeholders • Identify and engage sectors/institutions that have historically discriminated against marginalized populations • Partner with organizations that are designed to create better outcomes for marginalized populations • Develop a conceptual document, framework, and accompanying capacity-building resources • Develop and disseminate a strategic plan that outlines steps for using the framework in alignment with existing violence prevention efforts • Convene major stakeholders
Process Measures*	• # of partnerships identified that address racism as a social determinant of violence • # of city governments identified with the capacity to establish and maintain partnerships within and across sectors to create a shared vision for addressing racism as a social determinant of violence • # of LHD partnerships engaged in concept development • # of LHD/organizations engaged that are focused on better outcomes for marginalized populations • # of major stakeholders in attendance at the convening
Outputs*	

	• Resource document and framework that aligns with existing DVP technical packages and resource guide • Corresponding capacity-building resources • Strategic plan that outlines steps for using the framework in local settings
Budget Period Outcomes*	• Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health • Strengthened capability to respond to public health priorities collaboratively and strategically
Outcome Measures*	• # of partnerships addressing racism as a social determinant of violence • # of LHDs/stakeholders using the resource document, framework, and corresponding capacity-building resources

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 121/200 words maximum

The recipient organization should be invested in advancing health equity, fostering safe and healthy communities, and furthering prevention and public health efforts. The recipient should be experienced in capacity building and partnering with public health agencies (local, state, and federal) to use research, practice, strategy, and analysis to develop effective and evidence-based approaches.

The recipient should have a significant knowledge base around the intersection of public health, racism, and interpersonal violence; established relationships with experts and professionals in the field; and the capacity to disseminate findings and participate in a future DVP meeting.

The recipient must also be experienced working with complex social determinants of health and have the capacity to advance systems change.

The recipient should have staff dedicated to working on this project.

14 Applicant Program Experience:* 81/200 words maximum

The recipient should have significant experience working in the field of public health, violence prevention, structural racism, public safety, and health equity. The recipient should also have demonstrated experience developing tools, resources and frameworks on topics related to violence prevention, public health and race; partnering with governmental public health agencies; working in complex systems; and identifying topic-related emerging trends and best practices. The recipient should also be familiar with existing DVP resources and be prepared to integrate the resources into the work.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 59/200 words maximum

The recipient is encouraged to collaborate with the Division of Violence Prevention funded state and local health departments and partners who serve the priority population community and have a vested interest in achieving project related outcomes. Recipients are encouraged to plan their activities in a manner that is complementary with other DVP-funded programs operating in the community.

16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 25/200 words maximum
	Subcontractors may be selected based on significant experience working with marginalized populations and their expertise establishing equitable opportunities for marginalized populations.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 42/100 words maximum
	Applicants should use funds to facilitate assessments, including but not limited to, travel, meeting space, and supplies to achieve project outcomes associated with developing a conceptual document, framework, and capacity-building resources to address racism as a social determinant of violence.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Advancing Public Health During COVID-19 Through Implementation Science

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PR...

3 Division/Branch/Office/Unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 29/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery systems

Note: Proposals should not build capacity for CDC or other federal agencies

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$75,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically
☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 148/150 words maximum

People living with CVD and other chronic diseases have been especially vulnerable during the COVID-19 pandemic, with a greater risk of complications and death. Implementation Science is the study of methods to promote the adoption and integration of evidence-based practices, interventions and policies into routine healthcare and public health settings to improve our impact on population health. The purpose of the project is to effectively disseminate to public health leaders and other decision-makers that support public health services delivery systems, implementation sciences approaches to preventing and managing chronic and cardiovascular disease in the United States. The project involves the recipient collaborating with CDC subject matter experts to work with journal editorial, writing, and design staff as well as guest editors and contributing authors to develop a special journal supplement that includes 12-15 articles using implementation science to evaluate, manage, and/or improve public health systems. This is consistent with CDC's mission of health promotion by increasing overall cardiovascular health in the U.S. population.

12 **12.1. Public Health Systems Infrastructure**

Activities*	• Provide consultation in determining the target journal as well as the type, number and content of articles to form a cohesive supplement • Organize and facilitate the peer review process • Provide editorial support including copy editing (e.g., making all of the articles similar in tone) • Assist in the production of an on-line, open-access issue • Disseminate notices and link to open-access issue to various public health leadership audiences, including journal subscribers
Process Measures*	• Complete 75% of consultations within 3 months to inform scope of supplement. • To ensure timely peer review of at least 90% of submitted papers, identify and recruit at least 75% of peer reviewers for supplement. • To provide sufficient time for supplement production and multi-channel dissemination, ensure at least 80% of decision letters completed at least 3 months prior to supplement publication. • To ensure a high quality, error-free publication, ensure two-week gallery proof review period for at least 90% of papers.
Outputs*	• Consultations in determining the type, number and content of articles • Up to 15 peer reviews, one for each manuscript submitted, completed by peer reviewers selected by the journal • Up to 15 determination letters explaining the journal editor's recommendation to authors for revising manuscripts • Up to 15 editor's decision letters regarding final acceptance or rejection for each manuscript • Galley proofs of the supplemental issue, including each article
Budget Period Outcomes*	• Improved adoption and integration of evidence-based practices, interventions and policies into routine healthcare and public health settings to improve our impact on population health as a result of the publication journal supplement • Increased disseminate to public health leaders and other decision-makers that support public health services delivery systems, implementation sciences approaches to preventing and managing chronic and cardiovascular disease in the United States
Outcome Measures*	

- Number of of leaders and public health professionals (n=500) targeted receiving promotions of the online open-access issue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 71/200 words maximum

- Established systems to coordinate and manage the development of manuscripts and support the peer review process for multiple public health manuscripts related to a theme
- Capacity and previous experience meeting timelines for journal supplement production that coincides with the CDC funding cycle for the project
- Previous experience working with CDC on developing special journal supplements for publication

14 Applicant Program Experience:* 34/200 words maximum

- Expertise engaging a public health journal that focuses on implementation science topics
- Established relationships and reputation with high-quality journals relevant to public health practitioners

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 2/200 words maximum

N/A

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

N/A

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 words maximum

N/A

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Submission Date: 06/19/2020

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National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Print

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Application of telehealth utilization for EHDI during COVID-19 pandemic

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITI

3 Division/Branch/Office/Unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Maternal and child health professionals

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 60/150 words maximum

Assess the use of telehealth to provide early intervention and related family support services to young children who are deaf or hard of hearing and their families during the COVID-19 pandemic. Build the capacity of maternal and child health professionals to use best practices when using telehealth to meet the public health needs of children who are deaf or hard of hearing.

12 **12.7. Programs and Services**

Activities*	• Assess the provision of early intervention services via telehealth among young children who are deaf or hard of hearing during COVID-19 • Identify strategies for the collection and reporting of data about the provision of teleinterventions services to state health programs to enable continued public health surveillance • Summarize lessons learned, benefits, and considerations when providing teleintervention services to children during a pandemic • Disseminate informational materials to MCH professionals that improve the delivery of teleintervention services during COVID-19 and future public health emergencies
Process Measures*	• # of individuals surveyed on the provision of early intervention services via telehealth • # of best practices identified for the provision of telehealth services to young children who are deaf or hard of hearing • # of informational materials developed • # of informational materials disseminated
Outputs*	• A detailed project plan • A representative sample identified • Assessment tool(s) • Informational materials (e.g., report, presentation)
Budget Period Outcomes*	• Improved understanding of the use and impact of teleintervention services during COVID-19 • Increased capacity among MCH professionals to identify best practices for providing teleintervention services to children who are deaf or hard of hearing
Outcome Measures*	• % of identified respondents respond with information about the provision of teleintervention services during COVID-19 • % of MCH professionals who self-report an increased capacity to identify best practices for providing teleintervention services

Save and continue

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 53/200 words maximum
	The applicant should have access to early intervention providers across the U.S. that routinely work with infants and children who are deaf or hard of hearing, have the ability to conduct surveys, summarize findings, and provide suggested next steps based on findings.
14	Applicant Program Experience:* 26/200 words maximum
	The applicant should have a demonstrated ability to identify participants, develop and conduct a nation-wide assessment(s), analyze results, foster collaborations, prepare summary reports, and raise awareness among target populations
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 40/200 words maximum
	Plan and coordinate with CDC on project activities, including the collection and analysis of information about the provision of intervention services for deaf and hard of hearing infants during COVID-19.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 21/200 words maximum
	If subcontractors are needed, ensure they have the necessary qualifications and experience to complete the designated task(s).
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 100/100 words maximum
	• Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs. • Funds may not be used for capital expenditures such as construction and renovations or for clinical care. • Funds for conducting conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are allowed. • Except for travel related per diem expenses of grantee, consultants, contracts, and subcontracts/sub awardees, funds may not be used for other food and beverage expenses.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Save and Close | Submit | Submit without sending an email

Submission Date: 06/19/2020

You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Assessing the Impact of COVID 19 on Blood Disorders (Hematologic Diseases)

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

3 Division/Branch/Office/Unit:*
Division of Blood Disorders

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 20/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

National network of AUCD's member centers in every state and territory, as well as key public health partners

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
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- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 124/150 words maximum

The American Society Hematology has launched a national as well as international registry that captures de-identified data on COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders and patients that develop hematologic complications from COVID-19. This information will be used to provide real time observational data (as close as possible) to not only clinicians, but also to public health providers not only for awareness but also for clinical decision making. In addition to disease specific clinical information which will include laboratory values, data includes demographics such as sex, ethnicity, patterns of COVID-19 related treatment changes for preexisting hematological diseases, COVID-19 severity and outcomes. The recipient will work to package and disseminate findings from the registry to build the capacity of health care providers to make informed decisions when treating COVID-19 patients with hematologic disorders.

12 **12.3. Data and Information Systems**

Activities*

1. To provide expedient public reports of aggregated data on the outcomes of patients with COVID-19 and a hematologic condition or complication from COVID-19
2. To analyze public reports of aggregated data and develop data-based recommendations tailored to meet the needs of clinical and public health providers
3. To develop materials and resources that promote and increase use of the surveillance registry
4. To develop resources or knowledge sharing opportunities that support clinical and public health providers in making informed decisions when treating COVID-19 patients with hematologic disorders. These resources will be informed by findings from the aggregated registry data

Process Measures*

- # of sources/institutions consulted for registry data
- # of demographic factors included in data sets
- # of promotional materials developed to increase and improve use of the registry
- # of resources or knowledge sharing opportunities developed to improve adoption of evidence-informed treatment regimens for patients with COVID-19 and hematologic condition or complication

Outputs*

- Aggregated data on the outcomes of patients with COVID-19 and a hematologic condition or complication from COVID-19
- Summary reports of aggregated data on the outcomes of patients with COVID-19 and a hematologic condition or complication from COVID-19
- Informational materials that build the capacity of key public health partners to use the registry
- Educational opportunities to support informed decision making of clinical and public health providers when treating COVID-19 patients with hematologic disorders

Budget Period* Outcomes	• Improved capacity of data and information systems to conduct public health monitoring and surveillance of COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders • Increased capability to use data to inform decision-making and support evidence-informed practices and policies
Outcome Measures*	• # of batch data sets ingested by registry to reduce data entry burden • % of clinical and public health partners who, after attending webinars/trainings, report an increased understanding of evidence-informed practices that support clinical decision making for COVID-19 infected patients with hematologic disorders

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 32/200 words maximum

The applicant should have access to partners to collect and analyze data on COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders and patients that develop hematologic complications from COVID 19.

14 Applicant Program Experience:* 28/200 words maximum

The selected awardee should have experience in collaborating with hospitals/hospital systems, as well as collecting and analyzing data on COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 52/200 words maximum

Plan and coordinate with CDC and other entities, as appropriate, on project activities, including the collection and analysis of de-identified data on COVID-19 infected patients with malignant hematologic disorders, nonmalignant disorders and patients that develop hematologic complications from COVID-19 for the development of a national registry. Establish any necessary data sharing agreements.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 19/200 words maximum

If subcontractors are needed, ensure they have the necessary qualifications and experience to complete the designated task(s).

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 84/100 words maximum

- Funds may not be used for capital expenditures, such as construction and renovations or for clinical care.
- Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.
- Funds for conducting conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are allowed.
- Except for travel related per diem expenses of grantee, consultants, contracts, and subcontracts/sub awardees, funds may not be used for other food and beverage expenses.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Assessing the impact of COVID-19 on newborn screening services, including EHDI

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITI

3 Division/Branch/Office/Unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 4/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Pediatric health care clinicians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☑ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
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- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☑ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☑ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 44/150 words maximum

Determine the impact of COVID-19 on the receipt of newborn screening services, including screening for permanent hearing loss, diagnostic testing, and referral to early intervention for infants and young children across the U.S. Build capacity of pediatric clinicians to provide screening services for newborns efficiently during the COVID-19 pandemic.

12 **12.1. Public Health Systems Infrastructure**

Activities*	Assess the impact of COVID-19 on the receipt of newborn hearing screening, diagnostic testing, and referral to early intervention for infants and young children across the U.S.
Process Measures*	• Development of detailed project plan • Identification of a relevant state programs, providers, and others key stakeholders • Development of assessment tool(s)
Outputs*	• Surveyed states and select hospital screeners and providers of follow-up services (e.g., audiologists) • Highlighted successes, challenges, and collaboration between states, federal agencies, and national organizations in the provision of essential screening and follow-up services to infants and young children during a pandemic • Developed action report of potential opportunities and next steps
Budget Period Outcomes*	• Improved assessmet of the provision of newborn screening services during COVID-19 • Increased lessons learned and opportunities for strengthening the delivery of newborn screening and follow-up services • Strrengthened pediatric health care clinicians' capacity to provide newborn screening during the COVID-19 pandemic
Outcome Measures*	• At least 80% of state newborn hearing screening and follow-up programs (i.e., EHDI programs) respond with information about the provision of screening and follow-up services during COVID-19 • 70% of pediatric health care clinicians will report having the capacity to offer EHDI newborn screening services during a pandemic

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 46/200 words maximum

The applicant should have access to state programs across the country that provide newborn screening services, including screening for permanent hearing loss, diagnostic testing, and referral to early intervention for infants and young children.

14 Applicant Program Experience:* 42/200 words maximum

The applicant should have demonstrated experience and ability to work with state child health programs, develop and conduct a nation-wide assessment(s) of target programs, analyze results, foster collaborations, prepare summary reports, and present results.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 36/200 words maximum

Plan and coordinate with CDC on project activities, including the collection and analysis of information about the provision of newborn screening and follow-up services during COVID-19.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 27/200 words maximum

If subcontractors are needed, ensure they have the necessary qualifications and experience to complete the designated task(s).

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 100/100 words maximum

- Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.
- Funds may not be used for capital expenditures, such as construction and renovations or for clinical care.
- Funds for conducting conferences and workshops such as registration, travel, per diem, room rental, audio-visual and related expenses are allowed.
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CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round: COVID 1

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Submission Date: 06/19/2020

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Building Infection Prevention and Control Capacity in Community Health Centers

2 CIO:*
NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES

3 Division/Branch/Office/Unit:*
Division Of Healthcare Quality Promotion

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 12/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Health centers and the patients and communities in which they serve

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)

○Funded ○Unfunded

8 Expected Length of Project:*

◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
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☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☑	Improved leadership capacity to identify and prioritize public health needs
☑	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☑	Increased leadership decision-making to address public health needs strategically and systematically
☑	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 64/150 words maximum

CDC is proposing to engage with a national organization that represents community health centers to build infection control knowledge among facility directors and providers who serve vulnerable populations. Through CDC's support, this collaboration will promote and disseminate guidance and tools, training resources, and share promising practices as COVID-19 recommendations evolve, to best protect patients and healthcare workers and improve leadership capacity and decision-making skills during a time of crisis.

12

12.2. Leadership and Workforce Development

Activities*	• Within one month of award, partner organization develops a needs assessment of at least 30 community health centers directors and providers to determine gaps in knowledge or practices related to infection prevention and control, PPE use for healthcare personnel, connections with state and local health departments, and communications needs for their patient populations • Based on identified needs, CDC and partner organization develop a plan to promote CDC guidelines, training resources, job aides, and tools • Inform community health center directors/administrators/leaders of relevant CDC educational offerings for themselves, clinicians, and healthcare workers • Rapidly disseminate CDC infection control and assessment guidelines, job aides, and tools to community health centers and FQHC
Process Measures*	• # of facilities in which needs assessment is conducted • # of distinct needs identified • # of community health center directors/adminstrators/leaders communicated with • # of CDC materials disseminated
Outputs*	• Needs assessment • Compiled summary of community health center needs • Plan for dissemination of infection control and assessment guidlines, job aides, and tools
Budget Period Outcomes*	• Improved leadership capacity to identify and prioritize public health needs • Strengthened infection prevention and control competencies among leadership and workforce to improve job performance • Increased leadership decision making to address public health needs • Strengthen capability of workforce to deliver essential infection prevention and control and other public health services
Outcome Measures*	• Percentage of facility leaders/directors reporting an increase in knowledge of infection control practices, early detection of emerging infections inlcuding COVID, and facility asessment practice improvements • Percentage of healthcare personnel reporting increased knowledge about infection control best practices inlcuding facility asessment, and proper personal protective equipment use • Percentage of facility leaders and HCP who access at least one of the resources from CDC COVID healthcare guidance and at-risk populations web content

12.5. Partnerships

Activities*	• Facilitate peer-to-peer, facility-to-facility information sharing • Host and manage real-time information dissemination through online discussion forums or other means • Facilitate connections between community health centers and state and local health department healthcare associated infection (HAI) programs • Host learning networks of community health centers, to include state and local health department HAI programs
Process Measures*	• Number of peer to peer sharing opportunities • Number of calls, webinars for community health centers to connect with state and local HAI/AR programs
Outputs*	

	• Summary of best practices for community health centers to establish and maintain partnerships with public health HAI/AR programs • Summary of best practices and lessons learned for community health centers to share with each other and their key partners
Budget Period Outcomes*	• Improved capacity to establish and maintain parnterships within and across sectors to a shared vision of public health, including improved conncetion with healthcare associted infection (HAI)/ antibiotic resistance (AR) programs in state and local health departments • Strengthened capability to respond to public health priorities strategically and collaboratively, with an emphasis on infection prevention and control, detection of emerging threats, and improving anitibiotic use
Outcome Measures*	• Number of community health center leaders reporting increased awareness and value of partnering with HAI/AR programs • Number of community health centers reporting new or renewed partnerships that help strengthen and promote infection prevention and control best practices
12.7. Programs and Services	
Activities*	• Partner organization develops strategies, communications tools or products to further educate facility leaders, staff (healthcare personnel) and ensure uptake of best practices. Products could include things like best practices or tips for CHC including those for facility assessments, monitoring procedures for good infection prevention practices, tailored communications to CHC on appropriate use of antibiotics. • Utilize existing CDC training resources about IPC, including the appropriate indicator for PPE use related to COVID-19.
Process Measures*	• Number of communications resources or tools, based on CDC trainings and content, tailored for the target population
Outputs*	• Within three months of the award, partner will host learning opportunities (e.g., calls, webinars etc.) based on CDC training content and provide input to CDC for the development and refinement of tools, or communications related to infection control and prevention in community health centers or to address the specific needs of their patient populations
Budget Period Outcomes*	• Improved capacity to identify, prioritize, and customize infection prvention and control programs for community health centers and their staff • increased capacity to implemnt evidence-based programs, policies, and services to addresss the specific needs of communiuty health cenetrs and their staff and their staff/patients
Outcome Measures*	• Number of facility leaders that report increase in ability to address specific needs of the staff and patient population served by CHC • Number fo staff that report tailored infection preventionand control resources, communications and tools improve the effectiveness of the services they provide

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 71/200 words maximum

- Ability to promote CDC's science, guidance, resources, and tools to community health centers that serve vulnerable popuoations
- Logistical skills and abilities to reach the target population
- Subject matter competence needed to assess needs of target population and tailor communications content to increase knowledge, improve practices, and drive success
- Ability to develop and sustain alliances and partnerships with both public and private sectors to support and improve knoweldge and practices in community health centers

14 Applicant Program Experience:* 58/200 words maximum

- **Knowledge of CDC's COVID infection prevention and control tools**
- **Knowledge of CDC's and public health patient safety mission, including protecting patients from emerging infectious disease threats in healthcare, such as COVID-19 and multidrug resistant organisms, and improving the use of antibiotics**
- **Experience working with federal, state and local public health partners, healthcare provider organizations, patient safety stakeholders**
- **Experience working with vulnerable populations**

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 59/200 words maximum

Recipient is expected to faciliate and enhance collaboration among CDC and other federal and public partners, as needed, and specifically with Health Resources & Services Administration (HRSA), and CHC, including FQHC, as well as with public health departments to increase capacities, knowledge, and support for infection prevention and control best practices for facilities, their staff, and patients

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 23/200 words maximum

Subcontract work may be permitted per recipient's approved processes in order to fulfill the activities, outputs, and outcomes of the project

BUDGET INSTRUCTIONS

17	General Instructions for Use of Funds, as applicable: 18/100 words maximum
	Funds may used to support staff, services, and materials to fulfill the activities, outputs and outcomes described.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Children's Mental Health Champions Promoting Mental Health During/Post COVID-19

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITI

3 Division/Branch/Office/Unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 21/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
The national network of AUCD's member centers in every state and territory, as well as key public health partners

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$750,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☑ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 139/150 words maximum

The existence of children's mental health disparities among racial ethnic groups and low/high resourced communities are long standing; the COVID-19 pandemic has only exacerbated these social and structural inequalities.However, the pandemic also provides an opportunity to create an improved mental healthcare system for children, a system that better addresses these inequalities and repairs fragmented behavioral health services for children at the state level using data to monitor improvement. Using the *Act Early* Ambassadors as a model this project would implement a cohort of no more than ten COVID-19 focused Children's Mental Health Champions (CMHC) to eliminate silos and build the foundation for a stronger, more inclusive and equitable mental health system. Professionals will be identified and recruited to serve as the point of contact for their state or community. CMHC would design individual state plans that connect and create family-school-healthcare-community partnerships for children and leverage existing networks already established by *Act Early* Ambassadors.

12 **12.2. Leadership and Workforce Development**

Activities*	• CMHC serve as state liaisons to the CDC and as a centralized location for children's mental health resources for children and adolsecents • CMHC act as community champion change agents to increase awareness activities and promote resiliency factors for stress and trauma (e.g., positive parenting, school and other social connections) • CMHC develop and test strategies for building partnerships to promote identification, screening, referral, and intervention
Process Measures*	• # CMHC selected • # new partnerships to promote mental health
Outputs*	• "Playbook" of partnership and implementation lessons learned and effective strategies that could be used by states to support Children's Mental Health Champions • Implementation and workforce development plan for Covid-19 related mental health support programs and resiliency promotion activities • Database of state resources, partners, and programs for children's mental health
Budget Period Outcomes*	• Increased capacity of state-level children's mental health workforce to implement effective strategies for mental health promotion, prevention supports, and creation of networks (e.g., school, healthcare, and community). • Increased state partnerships to address silos and build the foundation for a stronger, more inclusive and equitable mental health system.

Outcome Measures*	• Progress on year 1 CMHC playbook on partnership lessons learned • Progress on implementation and workforce development plan • Status of state database of resources

12.7. Programs and Services

Activities*	• implement effective strategies for mental health promotion, prevention supports, early identification and referral networks (e.g., school, healthcare, and community) to collaboratively address the mental health needs of children during and post the COVID-19 pandemic; and • identify and implement technology-based and virtual strategies (e.g., tele-mental health and evidence-based online mental health promotion and prevention programs) that can be used not only during social distancing but may also provide opportunities to address barriers to mental health services especially for underserved groups; and • disseminate evidence-informed stress and trauma-focused tools, resources, and information to support resiliency during and post pandemic; and • serve as state liaisons to the CDC and as a centralized location for children's mental health resources for children and adolescents; and • act as community champion change agents to increase awareness activities and promote resiliency factors for stress and trauma (e.g., positive parenting, school and other social connections); • collect program evaluation data on the Children's Mental Health Champion's efforts (e.g., number of new strategic partnerships implemented, reach of stress/resiliency resources disseminated, web metrics of electronic resources)
Process Measures*	• # strategies implemented mental health promotion • # techonology-based tools collected
Outputs*	• Report on opportunities for technology-based mental health interventions • Dissemination plan for Covid-19 Related Mental Health Resources • Baseline program evaluation data collection
Budget Period Outcomes*	• Increased knowledge and awareness around children's mental health and technology-based strategies to address gaps in mental health resource access. • Increased early identification, screening, referral, and intervention for children's mental disorders, especially in underserved populations. • Increased access to evidence-informed stress and trauma-focused tools, resources, and information to support resiliency during and post pandemic.
Outcome Measures*	• Progress on report on opportunities for technology-based mental health interventions • Progress on dissemination plan for Covid-19 Related Mental Health Resources • Status of baseline program evaluation data collection

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 64/200 words maximum

The applicant should have:

- Access to a national network of centers for future potential uptake and dissemination of recommended approaches to overcoming common barriers
- Existing relationships that support connections between child serving systems to reduce or prevent impairment from children's mental, behavioral and developmental disorders among underserved racial/ethnic groups.
- Documented capacity to support the specific activites (e.g., program evaluation, dissementation of technology-based mental health resources).

14 Applicant Program Experience:* 71/200 words maximum

The applicant should have experience with:

1. Implementing or disseminating evidence-based mental health resources on a large scale (e.g., state-wide, community-wide, or through a programmatic infrastructure) to underserved racial/ethnic groups
2. Building capacity for community champion change agents to increase awareness activities
3. Conducting program evaluations
4. Developing and implementing of technology-based and virtual strategies to support children and families with mental health concerns

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 126/200 words maximum

CDC and the awardee will collaborate in the following areas to achieve the intended goals:
1) CDC staff will work collaboratively with the awardee to develop a Implementation and workforce development plan for Covid-19 related mental health supports.

2) CDC will collaborate on the developmental of a program evaluation. The awardee will lead all evaluation activities.
3) CDC and the awardee will collaborate to develop a disssemination plan for Covid-19 Related Mental Health Resources.

4) The awardee will identify the 10 state, territory or community-level mental health champions. CDC

5) CDC and the awardee will collaborate to develop a "playbook" of partnership and implementation lessons learned.

6) CDC will develop an outline for a report on opportunities for technology-based mental health interventions and state resources, partners, and programs for children's mental health.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

N/A

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 28/100 words maximum

Funds can be allocated for state children's mental health champions, a Fellow to manage cross-site program evaluation data, and subcontracts (as needed) for program evaluation.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round: COVID 1

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Submission Date: 06/19/2020

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 3/10 words maximum
Dental Board Policy Analysis

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROM

3 Division/Branch/Office/Unit:*
Division of Oral Health

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 3/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Governors and their staff

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☑ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☑ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 123/150 words maximum

As of 2016, an estimated 21 states and DC have written into state statutes a requirement to follow CDC's Infection Prevention and Control (IPC) Guidelines for Dental Settings. This project would entail assessing the current policy landscape within each state requiring adherence to CDC's dental IPC guidelines . The partner would engage with a sample of states who do and don't require adherence to CDC guidelines to extract lessons learned, opportunities and challenges, and indicators of readiness. The funded partner would then develop a plan and resources to increase knowledge among decision makers regarding the benefits of aligning dental board requirements with CDC IPC guidelines.

12 **12.6. Laws and Policies**

Activities*	1. Assess all states' dental board policies for alignment with CDC IPC guidelines for dental settings. 2. Engage up to 9 state dental boards to understand and document lessons learned, opportunites, challenges and benefits. 3. Engage sample state boards to assess and document willingness, challeges and barriers. 4. Evaluate and codify opportunities to increase state policy alignment with CDC IPC guidelines. 5. Develop recommendations for target population to support state alignment to CDC IPC guidelines.
Process Measures*	1. # of state dental board policies assessed. 2. # of state dental boards assessed for lessons learned, opportunities, challenges and benefits. 3. # of state dental boards assessed for willingness to implement state dental policy in compliance with CDC IPC guidelines, including documented possible challeges and barriers. 4. # of opportunities identified to increase state policy alignment with CDC IPC guidelines. 5. # of strategies recommended to align state policies to CDC guidelines documented.
Outputs*	1. Quarter 1 – White paper documenting current policy landscape across 50 states and DC 2. Quarter 1 – Document noting final interview process, discussion topics and questions (approved by DOH) provided to DOH 3. Quarter 2 – Interviews with sample states to discuss opportunities and challenges completed 4. Quarter 3 – Evaluation of opportunities to increase state policy alignment completed 5. Quarter 4 – White paper documenting recommended strategies completed
Budget Period Outcomes*	Increased alignment of state dental policy with CDC IPC guidelines for dental settings.
Outcome Measures*	# of state policies showing increased alignment to CDC IPC guidelines.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 37/200 words maximum

	Organization must be able to demonstrate significant experience conducting policy analysis and working with diverse organizations in the public health landscape; organization must demonstrate proven ability to facilitate a multi-faceted process towards a prescribed output that is national in scope and impact.
14	Applicant Program Experience:* 46/200 words maximum
	Organization must have demonstated experience working with constituents in local, state, and national public health organizations. The applicant must have experience in policy analysis at the state level, working with constituents to facilitate a robust and interactive process exploring lessons learned, challenges, barriers and opportunities that will support defining strategies for policy implementation and adherence.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 16/200 words maximum
	Applicant will lead development of this project in collaboration with CDC Division of Oral Health staff.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum
	N/A
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 13/10 words maximum
Electronic case reporting: Nationwide Scaling of Bidirectional Information Exchange between Healthcare and Public Health

2 CIO:*
CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES

3 Division/Branch/Office/Unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 6/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

U.S. hospitals and health systems

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,500,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☑	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☑	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 121/150 words maximum

Electronic Case Reporting (eCR) is the automated generation and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action. eCR makes disease reporting from healthcare to public health faster and easier, moving data securely and seamlessly. This request focuses on ensuring a competent, current, and connected public health system through capacity-building assistance (CBA). Specifically, the target population that will receive CBA is U.S. hospitals, hospital associations and health systems through technical assistance, information sharing, and materials development. This project will produce the following value: (1) More complete, accurate data in real-time; (2) Earlier detection equals earlier intervention; (3) Diminished burden on healthcare professionals, staff, and facilities; and (4) Linkage of healthcare to population health.

12 **12.1. Public Health Systems Infrastructure**

Activities*

	Conduct targeted outreach activities to state and other hospital associations and healthcare systems to begin implementing electronic case reporting from healthcare to STLT public health agencies.
Process Measures*	Update and implement outreach strategic plan for onboarding (bringing on) healthcare systems currently not using electronic case reporting. Identify barriers to healthcare system engagement and provide recommendations for overcoming barriers, building relationships, and improving direct outreach to targeted healthcare systems and providers.
Outputs*	Provide targeted outreach, collaborative CBA to healthcare systems in order to increase the numbers of sites implementing electronic case reporting
Budget Period Outcomes*	Increased number of sites implementing electronic case reporting
Outcome Measures*	Number of healthcare providers implementing eCR will increase 15% annually meeting the overall goal of rapid real-time data exchange between healthcare providers and STLT public health agencies. This outcome measure directly strengthens the public health systems infrastructure
12.4. Communication and Information Systems	
Activities*	Develop and disseminate information on tools, communication methodologies and information-related technology to healthcare providers, STLT public health agencies, and state hospital associations
Process Measures*	Establish and track metrics for successful communication reach
Outputs*	Content promoted through CDC eCR website, webinars, social media, blogs, and news stories that lead to successful implementations
Budget Period Outcomes*	Increased value and benefits of eCR to healthcare systems and other stakeholders
Outcome Measures*	# of healthcare systems, state hospital associations and STLT public health agencies received disseminated information
12.5. Partnerships	
Activities*	Outreach to partners to develop strategic and tactical measures to scale-up and achieve effective information exchange. Engage state hospital associations to recruit new healthcare systems for electronic case reporting. Target hospital administrators to support of electronic case reporting efforts.
Process Measures*	Partners will collaborate to strengthen electronic case reporting practices and implementation in healthcare facilities. Facilitate and maintain relationships between healthcare providers, STLT public health agencies, and hospital associations across all states.

Outputs*	Enhanced collaboration and alignment among state hospital associations, state health departments, and healthcare systems. Document barriers, facilitators, and improvements for electronic case reporting. Conduct webinars for state hospital associations, state health departments, and healthcare providers.
Budget Period Outcomes*	Improved capacity of the eCR partnership to facilitate connectivity between healthcare and STLT public health agencies. Enhanced learned and shared experiences with a network of implementers across states. Increased hospital administrator engagement and support of electronic case reporting efforts.
Outcome Measures*	Outreach efforts will result in at least 20 new healthcare providers annually who are successfully implementing electronic case reporting; 50% of state hospital associations will be engaged in providing information and resources to healthcare systems.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 102/200 words maximum
	The Recipient Organization will need to have the necessary infrastructure and support to collaborate with all existing and potential eCR stakeholders. The organization will assist the eCR program in supplementing the flow of information from providers and clinical organizations, namely U.S. hospitals and health systems, into public health. The organization will provide direct assistance for onboarding activities, strategic input utilizing expert knowledge of U.S. hospitals and health systems and achievement of communication goals. The organization must have the capacity to provide ongoing day-to-day support for the recruitment of healthcare providers, participant workgroups, communications, and outreach to existing and potential eCR stakeholders.
14	Applicant Program Experience:* 90/200 words maximum
	The Recipient Organization must have national hospital/healthcare system expertise to understand, have existing strong relationships with, and persuasively onboard hospital/healthcare systems to utilize electronic case reporting. They must demonstrate an understanding of hospital associations and healthcare systems to inform and improve information-driven programs. The organization must have partnership and communications expertise to provide the level of direct assistance required to advance eCR nationwide. Because each STLT has specific requirements, the organization will be well versed in national hospital/healthcare policy development, legislative, regulatory, and judicial matters related to healthcare providers.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 100/200 words maximum
	The Recipient Organization must establish and maintain productive working relationships with healthcare providers/systems and electronic health record vendors. The Recipient Organization is expected to engage at a high level with executives in the nongovernmental sector, to include hospital/healthcare system representatives at all levels and to ensure that collaboration is present in all decisions. The organization will at times interface with STLT public health agencies to ensure that nongovernmental jurisdictions can send electronic case reports to STLT public health agencies. The organization will collaboratively work with federal CDC electronic case reporting employees to ensure decision-making reflects national public health standards.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 3/200 words maximum

	Not applicable
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 8/100 words maximum
	Budget for general use based on identified activities.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Enhance influenza vaccination in children with special health care needs

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITI

3 Division/Branch/Office/Unit:*
Division Of Human Development And Disability

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Pediatric health care clinicians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 145/150 words maximum

Children with disabilities and those with special healthcare needs, such as asthma and neurologic conditions, are at high risk of severe complications from influenza. These children are also at higher risk for severe illness and experience higher rates of hospitalization with from COVID-19 than other children. Childhood noninfluenza vaccination rates have declined during the COVID-19 pandemic. Flu vaccination rates in children with special healthcare needs have been found in the past to be similar to those of typical children, despite these children being at higher risk for complications from influenza. Promoting influenza vaccination in the context of the COVID-19 pandemic is important to address any potential decline in influenza vaccination rates during the 2020-2021 influenza season and to reduce influenza-related medical visits and hospitalizations in an already stressed healthcare system. By focusing on children with special healthcare needs, especially racial/ethnic minority groups (e.g., non-Hispanic black persons, American Indians/Alaska Natives), this project aims to promote influenza vaccination in this vulnerable population.

12 **12.4. Communication and Information Systems**

Activities*

- Create communication materials for pediatric providers and families of children with special healthcare needs on the importance of influenza vaccination during the COVID-19 pandemic
- Develop strategies to reach children and adolescents with disabilities living in congregate settings
- Explore clinical settings that may be underutilized in providing influenza vaccination (e.g., emergency departments, subspeciality clinics)
- Design and implement a virtual, interactive, collaborative telementoring program aimed at improving influenza vaccination rates in children with special healthcare needs
- Conduct focus groups with families of children with special healthcare needs, including groups focused on racial/ethinc minority groups (e.g., non-Hispanic black persons, American Indians/Alaska Natives)

Process Measures*

- # of communication materials developed
- # of communication materials distributed
- # of strategies identified to reach children and adolescents with disabilities living in congregate settings
- # of participants for collaborative telementoring program
- # of focus groups conducted

Outputs*

	• A strategy for increased influenza vaccination of children with special healthcare needs and children with disabilities during the COVID-19 pandemic • An implementation and evaluation plan to help guide the project • Webinar on influenza vaccination of children with special healthcare needs during the COVID-19 pandemic • Final executive summary highlighting best practices and lessons learned • Communications toolkit incorporating materials and strategies (e.g., social media messages) aimed at pediatric provider, families, and organizations which serve children with special healthcare needs to promote influenza vaccination during the COVID-19 pandemic • Telementoring program
Budget Period Outcomes*	Increased knowledge among telementoring participants of the importance of influenza vaccination in children with special healthcare needs and their confidence in discussing this topic with families.
Outcome Measures*	% of telementoring participants who report increased knowledge of the importance of influenza vaccination in children with special healthcare needs and increased confidence in discussing this topic with families.
12.5. Partnerships	
Activities*	• Create a project oversight group • Compile existing influenza vaccination communication materials aimed at pediatric providers and families of children with special healthcare needs • Coordinate stakeholder calls focused on developing strategies to increase flu vaccination with organizations that focus on children with special healthcare needs.
Process Measures*	• # of individuals identified to participate in the project oversight group • # of convenings of the project oversight group • # of existing promotional materials reviewed within the first two months for environmental scan/collection • # of recommendations received from partnership group regarding development of communication materials and strategies
Outputs*	• Project oversight group • Stakeholder group recommendations to increase vaccination
Budget Period Outcomes*	• Increased knowledge among stakeholder group of the importance of influenza vaccination in children with special healthcare needs • Increased promotion of flu vaccination
Outcome Measures*	• % of stakeholder group participants reporting increased knowledge of the importance of influenza vaccination in children with special healthcare needs • % of stakeholder group participants committing to increase promotion of flu vaccination to reach more children with disabilities and special health care needs repreenting racial and ethnic minorities and children from tribal communities will be reached

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 93/200 words maximum

The recipient will need to efficiently identify and recruit pediatricians, children with special healthcare needs and disability stakeholders, and state and local health department and maternal/child health staff to participate in the project. Given the range of pediatric clinicians that care for children with special healthcare needs and disabilities, the recipient should be able to connect with this spectrum of providers (e.g., outpatient and inpatient, general and subspeciality, urban and rural, those primarily serving children representing racial/ethnic minorities and tribal nations). The recipient should be able to host multiple recurring virtual meetings, using an online, interactive platform that facilitates discussion and learning.

14 Applicant Program Experience:* 108/200 words maximum

Existing relationships with pediatricians, children with special healthcare needs and disability stakeholders, and state and local health department and maternal/child health staff will enhance the organization's ability to successfully complete this project. Due to the short timeline of the project, the recipient should be facile in quickly identifying key issues of a complex topic, convening experts from different professional backgrounds, and leading the completion of a public health-focused agenda in a timely manner. Experience in conducting influenza vaccination activities and developing communication products aimed at pediatricians and families will help inform activities for this project. Having responded to, and conducted activities during, previous public health emergencies (e.g., infectious disease outbreaks) will also be beneficial given the ongoing COVID-19 pandemic.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 130/200 words maximum

The recipient should explore collaboration with groups that are engaged in activities focused on children with special healthcare needs, including children and adolescents with disabilities living in congregate settings. Healthcare facility stakeholders should also be considered for collaboration given their systems-level experience with vaccinations. In addition, chief medical officers at children's hospitals or designates should be engaged to conceive of novel ways to increase vaccination given their interest in reducing hospitalization for flu during this time of pandemic where hospitalizations are stretching the health care system. Expertise in communicating to pediatricians and families of children with special healthcare needs should be incorporated to identify ways to effectively communicate with these populations. State and local health department and maternal/child health staff will also be critical in providing the local, on-the-ground perspective.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 102/200 words maximum

	The recipient may engage disability partners/stakeholders who have experience working with and communicating to families of children with disabilities. In addition, these partners will be instrumental in assisting with reaching unique stakeholders such as organizations which serve children with disabilities in group settings or those who work with people with disabilities within states. Special attention should be given to ensure that materials are accessible for people with disabilities. Subcontractual work may be used to form focus groups of families with children with special health care needs and disabilities.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 35/100 words maximum
	Funds should be used to convene and engage stakeholder group, perform environmental scan, produce materials/outreach plan, and implement plan
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Evaluating Telehealth Strategies for High Blood Pressure and Cholesterol During COVID-19

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROM

3 Division/Branch/Office/Unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 6/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Community based organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$300,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
◉ The CIO will fund the project for one year.
○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 134/150 words maximum

Evidence shows that telehealth strategies can increase access and improve delivery of care for cardiovascular disease by improving remote patient monitoring, supporting medication adherence, and promoting healthy lifestyle changes. The Division for Heart Disease and Stroke Prevention funds state and local health departments to work with health care providers to advance the use of telehealth strategies, implement effective telehealth technologies, and evaluate outcomes. During the COVID-19 pandemic, more health care providers and systems moved toward telehealth as an essential strategy to continue to treat patients. With the rapid implementation of telehealth approaches amid the pandemic, it is essential to evaluate the strategies that have been implemented, document the steps and components of those strategies, assess outcomes, and rapidly disseminate promising practices to the public health and health care community. This is consistent with CDC's mission of health promotion by increasing overall cardiovascular health in the U.S. population.

12 **12.7. Programs and Services**

Activities*	• Manage the implementation of the project and maintain regular communication with the CDC technical monitor. • Develop protocol and conduct rapid evaluations of telehealth strategies conducted by a sample of health care providers that are partners of DHDSP-funded state and local health departments. • Document processes and outcomes of telehealth strategies conducted by selected health care providers. • Assess process and outcome data to determine which approaches may be most effective in specific contexts, settings, geographic areas, or among different populations. • Assess mechanisms by which the telehealth approaches may enhance health equity or exacerbate disparities. • Develop translation documents that highlight telehealth approaches and outcomes to disseminate among health care providers and the public health community.
Process Measures*	• Meet with CDC team bi-weekly or other agreed upon frequency and submit meeting notes within 5 days. • Development of draft evaluation protocol within 3 months of award. • Submission of draft implementation summaries by 8 months after award.
Outputs*	• Final evaluation protocol for rapid evaluation, including data collection tools and analytic plans. • Final summary of implementation and outcomes of each selected site. • Development of analytic dataset. • Final briefing documents that highlight promising strategies for implementing telehealth approaches to manage high blood pressure and high cholesterol.
Budget Period Outcomes*	• Increased dissemination of briefs that can be used by health care providers and public health professionals to effectively implement telehealth strategies for the populations they serve.
Outcome Measures*	

	• Number of final briefs tdeveloped that effectively highlight critical findings from the evaluation on promising telehealth strategies. • Number of promising practices disseminated to the public health and health care community

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 32/200 words maximum
	• Capacity and previous experience working with health care providers. • Knowledge of telehealth strategies. • Knowledge of evaluation methods.
14	Applicant Program Experience:* 52/200 words maximum
	• Experience conducting evaluation. • Knowledge of telehealth strategies. • Experience assessing and addressing health disparities. • Experience addressing cardiovascular disease, including strategies designed to improve blood pressure control, cholesterol management, and other risk factors.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 69/200 words maximum
	• Recipient is expected to collaborate with health care providers and state and local health departments to complete this work. Recipient should use approaches that are sensitive to time constraints of health care and health department staff, especially during the COVID-19 pandemic. Recipient is also expected to be culturally competent, assess their own biases, and ensure that all collaborators are treated respectfully.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 54/200 words maximum
	• The recipient can, but is not required to, subcontract all of part of the work. The subcontractor should have experience working with health care providers and health departments, knowledge of cardiovascular disease and related prevention and management strategies, understanding of evaluation methods, and be culturally competent.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/10 words maximum
Impact of COVID-19 on Stroke and from Venous Thromboembolism (VTE) in Oklahoma County

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

3 Division/Branch/Office/Unit:*
Division of Blood Disorders

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 20/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

National network of AUCD's member centers in every state and territory, as well as key public health partners

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*

- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 62/150 words maximum

The general objective of this project is to evaluate the impact of Covid-19 disease on the incidence and mortality from stroke and from venous thromboembolism (VTE) in Oklahoma County during the period from 2018- 2021 and provide key information on the contribution of these thromboembolic conditions to the disease burden of COVID-19 infection.

12 **12.3. Data and Information Systems**

Activities*

The applicant will perform surveillance of all patients with Covid-19 in Oklahoma County.

- Conduct surveillance of stroke and VTE in accordance with federal statutes and Title 310 Oklahoma State Department of Health, Chapter 515-1-6 for public health disease surveillance.
- Use both active and passive methods. Active surveillance consists of surveillance staff regularly visiting all tertiary care facilities and relevant outpatient clinics in Oklahoma County to review the appropriate records and text from all imaging studies.
- Identify the relevant imaging studies at each facility by using ICD-9 CM procedure codes, current procedural terminology (CPT) codes, and free text, depending on the facilities' medical record system.
- Access health records from the hospital discharge dataset and death certificate records from the Oklahoma State Department of Health.

Process Measures*

- For stroke, the applicant will use both active and passive surveillance.
- For VTE, the applicant will perform passive surveillance of all patients with Covid-19, including outpatients and those admitted to the 13 hospitals in Oklahoma County.
- For hospital record surveillance, the applicant will apply the IDEAL-X language recognition software and previously developed ICD case definitions of VTE to the hospital record of all patients with confirmed Covid-19 infection.

Outputs*

- Documentation of the process for characterizing the attributes of of thromboembolic complications such as stroke and VTE in COVID 19 patients.
- Materials produced that can be distributed to collaborating hospitals/hospital systems in the assessment of their report generating capabilities on the occurrence and burden of of thromboembolic complications such as stroke and VTE among COVID-19 patients.
- Produce a final report summarizing the contribution of these thromboembolic conditions to the disease burden of COVID-19 infection.

Budget Period* Outcomes

- A better understanding of thromboembolic complications such as stroke and VTE as important contributors to morbidity and mortality from COVID-19 infection.

Outcome Measures*

- This project will provide key information on the contribution of these thromboembolic conditions to the disease burden of COVID-19 infection.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 29/200 words maximum
	The applicant should have access to hospitals/hospital systems to collect and analysis data on the prevalence of VTE in COVID 19 patients, assessment of risk factors and patient demographics.
14	Applicant Program Experience:* 20/200 words maximum
	The selected awardee should have experience in collaborating with hospitals/hospital systems in the area of VTE among COVID-19 patients.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 25/200 words maximum
	Plan and coordinate with CDC on project activities, including the collection and analysis of information on the occurrence and burden of VTE among COVID-19 patients.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 19/200 words maximum
	If subcontractors are needed, ensure they have the necessary qualifications and experience to complete the designated task(s).
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 99/100 words maximum
	• Funds are authorized for general budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs. • Funds may not be used for capital expenditures, such as construction and renovations or for clinical care and/or research activities. • Funds for travel, per diem, room rental, audio-visual and related expenses are allowed.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum

Improving Mental, Behavioral and Academic Supports to Students and Families

2 CIO:*

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTIC

3 Division/Branch/Office/Unit:*

Other

Enter other division, branch, office, or unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 3/25 words maximum

Note: Proposals should not build capacity for CDC or other federal agencies

Community-based organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*

$500,000 (Whole numbers only)

◯Funded ◯Unfunded

8 Expected Length of Project:*

◉	The CIO will fund the project for one year.
○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☑	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☑	Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 34/150 words maximum

The purpose of this project is to improve mental, behavioral, and academic supports to students, families, and school staff to support school systems in recovery from long-term school closures as a result of the COVID-19 pandemic.

12 **12.3. Data and Information Systems**

Activities*

	1. By January 2020, synthesize the collection of COVID-19 related surveys to parents to date to understand what questions have been posed to parents, and what questions still need further exploring. 2. Using results from the survey synthesis, administer a survey of parents to further close information gaps about parent understanding and perspectives related to COVID-19. 3. Summarize findings in a publication that makes recommendations for additional information to gather and monitor as schools resume 4. Dissemination of materials to school systems so that recommendations may be used to support the health, social, and emotional needs of students and families during and after an infectious disease pandemic or similar public health crisis
Process Measures*	1. Number of sources consulted to collect COVID-19 related surveys to parents. Target should be at least 50% of the major education, parent, and family-related agencies and organizations nationwide 2. Number of identified information gaps about parnet understanding and perspectives related to COVID-19 3. Percent duplication (<10%) of survey items in additional survey of parents, as informed by database analysis 4. Number of resources developed to build the capacity of school systems to support the health, social, and emotional needs of students and families during and after an infectious disease pandemic or similar public health crisis 5. Number of major education, parent, and family-related agencies and organizations to whom resources are distributed
Outputs*	1. Database of COVID-19 related parent surveys 2. Additional survey for parents to close information gaps with <10% duplication of survey items 3. Publication that summarizes these synthesis findings and makes recommendations for additional information to gather and monitor as schools resume. 4. Materials highlighting the recommendations for school systems to support the health, social, and emotional needs of students and families during and after an infectious disease pandemic or similar public health crisis.
Budget Period* Outcomes	1. Increased capability to use data to inform decision-making and support evidence-based practices and policies. 2. Increase in district-wide mental health and other health promotion activities (e.g., infectious disease prevention and control, positive school climate, mental health education/literacy).
Outcome Measures*	For both Budget Period Outcomes #1 and #2 above: • % of schools identified and reached that include parent feedback in their decision-making processes to inform the practical applications of evidence-based practices and policies related to COVID-19. Target = at least 75% • % of schools identified and reached that increase mental health and other health promotion activities based on data provided via parent survey results. Target = at least 50%
12.4. Communication and Information Systems	
Activities*	

	1. Leverage current communications assets, including e-newsletters, social media, and other channels, to share CDC's COVID-19 related guidelines and resources for schools, parents, and families. 2. Host a COVID-19 tele-town hall that will: share feedback heard from parents, teachers, and administrators on the health and education issues associated with re-entry; identify what parents require from school systems to have confidence sending their children back to school and share CDC guidelines; address how schools are implementing and monitoring their re-opening success; and address how schools will respond and communicate about a 2nd or 3rd wave of COVID-19. 3. Identify and reach at least 30 school districts in each state (and one in each territory and tribal nation) to work with to provide real-time monitoring of school re-opening process; create a feedback loop with identified school districts to effectively communicated the activities described above. 4. Develop guidance for school systems on how to effectively engage and integrate families into decision-making processes pre-, during, and post-crises, such as COVID-19 in order to better support students' overall health and well-being.
Process Measures*	1. % of all major education, parent, and family-related agencies and organizations nationwide added to current communications channels to ensure delivery of CDC's COVID-19 related guidelines and resources by January 2020. 2. Date and time of COVID-19 tele-town hall created by October 2020 3. % of all major education, parent, and family-related agencies and organizations nationwide invited to the COVID-19 tele-town hall 4. # of school districts identified and reached
Outputs*	1. Documentation of CDC's COVID-19 related guidelines and resources specific to schools, parents, and familes via social media, e-newsletters, and other communication channels. 2. Invitational materials for COVID-19 tele-town hall 3. COVID-19 tele-town hall 4. Formal report of COVID-19 tele-town hall that includes a summary of key findings and a participant evaluation 5. Guidance for school systems on how to effectively engage and integrate families into decision-making processes pre-, during, and post-crises. such as COVID-19 in order to better support students' overall health and well-being.
Budget Period Outcomes*	• Increased support of school districts for implementing CDC-recommended COVID-19 mitigation strategies in schools. • Improved communication and information technology capacity to inform the public efficiently and effectively. • Strengthened capability to use communication and information technology to affect health decisions and actions.
Outcome Measures*	For all Budget Period Outcomes above: • % of schools, parents, and families identified and reached who increase their knowledge of COVID-19 related information. • % of schools parents, and families identified and reached who identify at least one CDC-recommended guideline or strategy to apply during or post-COVID-19 pandemic (or similar public health crisis).
12.7. Programs and Services	
Activities*	1. Strengthen school/community solutions to address the mental and social health of families, teachers, and school communities during COVID-19 through resource development, grant opportunities, and elevating best practices. 2. Address the needs of children with special health care needs/disabilities and their families, who may be more at-risk/in vulnerable situations as a result of the COVID-19 pandemic, through resource development, grant opportunities, and elevating best practices.
Process Measures*	

	• # of planning documents created that outline the blueprint for resource development, grant opportunities, and elevating best practices; • # of tools and resources developed for families to locate mental health and other health services for children and families; • # of models created for addressing the mental and social health of a community using best practices; and • # of grant opportunities created for addressing the needs of children with special health care needs and/or addressing the mental and social health of a school community as a result of COVID-19.
Outputs*	• Tools and resources for families to locate mental health and other health services for their children and families. • School- and/or community-based models for addressing the mental and social health of a school community. • School- and/or community-based grant opportunities for addressing the mental and social health of a school community.
Budget Period Outcomes*	• Increase in formal partnerships between school districts and community or non-profit organizations providing mental health and other health services. • Increase in district-wide mental health and other health promotion activities (e.g., infectious disease prevention and control, positive school climate, mental health education/literacy).
Outcome Measures*	• # of new formal partnerships formed between school districts and community or non-profit organizations providing mental health and other health services. • # of new district-wide mental health and other health promotion activities (e.g., infectious disease prevention and control, positive school climate, mental health education/literacy).

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 66/200 words maximum
	Preferred organizational capacity includes: the ability to support states and locals to respond to and contain COVID-19; ability to synthesize large volumes of data, particularly innovations around data integration; and communications, including but not limited to, outreach to both at-risk and vulnerable populations as well as populations that may benefit from innovation or intense campaigns (i.e. young populations).
14	Applicant Program Experience:* 58/200 words maximum
	Preferred program experience includes: prior history of working with DASH, particular DASH's Program Development and Services Branch; experience working with multi-sector, community-based organizations to improve public health outcomes; experience in implementing public health activities in rural as well as urban settings; and documented engagement in community-based participatory research efforts.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 56/200 words maximum

	Both the Division of Adolescent and School Health in NCHHSTP and the Division of Population Health in NCCDPHP (via its School Health Branch) directly fund local school districts and state departments of education respectively. As such, there is an expectation that this recipient would collaborate with these two Divisions as appropriate.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 73/200 words maximum
	There is an expectation for a significant amount of work for one subcontractor for this project, based on its unique approach to public health via schools. A contractor should have at minimum the following qualifications: ability to easily reach key leadership in schools/school districts in all 50 states and US territories; ability to connect with (or are themselves) parent/family organizations with specific interests in schools; and knowledge of how to work with schools from a public health perspective.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 35/100 words maximum
	In general, funds should be used for personnel, fringe benefits, travel, supplies, contractual, other, and indirect. The funds should not be used for direct health services.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Improving telehealth capacity to support care delivery during COVID-19 pandemic

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTIC

3 Division/Branch/Office/Unit:*
Other
Enter other division, branch, office, or unit:*

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 17/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Health centers and the patients and communities in which they serve

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)

○Funded ○Unfunded

8	Expected Length of Project:*	
	○	The CIO will fund the project for one year.
	◉	The CIO will award new funding each budget period for more than one year.

	CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
	Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*	
	☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
	☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
	☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
	☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
	☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
	☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
	☑	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*	
	10.1. Public Health Systems Infrastructure	
	Short-term	
	☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate	
	☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development	
	Short-term	
	☐	Improved leadership capacity to identify and prioritize public health needs
	☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate	
	☐	Increased leadership decision-making to address public health needs strategically and systematically
	☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems	
	Short-term	
	☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 146/150 words maximum

The COVID-19 pandemic has resulted in tremendous morbidity and mortality and exacerbated an already strained healthcare system. Changes in the way healthcare is delivered are needed to reduce staff exposure to ill persons and minimize the impact of patient surges on facilities. In addition, the need to test, diagnose, and provide effective and timely care and treatment for COVID-19 and other infectious diseases (i.e., HIV, viral hepatitis, STDs, and TB (HHST)) continues. Telehealth services, including video directly observed therapy, help provide necessary care to patients while minimizing risk of SARS-CoV-2. While telehealth services are not new, widespread adoption has been relatively slow. The purpose of this project is to identify opportunities and challenges; develop resources; and provide technical assistance to improve implementation of telehealth for COVID-19 and other infectious diseases. This project should also make telehealth more sustainable and reach those disproportionately affected by COVID-19 and other infectious diseases or medically underserved areas.

12 **12.7. Programs and Services**

Activities*	1. Identify challenges and opportunities currently being experienced by healthcare providers in implementing, scaling-up and sustaining telehealth services related to COVID-19 and other infectious diseases. Telehealth includes preventive services, diagnostic services, care, and treatment (e.g., via video or electronic directly observed therapy) 2. Identify solutions, lessons learned, and best practices to address challenges (e.g., laws, policies, technology, reimbursement, training, laboratory ordering, laboratory test completion by patients) in implementing telehealth services related to COVID-19 and other infectious diseases (e.g., HHST) in various settings and geographic areas (e.g., medically underserved rural areas) 3. Develop and package strategies, resources and tools that support implementation, scale-up, and sustainability of telehealth services for COVID-19 and other infectious diseases 4. Disseminate packaged products to end users 5. Provide capacity building and technical assistance to healthcare providers to address challenges in implementing telehealth services for COVID-19 and other infectious diseases (e.g., HHST)
Process Measures*	1. Identification of challenges 2. Identification of solutions, lessons learned, and best practices for implementing, scaling-up, and sustaining telehealth services for COVID-19 and other infectious diseases
Outputs*	1. Resources developed to support implementation, scale-up and sustainability of telehealth services for COVID-19 and other infectious diseases 2. Technical assistance delivered
Budget Period Outcomes*	1. Increased availability of resources to support implementation, scale-up and sustainability of telehealth services for COVID-19 and other infectious diseases (e.g., HHST) 2. Increased implementation of telehealth services for COVID-19 and other infectious diseases in a variety of geographic areas and healthcare settings
Outcome Measures*	1. Number of tools available to support implementation, scale-up and sustainability of telehealth services for COVID-19 and other infectious diseases (e.g., HHST) 2. Number of health care providers implementing telehealth services for COVID-19 and other infectious diseases

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 163/200 words maximum

The applicant should have detailed understanding of at least 1 of the target populations and protocols, procedures, and policies related to telehealth services, including aspects related to state, local, and setting-specific policies, technology, reimbursement from a variety of payers, training, video directly observied therary, and laboratory ordering. The applicant should have a general understanding of CDC and US Preventive Services Task Force recommendations for screening, diagnosis and treatment for COVID-19 and other infectious diseases including HHST. The applicant should have the capacity to develop and deliver technical assistance to sites to implement the resources developed and address emerging needs in variety of settings during the COVID-19 pandemic.

This capacity may be internal or demonstrated through partnerships and contractual mechanisms with other entities. Applicant should demonstrate its capacity to oversee and manage all aspects of the project to ensure

1. Subject matter experts and CDC-recommended stakeholders are engaged
2. Appropriate communication modes are used to disseminate developed resources
3. Developed resources are available and useful to the target populations

14 Applicant Program Experience:* 156/200 words maximum

The applicant should have experience deliverying, training, or providing technical assistance related to telehealth services to at least 1 of the target populations. The applicant should have experience in identifying challenges, effective models, and lessons learned, and translating those elements into strategies, tools, and resources that can be disseminated and implemented at a variety of setting types to implement, scale-up and sustain telehealth. The applicant should also demonstrate experience working directly with public health clinics, community health clinics, or other healthcare providers to build internal capacity.

Applicant should have documented experience:

1. In the delivery, training, and/or provision of technical assistance related to telehealth services
2. Working directly with public health clinics, community health clinics, or healthcare providers to build internal capacity
3. Developing partnerships with public health clinics, community health clinics, or healthcare providers to improve healthcare delivery
4. Developing tools and other resources for healthcare settings and/or providers to translate into clinical practice
5. Implementing pre, post, and follow-up evaluation to measure impact

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 43/200 words maximum

It is expected that the awardee will collaborate with CDC and other organizations with expertise in these areas .

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 69/200 words maximum

	The grantee is encouraged to subcontract with entities that can improve the delivery of the expected outputs. CDC does not encourage use of multiple subcontractors, or subcontracting to an entity that must itself subcontract with one or more additional organizations, unless the grantee can provide clear evidence that such an arrangement will yield greater product quality and completeness for the same (or an even lower) budget.

	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Increasing chronic disease and preventive care services during COVID-19

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PR

3 Division/Branch/Office/Unit:*
Division Of Cancer Prevention And Control

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 15/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Health centers and the patients and communities in which they serve

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$3,250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*

- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☑ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term

- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate

- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term

- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☑ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 120/150 words maximum

To address decreased use of chronic disease management and preventive care services during the COVID-19 pandemic, CDC proposes to fund a partner organization to develop an electronic Shared Care Plan to be used at the point of care in community health centers to 1) identify needed chronic disease management and preventive care services and develop a plan to complete needed services in order of priority; 2) incorporate the plan into the electronic healthcare record and existing chronic disease care modules; 3) utilize telemedicine (video or audio only) methods to deliver care identified in the plan; 4) provide training and technical assistance to community health centers to increase uptake of the plan. The aim is to resume, maintain, or increase chronic disease management and preventive health services during or after the COVID-19 pandemic.

12 **12.4. Communication and Information Systems**

Activities*	• Develop an electronic Shared Care Plan template that identifies needed chronic disease management and preventive care services such as hypertension management, cardiovascular disease risk management, and cancer screening services and develops a plan to provide such services in order of priority for use at the point of care. • Incorporation of the Shared Care Plan template into the electronic health record. • Development of a learning collaborative among community health centers to develop, learn, and share best practices to resume, maintain, or increase use of chronic disease management and preventive care services during and after the COVID-19 pandemic.
Process Measures*	• Drafts of the electronic Shared Care Plan. • Plan to incorporate the Shared Care Plan into the electronic health record. • Number of community health centers that participate in the learning collaborative.
Outputs*	• Electronic Shared Care Plan Created. • Updated electronic health record that incorporates electronic Shared Care Plan • Learning collaborative established.
Budget Period Outcomes*	• Increased knowledge among providers of how to prioritize chronic disease management and preventive services in the context of COVID-19. • Increased knowledge among providers of how to assess and identify available resources for preventive services. • Increased provision of chronic disease management and preventive care services via telehealth (video or audio only) or in person in/through community health centers. • Increased use of preventive care services such as cancer screening. • Increased use of self-measured blood pressure monitoring programs at community health centers. • Increased identification of patients with modifiable risk factors who are at high risk for cardiovascular disease. • Increased use of statins for patients at high risk for cardiovascular disease for whom it is indicated.

Outcome Measures*	• Change in knowledge among providers regarding how to prioritize chronic disease management and preventive care services in the context of COVID-19. • Change in knowledge among providers about how to assess and identify available resources for preventive services. • Change in number of chronic disease and preventive care services provided via telehealth or in person. • Change in clinic level cervical, breast, or colorectal cancer screening rates. • Change in number of people in a community health center participating in self-measured blood pressure monitoring programs. • Change in number of known patients with modifiable risk factors who are at high risk for cardiovascular disease. • Change in number of patients at high risk for cardiovascular disease using statin therapy as indicated.

12.5. Partnerships

Activities*	• Partner with community health centers, federally qualified health centers, primary care associations, health center controlled networks, and other relevant organizations to: ◦ develop the Shared Care Plan and incorporate the plan into electronic health records and/or chronic disease management modules. ◦ increase uptake of the Shared Care Plan by community health centers. ◦ develop strategies to provide chronic disease management and preventive care services such as hypertension management (including use of self-measured blood pressure monitoring), use of statins for high-risk patients, and cancer screening services via telehealth (video or audio only) or in person visits during or after the COVID-19 pandemic.
Process Measures*	• Number of community health center, federally qualified health center, primary care association, health center controlled network, or other organizational partnerships established. • Number of meetings with partner organizations. • Number of community health centers that incorporate the Shared Care Plan into daily patient care and/or electronic health records.
Outputs*	• A Shared Care Plan that identifies needed chronic disease management and preventive care services such as hypertension management, cardiovascular disease risk management, and cancer screening services and develops a plan to provide such services in order of priority. • A document, video, webinar, or other mechanism that describes best practices for maintaining, resuming, or increasing chronic disease management and preventive care services via telehealth during or after the COVID-19 pandemic.
Budget Period Outcomes*	• Improved capacity to establish and maintain partnerships to maintain, resume, or increase use of chronic disease management and preventive care services during or after the COVID-19 pandemic. • Increased knowledge among providers of how to prioritize chronic disease management and preventive services in the context of COVID-19; • Increased knowledge among providers of how to assess and identify available resources for preventive services. • Increased provision of chronic disease management and preventive care services via telehealth (video or audio only) or in person in/through community health centers. • Increased use of preventive care services such as cancer screening. • Increased use of self-measured blood pressure monitoring programs at community health centers. • Increased identification of patients with modifiable risk factors who are at high risk for cardiovascular disease. • Increased use of statins for patients at high risk for cardiovascular disease for whom it is indicated.
Outcome Measures*	• Change in knowledge among providers regarding how to prioritize chronic diease management and preventive care services in the the context of COVID-19. • Change in knowledge among providers about how to assess and identify available resources for preventive services. • Change in number of chronic disease and preventive care services provided via telehealth or in person. • Change in clinic level cervical, breast, or colorectal cancer screening rates. • Change in number of people in a community health center participating in self-measured blood pressure monitoring programs. • Change in number of known patients with modifiable risk factors who are at high risk for cardiovascular disease. • Change in number of patients at high risk for cardiovascular disease using statin therapy as indicated.

12.7. Programs and Services

Activities*	• Develop a Shared Care Plan that identifies needed chronic disease management and preventive care services such as hypertension management, cardiovascular disease risk management, and cancer screening services and develops a plan to provide such services in order of priority. • Incorporate the Shared Care Plan into electronic health records and/or chronic disease management modules. • Provide training, technical assistance, or other support as needed to increase uptake of the Shared Care Plan by community health centers. • Provide training, technical assistance, or other support as needed to increase use of strategies to provide chronic disease management and preventive care services such as hypertension management (including use of self-measured blood pressure monitoring), use of statins for high-risk patients, and cancer screening services via telehealth (video or audio only) or in person visits during or after the COVID-19 pandemic. • Develop and incorporate information about prioritizing preventive services such as cancer screening in the context of COVID-19 and individual circumstances (e.g., identifying people at high risk, who have never been screened, who have been screened but are overdue for repeat screening). • Incorporate information about assessing and identifying available community resources to complete preventive services such as cancer screening (e.g., availability of services such as colonoscopy or mammography). • Develop and incorporate information about identifying patients with modifiable risk factors for cardiovascular disease who are most at risk; • Provide technical assistance in developing and implementing self-measured blood pressure monitoring programs via telehealth (video or audio only) or in-person training.
Process Measures*	

	• Number of community health centers the receive technical assistance • Number of trainings provided • Number of chronic disease management modules updated to incorporate Shared Care Plan • Plans to provide technical assistance, training, or other support. • Development of documents or other resources to develop the Shared Care Plan. •
Outputs*	• A Shared Care Plan that identifies needed chronic disease management and preventive care services such as hypertension management, cardiovascular disease risk management, and cancer screening services and develops a plan to provide such services in order of priority. • A document, video, webinar, or other mechanism that describes best practices for maintaining, resuming, or increasing chronic disease management and preventive care services via telehealth during or after the COVID-19 pandemic. • A document, video, webinar, or other mechanism to educate and inform about prioritizing preventive services, identifying and assessing community resources, and identifying patients with modifiable cardiovascular disease risk factors. • Trainings and technical assistance provided via webinar, print materials, video meetings, in person or other mechanisms.
Budget Period Outcomes*	• Increased knowledge among providers of how to prioritize chronic disease management and preventive services in the context of COVID-19; • Increased knowledge among providers of how to assess and identify available resources for preventive services. • Increased provision of chronic disease management and preventive care services via telehealth (video or audio only) or in person in/through community health centers. • Increased use of preventive care services such as cancer screening. • Increased use of self-measured blood pressure monitoring programs at community health centers. • Increased identification of patients with modifiable risk factors who are at high risk for cardiovascular disease. • Increased use of statins for patients at high risk for cardiovascular disease for whom it is indicated.
Outcome Measures*	• Change in knowledge among providers regarding how to prioritize chronic disease management and preventive care services in the context of COVID-19. • Change in knowledge among providers about how to assess and identify available resources for preventive services. • Change in number of chronic disease and preventive care services provided via telehealth or in person • Change in clinic level cervical, breast, or colorectal cancer screening rates. • Change in number of people in a community health center participating in self-measured blood pressure monitoring programs. • Change in number of known patients with modifiable risk factors who are at high risk for cardiovascular disease. • Change in number of patients at high risk for cardiovascular disease using statin therapy as indicated.

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 104/200 words maximum

The applicant organization should have a strong, established relationship with community health centers, including federally qualified health centers, health center controlled networks, and state primary care associations. In addition, the applicant organization should have expertise in strategic planning and provision of technical assistance/training and in establishing and managing leraning collaboratives. The applicant organization should have an established, competent infrastructure to support efficiency in carrying out this project. Furthermore, the applicant should have existing national meetings of community health centers, health center controlled networks, primary care associations, and others which will provide opportunity to disseminate information and conduct training on cancer screening and blood pressure control for this target audience, if appropriate.

14 Applicant Program Experience:* 76/200 words maximum

The applicant organization should have a comprehensive understanding, extensive experience, and existing strong communications with the target audience of community health centers, health center controlled network, and state primary care associations across the United States. The applicant organization should have experience at the national level in addressing disparities in cancer screening and blood pressure control and have experience in conducting strategic planning and providing training/technical assistance. Finally, the applicant organization should have experience providing effective management and oversight to projects like the one proposed here.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 35/200 words maximum

The applicant may collaborate with CDC Colorectal Cancer Control Program, National Breast and Cervical Cancer Early Detection Program, National Comprehensive Cancer Control Program recipients, and Million Hearts Program participants.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 2/200 words maximum

NA

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 words maximum

	NA

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Save and Close | Submit | Submit without sending an email

Submission Date: 06/22/2020

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 7/10 words maximum
Increasing Minority Researchers in Injury and Violence Prevention

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 19/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery systems.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$250,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ○ The CIO will fund the project for one year.
- ◉ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11	Project Purpose : * 147/150 words maximum
	When looking at injury and violence prevention, scientists who conduct research are primarily majority investigators from majority institutions. It is known that minority scientists are conducting research in these areas, but rarely seek funding from CDC. As an effort to increase minorities in this field, we propose to provide opportunities, increase capacity, and encourage participation of under-represented researchers from minority-serving and majority and institutions, such as HBCUs, to conduct research in injury and violence prevention. An increased pool of under-represented investigators from these institutions may bring a unique perspective and experiences that can contribute to and enhance research and prevention efforts in addressing the disproportionate impact in diverse communities and populations.
12	**12.2. Leadership and Workforce Development**
Activities*	1) Conduct environmental scan of existing programs and develop informational materials directed to target population to increase awareness of NCIPC research priorities and funding opportunities, as well as NCIPC program opportunities for Guest Researchers, graduate student research internships, and fellowships; 2) Develop curriculum and training materials to build capacity and interest in target population for submitting competitive applications for NCIPC research opportunities, and serving as potential peer reviewers; 3) Design and develop curriculum 4) Collaborate with NCIPC Office of Science to conduct up to 2 pilot workshops to deliver the curriculum for target population, evaluate knowledge gained from pilot workshops, and revise materials/curricula/training as needed; 5) Develop strategy for broad delivery of the curriculum to reach larger pool of target population; 6) Develop an evaluation plan to demonstrate successful outcomes from the program to increase injury and violence prevention researchers that are from under-represented populations in minority-serving and majority institutions.
Process Measures*	Number of informational materials developed Number of pilot workshops provided Number of program participants (goal is 25-40)
Outputs*	• Informational materials on NCIPC research priorities and funding opportunities in year 1 • Informational materials on NCIPC program opportunities for Guest Researchers, graduate student research internships, and fellowships in Year 1 • Capacity Building curriculum for increasing injury and violence prevention researchers and peer reviewers from under-represented populations in minority-serving and majority institutions (the target population) in Year 1 • Strategy for broad delivery of the curriculum in out years • Adapt curriculum for delivery in varying venues (virtual webinars, conferences, institutional settings, etc.) in out years • Program Evaluation Plan in out years

Budget Period Outcomes*	• Increase knowledge about NCIPC research priorities and funding and program opportunities. • Increase interest in applying to NCIPC research funding opportunities.
Outcome Measures*	The goal is to achieve at least a 70% knowledge gain about NCIPC research priorities, funding and program opportunities, by participants in the pilot workshop. An additional goal is to have 15-20% of participants report an interest in applying to NCIPC research funding opportunities.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 31/200 words maximum
	Recipient organization should have demonstrated capabilities and the capacity to identify and conduct outreach to under-represented public health researchers and leaders from minority-serving and majority institutions.
14	Applicant Program Experience:* 40/200 words maximum
	Recipient organization should have demonstrated experience in developing informational materials for public health programs, as well as a curriculum for building capacity to increase minority researchers in the public health field that can be adapted for injury and violence prevention research and programs.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 41/200 words maximum
	Recipient organization is expected to work in collaboration with POCs in the NCIPC Office of Science for program development and implementation, as well as with key leaders in minority-serving and majority institutions for program delivery.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 28/200 words maximum
	Subcontractual work, if needed, can be used for developing informational materials, curriculum, etc. for reaching and engaging the target population.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 41/100 words maximum
	Use of funds are to be justified and should be reasonable and appropriate for conducting program activities and achieving expected program outputs and outcomes. Funds are not expected to be used for rent or equipment.
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

Print

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
National Violent Death Reporting System Roundtable Discussions with Law Enforcement

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*
Division of Violence Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 19/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery systems

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
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Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

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☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

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☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☑ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

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☑ Strengthened capability to respond to public health priorities collaboratively and strategically

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☐ Increased capacity to evaluate laws and policies to affect health

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☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 92/150 words maximum

The purpose of this project is to facilitate roundtable discussions with Law Enforcement (LE) from various agencies to come together and discuss the best ways to engage LE and to gain their continued contribution of critical data. Activities will target professionals working in public health and law enforcement who collect and provide data that are essential to informing public health surveillance systems. Discussions will include ways to improve completeness and timeliness of data availability. The data will be used to inform stakeholders and help implement plans to promote healthier and safer communities.

12 **12.3. Data and Information Systems**

Activities*	Enhance data access, timeliness, and availability of quality data. Solicit feedback from selected data providers that would result in the development of a white paper.
Process Measures*	Number of roundtables held Number of agencies represented in discussions
Outputs*	White paper (Report) to serve as a road map for improved data collection and utility
Budget Period Outcomes*	Increase access to data to inform decision-making
Outcome Measures*	Change in number of LE agencies reporting critical data

12.5. Partnerships

Activities*	A series of (3-4) roundtable discussions would be convened consisting of LE partners from agencies representing police chiefs, sheriffs, and receipients of violent death reporting system program. Discussion topics will include the findings from NVDRS and information on deaths due to legal intervention. The roundtables would result in a white paper to include recommendations for partner groups.
Process Measures*	• Number of roundtable discussions held • Number of participants • List of logistics and participants for each roundtable • Successful completion of roundtable discussions held with partners

Outputs*	Report on recommendations to leverage partnerships to enhance data availability for VDRS programs with the goal to promote healthier and safer communities.
Budget Period Outcomes*	Increased commitment to participate in programs to promote healthier and safer communities
Outcome Measures*	Number of participating organizations that report commitment to participate in programs to promote healthier and safer communities

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 60/200 words maximum

Applicant must be a vital partner for addressing many public health issues and have partnered with governmental and nongovernmental agencies. The applicant must have leverage and a high standing in the health field to increase the buy in and commitment of required partners in this effort. The applicant must have demonstrated the capacity to lead, coordinate and organize forums to address many public health issues.

14 Applicant Program Experience:* 26/200 words maximum

The applicant must have ample experience developing and implementing a variety of public programs, must be a leader for public health programs, and viewed as an excellent collaborator.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 17/200 words maximum

Establish collaboration with primarily national organizations that represent law enforcement agencies and other organizations for support of NVDRS

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 10/200 words maximum

Subcontract/s may be required to carry out the proposed work

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 2/100 words maximum

N/A

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round: COVID 1

Save and Close | Submit | Submit without sending an email

Submission Date: 06/23/2020

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 5/10 words maximum
Shifting structural racism through bystander actions

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*
Office Of The Director

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 17/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services delivery systems.

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$150,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 148/150 words maximum

Public health departments, community organizations, and other public health professionals now utilize "bystander strategies" as key programs in violence prevention. However, public health organizations and professionals have limited capacity and experience in implementing bystander strategies to address racis- related norms, particularly in online environments where large-scale discourse about topics such as racism are occurring. This project intends to increase knowledge and capacity of public health professionals to understand what "bystander" communication strategies are effective at addressing systemic racism and how such strategies can most effectively be implemented. It will also increase capacity at programmatic work to address racism-related norms and behaviors, particularly in online environments and related communications channels. Another goal is to improve capacity of data and information systems to conduct public health monitoring and surveillance related to racism using novel online information sources. This project is timely and important to strengthen and maintain competencies to the public health workforce on this topic.

12 **12.3. Data and Information Systems**

Activities*	Better use data and information to improve knowledge and capacity at using bystander communication strategies related to racism. Work with partner using novel online data to improve capacity of data and information systems.
Process Measures*	Strategy for information assessment. Number of data sources used, name and description of data source(s).
Outputs*	Information on public health monitoring and effective bystander communication strategies related to racism. Characterization and description of language and other features from effective bystander strategies. Ability of partner and their member/associates to conduct public health monitoring and surveillance.
Budget Period Outcomes*	Increased information on effective bystander communication strategies related to racism.
Outcome Measures*	Information on which social media based bystander communication strategies related to racism increase by 25%. Topics related to structural racism being discussed and effectiveness of bystander strategies used. increase by 50%.

12.4. Communication and Information Systems

Activities*	Identify and enumerate effective bystander communication strategies related to racism.
Process Measures*	Identification and use of methodology to monitor and measure bystander strategies being used in online communications.
Outputs*	Developed effective communication strategie on racism. List of topics related to structural racism to lead to conversation areas on the most effective bystander approaches.
Budget Period Outcomes*	Improved communication and information technology capacity to inform the public efficiently and effectively. Increased knowledge and capacity of public health professionals broadly to understand what "bystander" communication strategies are effective at addressing systemic racism and how such strategies can most effectively be implemented.
Outcome Measures*	Disseminate the findings to public health professionals in nongovernmental and their partners membership base.

12.7. Programs and Services

Activities*	Identify and prioritize social media and online bystander strategies/programs for public health needs around structural racism. Identify, describe, and characterize effective social-media bystander strategies for racism.
Process Measures*	Strategy for identifying and prioritizing social media based bystander strategies for racism.
Outputs*	An online bystander strategies for racism.
Budget Period Outcomes*	Increased online bystander strategies for racism targeting public health professionals in nongovernmental setting.
Outcome Measures*	Promote online bystander strategies for racism through the applicant's website and its partners' websites.

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 16/200 words maximum
	Applicant should have experience with the nongovernmental public health workforce and ideally wide membership base
14	Applicant Program Experience:* 14/200 words maximum
	Applicant should have experience in communications and dissemination, workforce development, and use social media
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 26/200 words maximum
	Work together to build capacity on communications strategies around bystander interventions. Communicate and disseminate the findings and help build capacity to other public health practitioners.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 24/200 words maximum
	Defer to the partner, subcontracting with academics who focus on social media and communication strategies may be helpful.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 24/100 words maximum
	Funds should be used for building capacity and exploring the topic; No travel is anticipated for this project.

	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE	
Project Plan Round	COVID 1

Submission Date: 06/24/2020

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 10/10 words maximum
Supporting pediatric healthcare providers to increase vaccination uptake through COVID supplement

2 CIO:*
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

3 Division/Branch/Office/Unit:*
Immunization Services Division

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Pediatric health care clinicians

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$400,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 78/150 words maximum

Maintaining immunization coverage levels for vaccine-preventable diseases, preparing for the upcoming flu season, and working to protect at-risk and vulnerable populations are crucial activities during the COVID pandemic. Identifying and supporting the programmatic needs of pediatric healthcare providers to increase vaccine uptake are critical. Targeted partnerships are needed to protect vulnerable populations and reduce the burden on the current healthcare system. Capacity building activities delivered through technical assistance, training, information sharing, material development will assist pediatric healthcare providers to protect children from vaccine preventable diseases.

12 **12.7. Programs and Services**

Activities*	• To idenitfy the needs of pediatric healthcare providers to support increase in vaccination of children • To create resources • To disseminate resources
Process Measures*	• To increase the # of needs identified • To increase the # of resources avaiable to providers
Outputs*	• Development of a list of provider needs • Development of resources created
Budget Period Outcomes*	• Pediatric healthcare providers will improve vaccination efforts
Outcome Measures*	• % increase in pediatricians ability to provide vaccination

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 40/200 words maximum

	The applicant must represent pediatric providers who vaccinate children and adolescents. Applicant must also have the ability to partner with other healthcare providers that vaccinate. Lastly, the applicant must have experienced and qualified personnel with defined roles and responsibilities.
14	Applicant Program Experience:* 34/200 words maximum
	The applicant must show success working with pediatric providers at the local and community level and the ability to reach their membership to idenitfy needs, to create appropriate materials and to disseminate educational and training materials.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 17/200 words maximum
	The applicant is expected to work collaborative with healthcare providers that vaccinate and other immunization stakeholders.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 words maximum
	Any proposed sub-contract work should address gaps in experience, capacity or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 24/100 words maximum
	The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, supplies, travel, equipment, contractual and other indirect costs.
	CIO CERTIFICATION
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ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020 You will be directed to a confirmation screen upon successful save or submission.

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National Partnership Branch
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FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/10 words maximum
Supporting Urban Indian health programs to respond to hepatitis C and COVID-19 epidemics

2 CIO:*
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVEI

3 Division/Branch/Office/Unit:*
Division Of Viral Hepatitis

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 6/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
41 Urban Indian health programs

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 108/150 words maximum

American Indians and Alaska Natives (AI/AN) have the highest incidence of hepatitis C infection and highest hepatitis C-related mortality compared to other racial and ethnic groups in the United States. COVID-19 epidemics have also disproportionately and severely impacted several AI/AN communities, demonstrating the susceptibility of AI/AN people and communities to the disease. In addition, the COVID-19 pandemic has disrupted care processes, resulting in interruptions to hepatitis C screening, education, and treatment that could otherwise eliminate this cause of severe liver disease and death among AI/AN. The purpose of this project is to address the problems of disproportionate impact of hepatitis C and COVID-19 among urban AI/ANs through technical assistance, exchange of best practice information and tools, and education.

12 **12.7. Programs and Services**

Activities*

1. Conduct a needs assessment of Urban Indian Organizations (UIOs) to describe gaps and challenges pertaining to: i) hepatitis C surveillance, prevention, testing and treatment and ii) COVID-19 prevention and control. Include an assessment of challenges to all elements along the hepatitis C cascade of care posed by the COVID-19 pandemic, and potential solutions.
2. Provide technical assistance, education and training to Indian health care providers to support hepatitis C prevention, testing, and treatment, and COVID-19 prevention and control
3. Create culturally appropriate tools and resources, and a learning community to facilitate hepatitis C elimination efforts and COVID-19 prevention and control among AI/AN

Process Measures*

1. # of UIOs consulted in needs assessment to identify gaps and challenges
2. # of materials/trainings developed for UIOs
3. # of technical assistance requests fulfilled
4. # of strategies identified to advance hepatitis C elimination goals in the context of COVID-19 pandemic
5. # of participants in learning community

Outputs*

1. Report of needs assessment that identifies challenges and opportunities for improving hepatitis C elimination and COVID-19 prevention and control among Urban Indians
2. Identification of strategies to advance hepatitis C elimination goals in the context of COVID-19 pandemic
3. Pertinent tools and resources made available to UIOs

Budget Period Outcomes*	Increased awareness among UIOs of effective strategies for hepatitis C prevention, testing, and treatment, and options for COVID-19 prevention and control
Outcome Measures*	% of UIOs reporting an increased awareness of effective strategies for hepatitis C prevention, testing, and treatment, and options for COVID-19 prevention and control

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 53/200 words maximum

The recipient should have national organizational reach, Urban Indian health and health system knowledge and experience, expertise and existing partnerships with UIOs as well as ability to develop partnerships with experts in hepatitis C micro-elimination, subject matter experts, and other stakeholders necessary to accomplish the activities listed.

14 Applicant Program Experience:* 23/200 words maximum

The recipient should have experience supporting UIOs and achieving public health project goals.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 27/200 words maximum

It is expected that the awardee will collaborate with CDC, key stakeholders, and other organizations with expertise in these areas.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 30/200 words maximum

The recipient may subcontract to effectively meet project deliverables. The CDC technical monitor may recommend criteria for subcontractor selection.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 22/100 words maximum

Funds may not be used on medical equipment or medical tests.

CIO CERTIFICATION

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ADMINISTRATIVE

Project Plan Round	COVID 1

Save and Close **Submit** Submit without sending an email

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Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 12/10 words maximum

Training and Education for Public Safety to Reduce Overdose Among Communities of Color

2 CIO:*

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*

Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC email address(es):*

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 5/25 words maximum

Note: Proposals should not build capacity for CDC or other federal agencies

Community behavioral health organizations

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*

$300,000 (Whole numbers only)

◯Funded ◯Unfunded

8 Expected Length of Project:*

◯ The CIO will fund the project for one year.

◉	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☐	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☑	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☐	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☐	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies
	10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 34/150 words maximum

The purpose of this project would be to develop a suite of education and communication materials for public safety focused on strategies to improve engagement and reduce negative health outcomes for OUD specific to African American communities.

12 **12.4. Communication and Information Systems**

Activities*

	1. Conduct a needs assessment to identify gaps in knowledge around preventing and responding to overdose and opioid use disorder in communities of color. The needs assessment should identify strategies for continual engagement/education for this audience, and provide key information for developing subsequent prevention programs and training. The needs assessment should include roundtable discussions with law enforcement/public safety and with harm reduction organizations that serve Black, Indigenous and People of Color (BIPOC). Roundtable discussions should address issues of implicit bias, and how certain public safety-led overdose responses (e.g., pre-arrest diversion programs or police-led post-overdose outreach programs) are perceived by communities of color. Roundtable discussions should also aim to collect information about how harm reduction organizations are communicating risk (e.g., risk of potential fentanyl exposure due to fentanyl-laced cocaine) to BIPOC communities. Roundtable discussions should also collect information about the best format in which to present or message this information to a public safety audience. 2. Develop a brief report summarizing findings from rountable discussions. 3. Use findings from roundtable discussions to inform the development of educational resources (e.g, an online training, paper materials, guidance documents with considerations for developing and implementing police-led overdose response programs, or an educational campaign) regarding opioid misuse and OUD risks for communities of color, and implications of existing bias to linkage to harm reduction services and reducing harmful outcomes. 4. Develop and implement an evaluation plan to assess the effectiveness of the educational resources in changing public safety's knowledge, attitudes and behaviors related to overdose risk, prevention and response among BIPOC communities.
Process Measures*	# of organizations serving BIPOC recruited to participate in the project. # of roundtable discussions completed with representatives from harm reduction and public safety organizations organizations serving BIPOC.
Outputs*	Report developed that summarizes findings from roundtable discussions. Educational resources developed. Evaluation plan developed.
Budget Period Outcomes*	Increased understanding of opioid misuse and OUD/overdose risk for BIPOC communities. Increased understanding of resources available to BIPOC communities for prevention and responding to OUD/overdose. Increased implementation of overdose prevention and response programs that are tailored to BIPOC communities. Increased linkage to harm reduction services, treatment and other services for OUD/overdose among BIPOC communities. Increased collaboration between public health and public safety organizations.
Outcome Measures*	% of roundtable attendees reporting increased knowledge of opioid misuse and OUD/overdose risk for BIPOC communities. % of roundtable attendees reporting an increased awareness of resources available to BIPOC communities for prevention and responding to OUD/overdose. # of new partnerships formed between stakeholders agencies and organizations to improve improve implementation of overdose prevention and response programs tailored to BIPOC communities.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 58/200 words maximum

	Must have adequate staffing and expertise to engage with a diverse range of stakeholders, including community behavioral health organizations and public safety partners that serve Black, Indigenous and People of Color (BIPOC), as well as identify evidence-based and promising strategies to prevent and respond to overdose in communities of color. Must have adequate staffing and expertise to develop educational materials and campaigns.
14	Applicant Program Experience:* 56/200 words maximum
	The funded recipient must have experience developing educational materials and campaigns; experience partnering with public safety and public health organizations; experience addressing issues related to opioid use disorder, substance use disorder and developing programs to prevent and respond to overdose; experience developing needs assessments; and experience working with and engaging with a diverse range of stakeholders to inform program development.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 34/200 words maximum
	Recipient may collaborate with key public safety partners. The recipient may also collaborate with organization(s) that represent the voices, perspectives and experiences of Black, Indigenous and People of Color (BIPOC).
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020

You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 9/10 words maximum
Translation, Training, Dissemination of Health Equity Indicators to Build Capacity

2 CIO:*
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROM

3 Division/Branch/Office/Unit:*
Division For Heart Disease And Stroke Prevention

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 21/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

City governments

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$466,366 (Whole numbers only)

○ Funded ○ Unfunded

8 Expected Length of Project:*

◉ The CIO will fund the project for one year.

○	The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL	
Select the program strategies and the program outcomes the project should work toward for the length of the project.	
9	CBA Program Strategies (Check one or more):*
☑	**Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
☐	**Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
☐	**Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
☐	**Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
☐	**Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
☐	**Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
☐	**Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services
10	CBA Program Outcomes (Check one or more)*
	10.1. Public Health Systems Infrastructure
	Short-term
☑	Improved operational capacity to evaluate, manage, and improve public health systems
	Intermediate
☑	Increased capability of public health systems to achieve nationally established standards
	10.2. Leadership and Workforce Development
	Short-term
☐	Improved leadership capacity to identify and prioritize public health needs
☐	Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
	Intermediate
☐	Increased leadership decision-making to address public health needs strategically and systematically
☐	Strengthened capability of public health workforce to deliver essential public health services
	10.3. Data and Information Systems
	Short-term
☐	Improved capacity of data and information systems to conduct public health monitoring and surveillance
	Intermediate
☐	Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capacity to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 92/150 words maximum

There is currently a gap in research translation, training and dissemination that leads to improved uptake of health equity indicator data collection and utilization in public health interventions. The need to fill this implementation science gap is even more critical during the COVID-19 pandemic. During a disaster such as the COVID-19, these underlying social, economic, and environmental factors are exacerbated for populations that are marginalized. The following project activities will lead to development of a framework and a toolkit that focus on utilization of health equity indicators. This project aims to address health inequities in chronic diseases, specifically cardiovascular disease (CVD).

12 **12.1. Public Health Systems Infrastructure**

Activities*

	• Development of a Public Health Framework: Using Health Equity Indicators in Evaluation: Review existing peer review and grey literature and develop an application-based framework which public health practitioners can use to guide their work in evaluating CVD interventions aimed at attaining health equity. • Conduct a gap analysis by developing questions for and conducting an assessment with no more than nine stakeholders (e.g., city governments, state and local health departments, national organizations, community-based organizations). Determine which format and type of research translation products resonate with stakeholders • Development of a Toolkit: Using Health Equity Indicators in Evaluation. Develop a series of resources that are suitable for publication on DHDSP's website; designed to increase collection and utilization of health equity indicators; are vetted by DHDSP's partners based on defined criteria agreed upon by DHDSP (e.g., geographic areas, levels of health equity-related implementation expertise); are categorized by key technical assistance needs; and reflect information pertinent for specific stakeholders. • Develop translation products (e.g., 2-pagers, Briefs, White Papers, Stories from the Field, worksheets, templates, publications, etc.) related to health equity indicators for city governments. • Coordinate dissemination activities that will facilitate rapid and efficient sharing of the health equity indicators to assist city governments and other stakeholders in addressing inequities occurring during the COVID-19 pandemic. • Identify and document specific technical assistance needs among target population around health equity indicators. • Conduct trainings to raise awareness of the toolkit and to promote its use.
Process Measures*	• Number of health equity frameworks reviewed and assessed for application • The number interviews, focus groups or surveys implemented to inform the design of translation product development • The number of materials reviewed and designed that facilitate translation of the health equity indicators • The number of training and capacity building activities identified
Outputs*	• An application-based implementation science framework which public health practitioners can use to guide their work in evaluating CVD interventions aimed at attaining health equity. • A gap analysis completed which informs the development of translation projects • A dissemination and strategy plan for health equity indcators • A training and capacity development plan for health equity indicators
Budget Period Outcomes*	• Increase in knowledge of measure frameworks for assessing structural factors that increase health inequity • Increase the format and type of research translation products that are tailored to the intended users • Increase in resources designed for the adoption of health equity indicators
Outcome Measures*	• The number of stakeholders reporting an increased knoweldge of frameworks for assessing structural factors that increase health inequity • The number of assessment activities conducted to inform the development of translation products of health equity indicators • The number of resources and trainings designed on how to implement health equity related evaluation indicators • The number of technical assistance requests fulfilled

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE	
13	Applicant Organizational Capacity:* 69/200 words maximum

	The recipient should have the organization capcity to develop health equity dissemination that works towards the improvement the public health workforce, with a priority on state, tribal, local, and territorial health departments. The recipient is expected to have capacity to deliver through technical assistance, training, information sharing, technology transfer, materials development, that enables organizations to implement health equity indicators that address disparities observed in the COVID-19 pandemic.
14	Applicant Program Experience:* 36/200 words maximum
	The recipient should have experience in the development of training and capacity building for public health department workforce in the area of health equity. This includes material development, technical assistance and tailoring training activities to user needs.
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 53/200 words maximum
	The recipient is expected to collaborate with CDC's Division for Heart Disease and Stroke Prevention, state local and national partners to develop translation, training and dissemination activities. The Awardee is expected to be culturally competent, assess their own biases, and ensure that all collaborators are treated respectfully.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 0/100 words maximum
	CIO CERTIFICATION
18	By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/24/2020

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Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

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Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Understanding risk factors and burden of COVID-19 related thrombosis or bleeding complications

2 CIO:*
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITI

3 Division/Branch/Office/Unit:*
Division of Blood Disorders

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C — Target Population Category Descriptions

6 Description of the Target Population:* 20/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies
National network of AUCD's member centers in every state and territory, as well as key public health partners

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,500,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
○ The CIO will fund the project for one year.
◉ The CIO will award new funding each budget period for more than one year.

Save and continue

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☐ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs

☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

☐ Increased leadership decision-making to address public health needs strategically and systematically

☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

☑ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

☐ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 83/150 words maximum

Thrombosis which has been reported up to 30% in COVID-19 patients is a key clinical event in this patient population and can have lifelong implications that includes a risk for a thrombotic recurrence. However, the overall burden of these events is poorly understood, and it is not known what role health disparities may play in the development of COVID related thrombosis. Better understanding of thrombosis and treatment in COVID 19 patients is essential in developing clinical and public health programs that could reduce the risk or improve the outcome.

12 **12.3. Data and Information Systems**

Activities*	• Development of standardized data definitions and data collection forms • Data collection from 9 participating hospital systems throughout the US (available upon request) • Data Analysis (the prevalence of thrombosis in COVID 19 patients, assessment of risk factors and patient demographics, anticoagulation treatment and complications of anticoagulation) • Provide infrastructure support to collect and analyze data from participating hospital systems. • Develop informational materials to build capacity of participating hospitals to improve reporting on the occurence and burden of thrombosis among COVID-19 patients • Development and publication of manuscript(s) on the occurrence and burden of thrombosis among COVID-19 patients and the impact of disparities and co-morbidities
Process Measures*	• Number of regularly scheduled and ad hoc meetings for the purposes of planning, undertaking, monitoring, and completing collaborative work on the project • Number of challenges encountered in creating the clinical reports and the steps taken to overcome/address those challenges. • Number of barriers and obstacles identified for hospitals/hospital systems • Number of informational materials developed for distribution to hospitals • Number of manuscript(s) developed and published
Outputs*	• Standardized data definitions and data collection form. • Documentation of the process for characterizing the attributes of thrombosis in COVID 19 patients. • Materials produced that can be distributed to collaborating hospitals/hospital systems in the assessment of their report generating capabilities on the occurrence and burden of thrombosis among COVID-19 patients. • Produce a final report summarizing the occurrence and burden of thrombosis among COVID-19 patients.
Budget Period* Outcomes	

	• Improved understanding of the occurrence and burden of thrombosis among COVID-19 patients and the impact of disparities and co-morbidities • Improved capability among participating hospitals to report on the occurence and burden of thrombosis among COVID-19 patients
Outcome Measures*	• % of stakeholder reporting an improved understanding of the occurence and burden of thrombosis among COVID-19 patients and the impact of disparities and comorbidities • % of participating hospitals who report improved reporting capabilities

Save and continue

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 35/200 words maximum

The applicant should have access to hospitals/hospital systems to collect and analysis data on the prevalence of thrombosis in COVID 19 patients, assessment of risk factors and patient demographics, anticoagulation treatment and complications of anticoagulation.

14 Applicant Program Experience:* 19/200 words maximum

The selected awardee should have experience in collaborating with hospitals/hospital systems in the area of thrombosis among COVID-19 patients.

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 26/200 words maximum

Plan and coordinate with CDC on project activities, including the collection and analysis of information on the occurrence and burden of thrombosis among COVID-19 patients.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 17/200 words maximum

If subcontractors are needed, ensure they have the necessary qualifications and experience to complete the designated task(s).

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 97/100 words maximum

Authorized for budget categories such as: personnel, fringe benefits, consultants, supplies, travel, equipment, contractual, other, and indirect costs.

Funds **may not** be used for other food and beverage expenses.

Funds **may not** be used for capital expenditures, such as construction and renovations or for clinical care or research.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round: COVID 1

Save and Close **Submit** Submit without sending an email

Submission Date: 06/24/2020

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Center for State, Tribal, Local, and Territorial Support
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FY 20 CIO Project Plan

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GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 11/10 words maximum
Virtual Interventions to Prevent Suicidal Ideation and Behaviors among Social Media Users

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*
Division of Analysis, Research, and Practive Integration

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 22/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Persons in formal leadership roles of nonprofit, voluntary, and private entities that support public health services delivery systems

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$1,200,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☐ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☑ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☐ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☐ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☐ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☑ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☐ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☐ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☐ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 134/150 words maximum

Purpose is to use rigorous evaluation methods to evaluate the effectiveness of online suicide interventions for preventing suicide by enhancing social and interpersonal connectedness even during isolation, thereby augmenting capacity and ability of public health organizations and professionals to disseminate and use such approaches/tools for improving COVID-related behavioral health programmatic efforts. This work may involve evaluating already existing strategies to prevent suicide focused on social connectedness that are used on social media platforms, mental health apps, or other online environments. This may involve partnering with social media platforms, apps, or other organizations using, testing, or deploying such approaches. The interventions, which should focus on enhancing connectedness, may seek to do so by connecting individuals to friends, family, or other peer-support services (e.g., support groups), or using other novel approaches to promote connectedness.

12 **12.3. Data and Information Systems**

Activities*	Evaluating already existing strategies to prevent suicide focused on social connectedness that are used on social media platforms, mental health apps, or other online environments. This may involve partnering with social media platforms, apps, or other organizations using, testing, or deploying such approaches. The virtual intervention, which should focus on enhancing connectedness, may seek to do so by connecting individuals to friends, family, or others, connecting individuals to peer-support services (e.g., support groups), or using other novel approaches to promote interpersonal support and connectedness.
Process Measures*	Number of evaluations conducted on social media, app-based, or online suicide intervention(s) focused on promoting connectedness and informed by best available evidence such as outlined in CDC's The Preventing Suicide: A Technical Package of Policy, Programs, and Practices.
Outputs*	1. Evaluation design 2. Data analysis plan 3. Completed evaluations of social media, app-based, or online suicide intervention(s) 4. Best practices identified for virtual interventions focused on promoting connectedness 5. Informational materials summarizing results of evaluations for distribution among target population
Budget Period* Outcomes	Increased evaluation data to support decision making of persons in formal leadership roles of non-profit, voluntary, and private entities that support public health services and delivery systems
Outcome Measures*	1. Number of evaluations completed on suicide interventions tools 2. Number of materials developed to support stakeholder decision making

12.4. Communication and Information Systems

Activities*

	1. Identification of online suicide prevention intervention based on rigorous evaluation findings that can be implemented during COVID-19 Shelter-in-place context 2. Dissemination of critical suicide intervention tools to public Health leadership and practitioners in nonprofit, voluntary, and private entities that support public health services delivery systems under COVID19 and future public health disasters that may require further or additional shelter-in-place or social distancing practices.
Process Measures*	1. Number of tools or platforms consulted to inform evaluation findings and identification of intervention 2. Number of strategies or formats used to disseminate information to stakeholders
Outputs*	1. Review of existing online suicide interventions that promote connectedness or can be enhanced to promoting connectedness 2. An online suicide intervention tool that can be utilized and disseminated by public health lleadership in nonprofit, voluntary, and private entities that support public health services delivery systems 3. Dissemination Plan 4. Dissemination of findings through peer reviewed and or other PH platforms
Budget Period Outcomes*	Increased awareness of critical suicide intervention tools among public Health leadership and practitioners in nonprofit, voluntary, and private entities that support public health services delivery systems
Outcome Measures*	Number of materials created and disseminated to public health leaders on findings from this project and how-to best use, promote, or implement the suicide prevention intervention

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

13 Applicant Organizational Capacity:* 78/200 words maximum

A national and leading public health organization that has membership, access and ability to influence the health of all people and all communities. An organization that has platforms (social media, professional conference, networks and scientific journals with a long history of strengthen the public health profession. Specifically, the recipient should have a target population that can reach and build capacity for Public Health leadership and practitioners in nonprofit, voluntary, and private entities that support public health services delivery systems.

14 Applicant Program Experience:* 43/200 words maximum

The recipient should have experience working with CDC on building capacity of public health leaders on the public health use, ethics , and implementation of social media injury and violence prevention tools and resources

COLLABORATIVE WORK

15 Expectations for Collaboration, as applicable: 54/200 words maximum

It is anticipated that recipient will collaborate with CDC programmatic Technical monitor and have experience working with academic SMEs on the development and design of rigorous evaluation methods that will assist in building capactity of Public Health leadership and practitioners in nonprofit, voluntary, and private entities that support public health services delivery systems.

16 Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 35/200 words maximum

It is anticipated that recipient may sub-contract with academic online institutions that have SME in design, and application of online violence prevention interventions and evaluation methods.

BUDGET INSTRUCTIONS

17 General Instructions for Use of Funds, as applicable: 55/100 words maximum

Virtual interventions focused on individual therapy-based or clinical interventions (e.g., virtual Cognitive Behavioral Therapy) are not within scope of the broader public health approach focused on interpersonal connectedness that is desired. Evaluation should involve rigorous methods designed to clearly understand and quantify the effectiveness of the intervention being evaluated.

CIO CERTIFICATION

18 By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to this proposed CBA project. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

ADMINISTRATIVE

Project Plan Round	COVID 1

Submission Date: 06/22/2020 You will be directed to a confirmation screen upon successful save or submission.

Center for State, Tribal, Local, and Territorial Support
National Partnership Branch
Final

FY 20 CIO Project Plan

OT18-1802 Cooperative Agreement

Strengthening Public Health Systems and Services
through National Partnerships to Improve and Protect the Nation's Health

Edit and save a draft of your plan by clicking the "Save and Continue" or "Save and Close" buttons. You may edit your plan any time prior to submission. Submit the final version by clicking the "Submit" button. **You must submit a final version to be considered for the NOFO.** You cannot make edits after you click "Submit."

GENERAL INFORMATION

Recipient Name:

1 Project Title (Please do not use all caps):* 8/10 words maximum
Youth substance use and message development during COVID-19

2 CIO:*
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

3 Division/Branch/Office/Unit:*
Division Of Unintentional Injury Prevention

4 CIO Point of Contact (POC) name(s):*

CIO POC email address(es):*

Separate multiple names, emails, and phone numbers with a semi-colon.

CIO POC phone number(es):*

5 Target Population Category to Receive Capacity-Building Assistance (CBA):* Category C

6 Description of the Target Population:* 5/25 words maximum
Note: Proposals should not build capacity for CDC or other federal agencies

Community behavioral health programs

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023
Budget Period Length: September 1, 2020 – July 31, 2021

7 Proposed Project Funding for FY20 Activities:*
$2,000,000 (Whole numbers only)
○Funded ○Unfunded

8 Expected Length of Project:*
- ◉ The CIO will fund the project for one year.
- ○ The CIO will award new funding each budget period for more than one year.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the program outcomes the project should work toward for the length of the project.

9 CBA Program Strategies (Check one or more):*
- ☐ **Public Health Systems Infrastructure:** Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement
- ☑ **Leadership and Workforce Development:** Activities to improve leadership and workforce competencies, recruitment, and retention
- ☐ **Data and Information Systems:** Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making
- ☑ **Communication and Information Technology**: Activities to improve use of communication and information technology to affect health decisions and actions
- ☐ **Partnerships:** Activities to improve establishment and maintenance of results-driven partnerships
- ☐ **Laws and Policies:** Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health
- ☑ **Programs and Services:** Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services

10 CBA Program Outcomes (Check one or more)*

10.1. Public Health Systems Infrastructure

Short-term
- ☐ Improved operational capacity to evaluate, manage, and improve public health systems

Intermediate
- ☐ Increased capability of public health systems to achieve nationally established standards

10.2. Leadership and Workforce Development

Short-term
- ☐ Improved leadership capacity to identify and prioritize public health needs
- ☑ Strengthened core and discipline-specific public health competencies among the workforce to improve job performance

Intermediate

- ☐ Increased leadership decision-making to address public health needs strategically and systematically
- ☑ Strengthened capability of public health workforce to deliver essential public health services

10.3. Data and Information Systems

Short-term

- ☐ Improved capacity of data and information systems to conduct public health monitoring and surveillance

Intermediate

- ☐ Increased capability to use data to inform decision-making and support evidence-based practices and policies

10.4. Communication and Information Technology

Short-term

- ☑ Improved communication and information technology capacity to inform the public efficiently and effectively

Intermediate

- ☑ Strengthened capability to use communication and information technology to affect health decisions and actions

10.5. Partnerships

Short-term

- ☐ Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health

Intermediate

- ☐ Strengthened capability to respond to public health priorities collaboratively and strategically

10.6. Laws and Policies

Short-term

- ☐ Increased capacity to evaluate laws and policies to affect health

Intermediate

- ☐ Strengthened capability to systematically apply and use laws and policies to improve health

10.7. Programs and Services

Short-term

- ☑ Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- ☑ Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

11 Project Purpose : * 37/150 words maximum

The purpose of this project is to assess current substance use behaviors and use data to inform youth substance use prevention messaging. Identify and develop youth substance abuse prevention messages, training and capacity building resources

12 **12.2. Leadership and Workforce Development**

Activities*	Develop training materials to help community behavioral health organizations and youth substance abuse prevention staff that are working with states and communities on youth substance use risk behaviors.
Process Measures*	Number of training resources developed (i.e. toolkit for practitioners)
Outputs*	Freely available and online youth substance abuse training toolkit for behavioral health organizations
Budget Period Outcomes*	Improved competency among youth substance abuse prevention staff to identify best practices and tools for addressing youth substance use risk behaviors
Outcome Measures*	% of target population reporting improved competency to identify best practices and tools for youth substance use prevention

12.4. Communication and Information Systems

Activities*	1. Convene a group of experts (including community behavioral health organizations, and state and local partners) to develop messages based on the qualitative and quantitative work described above). 2. Conduct online needs assessment of youth on substance use during COVID-19 to learn (for example) patterns of use, reasons for use, modes of use, intentions for future use, emotional/physical support, what resources are needed to quit use. 3. Test youth substance use messages through online needs assessment.
Process Measures*	1. Number of experts identified for participation in focus groups 2. Number of participants who complete online needs assessment 3. Number of youth substance use messaging tested
Outputs*	

	• Compiled findings from the online survey to identify correlates of outcomes, segmented by subpopulations. • Compiled findings from the online focus groups to identify key themes, segmented by subpopulations. • First draft of youth substance use prevention messages, informed from the online needs assessment and online focus groups. • Coordinated and facilitated expert panel to review first draft of messages and to revise them accordingly. • Tested youth substance use messages through online focus groups.
Budget Period Outcomes*	Improved understanding among target population of effective messaging for youth substance use prevention
Outcome Measures*	% of target population reached who report an improved access to and understanding of effective messaging for youth substance use prevention
12.7. Programs and Services	
Activities*	Coordinate and engage in knowledge sharing with other CDC funded COVID19 injury and violence prevention recipients to prevent duplication of efforts and to ensure strategic development, and dissemination of youth substance use prevention programs, practices, and policies that can be utilized during COVID-19 and future disasters that may require shelter in place orders or involve infrastructure disruption
Process Measures*	• Number of meetings scheduled with CDC Technical monitor to avoid duplication • Number of meetings and knowledge share opportunities with other CDC funded COVID19 injury and violence prevention recipients
Outputs*	Minutes from coordination meetings with CDC Technical Monitor and other CDC funded COVID19 injury and violence prevention recipients
Budget Period Outcomes*	Improved coordination efforts and decreased duplication of work with other COVID19 injury and violence prevention recipients
Outcome Measures*	% representation of COVID19 injury and violence prevention recipients in coordination meetings

	ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE
13	Applicant Organizational Capacity:* 33/200 words maximum
	A national behavioral health organization that delivers mental health and addictions treatment and services. Has access and membership to state and local affiliate network, and experience in developing and distributing substance abuse prevention messages
14	Applicant Program Experience:* 22/200 words maximum
	Experience in working with CDC on national substance abuse and overdose prevention projects; during the COVID19 response
	COLLABORATIVE WORK
15	Expectations for Collaboration, as applicable: 25/200 words maximum
	It is expected that recipient will and has a proven track record of working collaboratively with CDC, key youth substance abuse partners and subject matter experts.
16	Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable: 0/200 words maximum
	BUDGET INSTRUCTIONS
17	General Instructions for Use of Funds, as applicable: 38/100 words maximum
	Create and disseminate materials to community behavioral health organizations, public health partners on findings from this project and a toolkit for how to best use and execute the youth substance use prevention messages developed with these funds
	CIO CERTIFICATION
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ADMINISTRATIVE

Project Plan Round	COVID 1

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