

Centers for Disease Control

Center for Global Health

World Health Organization: Addressing Ebola and other Highly Infectious Diseases Internationally
CDC-RFA-CK15-15050401SUPP18
Application Due Date: 08/07/2018

World Health Organization: Addressing Ebola and other Highly Infectious Diseases Internationally

CDC-RFA-CK15-15050401SUPP18

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

World Health Organization: Addressing Ebola and other Highly Infectious Diseases Internationally

Announcement Type:

Agency Notice of Funding Opportunity Number:

CDC-RFA-CK15-15050401SUPP18

Catalog of Federal Domestic Assistance Number:

93.818

Key Dates:

Due Date for Application: **08/07/2018**

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

Additional Overview Content:

Executive Summary:

This NOFO builds upon the ongoing work, infrastructure, and collaborations between CDC and WHO, including under cooperative agreement NOFO# CDC-RFA-CK-14-1402: World Health

Organization: Addressing Emerging Infectious Diseases and the International Health Regulations. For decades, CDC and WHO have collaborated to address global capacity to identify, respond, and prevent infectious diseases. WHO has established offices in most countries around the world, including the countries of West Africa. Since March 2014, WHO has been working side-by-side with country health officials and CDC and many other organizations to battle the ongoing Ebola outbreak. WHO and others have accomplished much but there is still much to do to stop the outbreak.

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

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

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

This program is authorized under sections 301 and 307 of the Public Health Service Act, as amended [42U.S.C. §§ 241 and2421]

Background

In March of 2014, the largest Ebola outbreak under record erupted in West Africa. Unlike many smaller preceding outbreaks of Ebola Virus, this particular outbreak spread to multiple African countries and caused (as of April 7, 2015) over 25,000 suspected human cases and over 10,000 deaths; the outbreak continues. This outbreak has truly demonstrated that in the modern world of travel, trade and migration, infectious diseases do not respect geopolitical boundaries. With the ongoing Ebola outbreak in West Africa, this NOFO serves to support and engage WHO to address Ebola and other highly infectious diseases in West Africa and elsewhere, internationally. The primary goal or first phase of this effort is "Getting to Zero" in West Africa; that is, stopping transmission so there are no new cases identified. The next phase then is "Staying at Zero," or strengthening public health capacity so that future transmission/cases are averted. Surveillance, epidemiological tracking, specimen and patient handling, laboratory testing, infection control, emergency preparedness and response, and other public health activities, etc., all must be strengthened in Africa and globally to:

- Assure rapid detection and response and safe handling of patients or specimens suspected of being infected with Ebola or other highly infectious diseases/agents
- Strengthen WHO emergency and preparedness and response capabilities
- Strengthen and fill gaps in ongoing non-Ebola public health infrastructure and programs (e.g., vaccination campaigns, routine public health activities, etc.) that are being challenged and in some instances, stalled, due to the ongoing Ebola outbreak.

Purpose

With the overall intent of breaking the chain of transmission of the ongoing Ebola outbreak in West Africa, this NOFO supports WHO specifically to address the Ebola outbreak and the underlying public health capacity gaps, as well as to address the outbreak's impact on other non-Ebola public health activities. Surveillance, epidemiological tracking, specimen and patient handling, laboratory testing, infection control, emergency preparedness and response, etc., all must be strengthened in Africa and globally to assure rapid detection and response and safe handling of patients/specimens suspected of being infected with Ebola or other highly infectious diseases/agents, as well as to strengthen ongoing public health infrastructure and programs (e.g., vaccination campaigns, etc.) that are being challenged and in some instances, stalled, due to the Ebola outbreak. *This program addresses the Health People 2020 goal: Immunization and Infectious Diseases. For more information, go to* www?.healt?hypeo?ple?.gov?

Program Implementation

Recipient Activities

- Intensify active surveillance, case for infected persons and their families settings*for potential future outbreaks.
- Improve Ebola case management and infection control.
- Strengthen epidemiology and program evaluation capabilities.
- Strengthen non-Ebola public health activities that are impacted by the Ebola outbreak.
- Increase security and logistics for local responders.
- Strengthen WHO emergency preparedness and response capability.

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

CDC Activities

- Provide consultation and technical assistance in responding to the Ebola outbreak.
- Participate in evaluation of country surveillance systems or regional networks.
- Participate in developing/updating surveillance guidelines for Ebola.
- Provide technical assistance as requested by WHO for the response, which may include sending CDC personnel, equipment, and supplies to specific outbreak sites; providing specialized or novel reagents, and laboratory support for diagnosis of suspected infectious agents; and providing expert input on prevention and control guidelines and capacity strengthening.
- Assist in epidemiologic and laboratory evaluation.
- Provide technical assistance in general emergency preparedness and response.
- Work with WHO to monitor and evaluate the scientific and operational accomplishments of activities.

Section II. Award Information

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

Award Mechanism: U50

World Health Organization: Addressing Ebola and other Highly Infectious Diseases Internationally

Fiscal Year Funds: 2018

Approximate Total Supplemental Funding: $5,000,000

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

Approximate Number of Awards: 1

Approximate Average Award: $5,000,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.
Floor of Individual Award Range: $0
Ceiling of Individual Award Range: $5,000,000
This ceiling is for a 12-month budget period.

Anticipated Award Date: 07/30/2018
Budget Period Length: 13 month(s)
Period of Performance Length: 1 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

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

Applications will only be accepted from the World Health Organization (WHO).

Required Registrations

System for Award Management and Universal Identifier Requirements
An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.
a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.
b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

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

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Other

Special Requirements

Applications will only be accepted from the World Health Organization (WHO).

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

Maintenance of Effort

Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

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

Content and Form of Application Submission

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

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

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

- Maximum number of pages: 300. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

There is no maximum for number of pages.

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

Strategies and Activities:

At WHO and in regions and countries affected or threatened by the Ebola outbreak, strengthen capacity for Ebola preparedness and response nationally and at the local level:

Intensify active surveillance, case finding, contact tracing, monitoring, etc., at local levels

- Conduct and improve ongoing active surveillance, with laboratory confirmation to ensure rapid identification of missed, new. or newly imported cases of Ebola.
- Strengthen capacity for general surveillance including support for personnel required for surveillance and epidemiology activities.
- Strengthen surveillance at entry points (border posts, airports and maritime ports) from countries with ongoing transmission of Ebola.

Strengthen capabilities for epidemiologic and laboratory analysis and program evaluation

- Improve operational and technical analysis, coordination and monitoring of interventions.
- Assess the impact of the epidemic on health care seeking and health care provision.

Intensify social mobilization, community and professional education and engagement, and psychosocial care for infected persons and their families

- Conduct intensified social mobilization and community engagement to enhance awareness and gather community support, acceptance and participation in implementation of the containment measures
- Provide psychosocial first aid training for community agents and their supervisors so they can provide direct psychosocial support to contact cases and their families.
- Develop and conduct communications to enforce the theme of "Staying at Zero Cases."
- Develop and disseminate key Ebola health risk communication messages.

Improve Ebola case management and infection control

- Develop plans for patient management as Ebola treatment units/centers are de-commissioned.
- Improve infection control practices, particularly in facilities that might receive Ebola patients, for example, on a border with a country with ongoing transmission of Ebola

Strengthen non-Ebola public health activities that are impacted by the Ebola outbreak

- Restore priority aspects of the health/public health system such as surveillance and assessment of vaccination coverage for epidemic-prone disease (e.g., measles), that are negatively impacted or stalled due to the Ebola outbreak.

Increase security and logistics for local responders

- Strengthen field security to ensure operational security, and protect national and international staff involved in the response;

Strengthen WHO capabilities for preparedness and response to Ebola and other highly infectious diseases

- Develop/implement WHO-led partnership mechanisms for a more robust and responsive global health emergency workforce.
- Train frontline responders on emerging infectious diseases.
- Strengthen critical International Health Regulations (IHR) and health systems capacities in Africa and elsewhere.

Outcomes

- Rapidly identify Ebola cases in Guinea, Sierra Leone, and Liberia (and other countries should the outbreak spread beyond these three).
- Increase community awareness, knowledge, and support for local Ebola response and prevention efforts.
- Reduce Ebola transmission in clinical and community settings.
- Reinvigorated non-Ebola public health activities that have been interrupted or slowed due to the Ebola outbreak.
- More coordinated and robust WHO emergency preparedness and response capabilities.

CDC Evaluation and Performance Measurement Strategy

CDC and WHO will jointly develop formal performance measures shortly after award. Following are outlines of potential measures that may be considered depending on the activities proposed:

Process Measures for Strategies and Activities:

Intensify active surveillance, case finding, contact tracing, monitoring, etc., at local levels

- Number of people identified as having had contact with possibly infected individual(s)
- Number of people that have come in contact with possibly infected individual(s) that are monitored for symptoms for 21 days
- Number of reported, suspected and referred/transferred cases
- Number of cross-border cases intercepted at the border

Strengthen capabilities for epidemiologic and laboratory analysis and program evaluation.

- Number of community deaths investigated
- Number of potential interventions evaluated
- Total number of samples analyzed
- Description of the impact of the epidemic on health care seeking and health care provision

Intensify social mobilization, community education and engagement, and psychosocial care for infected persons and their families

- Number of community agents and supervisors trained in psychosocial support
- Number of community agents supervised (including psychosocial support)

Improve Ebola case management and infection control

- Total number of staff trained on infection control

Strengthen non-Ebola public health activities that are impacted by the Ebola outbreak

- Number of measles vaccination opportunities offered
- Number of local public health staff on "active" duty rosters

Increase security and logistics for local responders

- Number of precincts in affected countries with ongoing transmission that have active/mobile responders (case finding, tracking, epi follow up, social mobilization, etc.)
- Number of teams doing local work that are accompanied by a security detail
- Number of local site visits averted due to lack of security

Strengthen WHO emergency preparedness and response capability

- Number of frontline responders trained on emerging infectious diseases

- Number of new or reaffirmed agreements with partners for emergency response

Outcome Measures for Short-term Outcomes:

Increased and more rapid identification of new Ebola cases in affected countries

- Time elapsed from identification of possible case/contact to lab confirmation

Increased community knowledge and support for Ebola response and prevention efforts

- Number of safe burials achieved
- % of contacts and cases having received psychosocial support

Reduced transmission in clinical and community settings

- Number of cases identified

Reinvigorated non-Ebola public health activities that have been interrupted or slowed due to the Ebola outbreak

- Number of measles (or other) vaccinations administered
- Number of persons attending measles (or other) vaccination opportunities
- Number of hours/days of public health workers lost due to themselves or family members being infected with Ebola

More coordinated and robust emergency preparedness and response capabilities

- Number of Foreign Medical Teams registered and ready to respond
- Number of Global Outbreak, Alert, and Response Network (GOARN) partners trained

Applicant Evaluation and Performance Measurement Plan

Shortly after award, WHO must provide an overall evaluation and performance measurement plan that is consistent with the CDC strategy above. At a minimum, the plan must:

- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe the type of evaluations (i.e., process, outcome, or both) to be conducted. Describe key evaluation questions.
- Describe other information (e.g., performance measures to be developed by the applicant), as determined by the CDC program, that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program quality improvement. Describe how evaluation and performance measurement will contribute to developing an evidence base for programs that employ strategies lacking a strong effectiveness evidence base

Organizational Capacity of Recipients to Execute the Approach

WHO has substantial and well-documented organizational capacity to execute global public health activities including, particularly, response to public health emergencies. WHO is fully capable of executing the activities in this NOFO.

Work Plan

WHO must clearly identify the outcomes they expect to achieve during the project(s) and provide clear and concise descriptions of the strategies, activities, and timeline they will use to achieve the outcomes.

CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). HHS grants policy specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

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

Monitoring may also include the following activities:

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

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

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

CDC Program Support to Recipients

- Provide consultation and technical assistance in responding to the Ebola outbreak.
- Participate in evaluation of country surveillance systems or regional networks.
- Participate in developing/updating surveillance guidelines for Ebola.
- Provide technical assistance as requested by WHO for the response, which may include sending CDC personnel, equipment, and supplies to specific outbreak sites; providing specialized or novel reagents, and laboratory support for diagnosis of suspected infectious agents; and providing expert input on prevention and control guidelines and capacity strengthening.

- Assist in epidemiologic and laboratory evaluation.
- Provide technical assistance in general emergency preparedness and response.
- Work with WHO to monitor and evaluate the scientific and operational accomplishments of activities.

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

Additional information may be included in the application appendices

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

with Reference to Document type and Award Number

No more than 30 electronic attachments should be uploaded per application.

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

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

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic,

budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Submission Dates and Times

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

Application Deadline Date

Due Date for Applications: **08/07/2018**

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Pilot Program for Enhancement of Employee Whistleblower Protections

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

Copyright Interest Provisions

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

PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

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

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

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

- http:// frwebgate.access.gpo.gov /cgi-bin/getdoc.cgi ?dbname= 109_cong_bills&docid= f:s2590enr.txt.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf

Funding Restrictions

Funding Restrictions:
Restrictions, which must be taken into account while writing the budget, are as follows:
In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

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

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

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

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

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction.
Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

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

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

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

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

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

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

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-CK15-15050401SUPP18**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Objectives and Technical Approach	Maximum Points: 50

For each individual project proposal: The extent to which the proposed project is consistent with the Purpose and Program Requirements of this announcement. Extent to which the description of the project provides specific objectives that are measurable and time-phased. Extent to which the description of the project includes a detailed operational plan for initiating and conducting the project. The extent to which the description of the project clearly identifies specific key professional personnel and their specific responsibilities. The extent to which the applicant clearly describes the plans for collaboration with CDC and others during the project.

Program Management, Personnel, and Facilities	Maximum Points: 25

For each individual project proposal: The extent to which the applicant describes an appropriate and adequate plan and approach for management and coordination of the project. The extent to which the applicant demonstrates that it has sufficient administrative, management, and technical resources and facilities for conducting proposed activities.

Evaluation Plan	Maximum Points: 20

For each individual project proposal: The extent to which the applicant describes an adequate plan for evaluating the project and for evaluating progress toward achieving overall objectives of the cooperative agreement. Extent to which both process and outcome objectives are addressed.

Background	Maximum Points: 5

For each individual project proposal: The extent to which the applicant demonstrates a clear understanding of the purpose and objectives of this cooperative agreement program.

Review and Selection Process

Review

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

An objective review panel will evaluate complete and responsive applications according to the

criteria listed in Section V. Application Review Information, subsection entitled “Criteria”.

Selection

- Applications will be funded in order by score and rank determined by the review panel.

CDC will provide justification for any decision to fund out of rank order: This is sole source justified.

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

Anticipated Announcement and Award Dates

Anticipated Award Date 7/30/2018

Section VI. Award Administration Information

Award Notices

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

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. All NOFOs from the Center for Global Health must include AR-35. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

The following administrative requirements apply to this project:

AR-9: Paperwork Reduction Act Requirements AR-10 Smoke-Free Workplace Requirements AR-11 Healthy People 2020

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-15 Proof of Non-Profit Status

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will have a condition of award that applies to 48 CFR section 3.908 requiring grantees to inform their employees in writing of employee whistleblower rights and protections under 41. U.S.C 4712 in the predominant native language of the workforce. If applicable, award recipients will be required to submit an electronic version of the final, peer-reviewed manuscript of any work developed under this award upon acceptance for publication. Additional information will be provided in the award terms. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

Reporting

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

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

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

The interim progress report is due no less than 120 days before the end of the budget period [you may choose to INSERT a due date rather than use the "no less than" language]. The Interim Progress report will serve as the non-competing continuation applications, and must contain the following elements:

a. Standard Form (“SF”) 424S Form.
b. SF-424A Budget Information-Non-Construction Programs.
c. Budget Narrative.
d. Indirect Cost Rate Agreement.
e. Project Narrative.

Additionally, funded recipients must provide CDC with an original, plus two hard copies of the following reports:

The recipient must submit the APR via www.Grantsolutions.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting

Federal Financial Report (FFR) (SF425): (Required) The annual FFR form (SF-425) is required and must be submitted through eRA Commons 90 days after the end of the budget period.
Final Performance and Financial Status Reports*, due 90 days after the end of the Period of Performance.

The deadline date for submitting the Annual Performance Report is 120 days before the end of the budget period. Send an electronic copy to CDC Project Officer (PO) with attention to the GMS and PO. The contact information for the GMS and PO is listed in the "Agency Contacts" section of the NOFO.

Since this cooperative agreement is a 13-month budget and project period, disregard the "120 days before the end of the budget period" Annual Performance Report (APR) due date requirement. It is recommended WHO submit interim APRs due at the 6-month and 13-month milestones from initial date of award.

The first report (due January 31, 2019) should cover progress on all individual projects funded during the first 6-months of the 13-month cooperative agreement project period.

The final report (due September 30, 2019) should cover progress on all individual projects funded during the final 7-months of the 13-month cooperative agreement project period.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Paul Schindler , Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

1600 Clifton Road NE
Atlanta, GA 30333
Telephone: (678) 296-1673
Email: pqs2@cdc.gov

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

Email: ogstims@cdc.gov

Kenya Anderson, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road
Atlanta, GA
Telephone: (770) 488-2487
Email: vfz6@cdc.gov

Section VIII. Other Information

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