



Centers for Disease Control and Prevention

Amendment I.

The amendment is for informational purposes only. CDC is not accepting new applications for award

The purpose of this amendment is to include language regarding COVID-19 response and future VPD public health threats

Amended language in Section G. 1, page 1; Section A.1., pages 5 and 7

National Center for Immunization and Respiratory Diseases

Immunization and Vaccines for Children

CDC-RFA-IP19-1901

Application Due Date: 05/05/2020

Immunization and Vaccines for Children
CDC-RFA-IP19-1901
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-IP19-1901. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Immunization and Vaccines for Children

C. Announcement Type: New - Type 1

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)).

This announcement is only for non-research activities support by CDC.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-IP19-1901

E. Assistance Listings (CFDA) Number:

93.268

F. Dates:

- | | |
|---|--|
| 1. Due Date for Letter of Intent (LOI): | 03/01/2019 |
| Is a LOI: | Recommended but not Required |
| Letter of Intent is recommended but not required. | |
| 2. Due Date for Applications: | 04/08/2019 , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov . |
| 3. Date for Informational Conference Call: | N/A |

G. Executive Summary:

1. Summary Paragraph:

This opportunity supports public health systems to ensure high vaccination coverage, low incidence of vaccine preventable diseases (VPD), and the ability to respond to VPD threats. The Vaccines for Children (VFC) program allows increased access to vaccines for eligible children by supplying government-purchased vaccines to enrolled health care providers. Section 317 of the Public Health Service Act authorizes awards to States, political subdivision of States, and to other public entities to help meet the costs of prevention health services. Priorities for Section 317 immunization programs are to preserve public health immunization infrastructure; maintain adequate vaccine supply as a safety net for uninsured adults, and other urgent vaccine needs; and to respond to VPD outbreaks. Also, to rapidly identify and investigate **current and future** VPD cases/outbreaks, **including COVID-19 or other emerging public health emergencies**, conduct surveillance and laboratory testing, implement vaccination and other measures to

control the spread of VPD and prevent future outbreaks. Award recipients are responsible for VFC and Section 317 vaccine program implementation.

Project activities include provider and public education, vaccine distribution and inventory management, supporting immunization outreach, Immunization Information System (IIS) maintenance and enhancement, and VPD surveillance. Recipients must be positioned to transition into the changing health care environment and make use of quality improvement to reduce or eliminate vaccination coverage disparities and protect vulnerable populations.

a. Eligible Applicants:	Limited
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	64

All 64 applicants will be awarded Component 1 for the core cooperative agreement.

Optional program area components will be awarded to a subset of core award recipients. Program components applications will be reviewed and scored by an objective panel. Award selection for the optional program area components will be determined by the availability of funding and the strength of the application.

- Project AA1: Expected number of awards: 25
- Project BB1: Expected number of awards: 25
- Project CC1: Expected number of awards: 5
- Project CC2: Expected number of awards: 20
- Project CC3: Expected number of awards: 12
- Project CC4: Expected number of awards: 25

d. Total Period of Performance Funding:	\$1,978,608,755
e. Average One Year Award Amount:	\$5,364,491

Annual average funding amount is based on the estimated annual funding for Component 1 core cooperative agreement. Applicants that successfully compete for the optional program area components in this NOFO will receive additional funding to implement required activities for those program components.

Optional program area components will be awarded to a subset of core award recipients. Program components applications will be reviewed and scored by an objective panel. Award selection for the optional program area components will be determined by the availability of funding and the strength of the application.

- Project AA1: Approximate average award: \$250,000
- Project BB1: Approximate average award: \$250,000
- Project CC1: Approximate average award: \$1,000,000
- Project CC2: Approximate average award: \$300,000
- Project CC3: Approximate average award: \$300,000
- Project CC4: Approximate average award: \$100,000

f. Number of Years of Award:	5
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g. Estimated Award Date: 06/01/2019

h. Cost Sharing and / or Matching Requirements: N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirements for this NOFO exists, leveraging resources and related ongoing effort to promote sustainability is strongly encouraged.

Applicants must use the Immunization Program Operation Manual (IPOM) that further explains available resources. The IPOM is available through the NCIRD Partner SharePoint Portal.

<https://partner.cdc.gov/Sites/NCIRD/PAP/SitePages/Home.aspx>

Component 1: Immunization and VFC cooperative agreement core award with required activities will be available to applicants as described in the eligible applicants section.

The program area components are optional for applicants and will be available to a subset of the core award recipients. Applicants may submit application requests for any program component project for their jurisdiction. The application for each program area component project must be in separate documents for application review process. Applicant must provide a separate project narrative, work plan, and budget for each project requested. Program component applications will be reviewed and scored by an objective review panel. Award selection for program components will be determined based on availability of funding and the strength of the application. Program components for this opportunity in Year 1 are:

Program Area AA: Enhanced immunization projects such as quality improvement, vaccine specific outreach, or targeting distinct populations for vaccine coverage improvement.

- Project AA1: Improving vaccination coverage among under vaccinated populations. This project opportunity is intended to operationalize enhanced activities related to strategies listed in Program Effectiveness of the funding opportunity. This project will support programmatic activities to understand, reach, and improve vaccination of under vaccinated populations specified by the applicant.

Program Area BB: Emerging vaccine preventable disease (VPD), project evaluation or VPD outbreak response.

- Project BB1: VPD outbreak response to provide enhanced capacity support for non-vaccine needs. This project opportunity is intended to provide additional non-vaccine infrastructure support to immunization programs at the time of VPD outbreak response to strengthen capacity necessary for an effective and timely response to a VPD outbreak.

Program Area CC: Enhancement of Immunization Information Systems (IIS) that expand IIS functionality and data use.

- Project CC1: Improving performance of underperforming IIS. This project will allow for competitive funding for underperforming or unsustainable IISs to invest in improving their systems. Underperforming IIS lack the functionalities and high data quality data needed to improve and sustain immunization coverage for children and adolescents. Eligible applicants are indicated by the applicant's most recent Immunization Information Systems Annual Report (IISAR) responses reflecting a >20 percentage points difference between IIS coverage estimates for children aged 19-35

month who received the 7-vaccine series and the respective NIS Child coverage estimate, or a >20 percentage points difference between IIS coverage estimates for adolescents aged 13-17 who received Td/Tdap and the respective NIS Teen coverage estimate. Unsustainable IIS may be built on costly, outdated, or difficult to maintain platforms.

- Project CC2: Improving IIS data completeness and quality for childhood data in select IISs. This project will allow for competitive funding for applicants whose IIS are close to having complete enough data to use for state or local coverage assessment and who need funding to invest in improving IIS data completeness and quality. Eligible applicants are indicated by the applicants with a 10 to 20 percentage points difference between IIS coverage estimates for children aged 19-35 month who received the 7-vaccine series and the corresponding NIS Child coverage estimate or a 10 to 20 percentage points difference between IIS coverage estimates for adolescents aged 13-17 who received Td/Tdap and the corresponding NIS Teen coverage estimate. Eligible applicants also include those few applicants whose jurisdictions were not assessed by the most recent NIS Child survey.
- Project CC3: IIS Learning Laboratories supporting development of best practices for IIS for coverage assessment and other programmatic functions. The funding opportunity aims to identify approaches for assessing coverage and identifying under vaccination in the applicant's jurisdiction, as well as developing best practices for monitoring vaccine coverage in the IIS community. This project will allow for competitive funding for eligible applicants with IIS that meet or exceed the following criteria: 2017 Immunization Information Systems Annual Report (IISAR) responses for IIS childhood (aged 19-35 months) 7-series vaccination coverage estimate is no more than 10 percentage points lower than the corresponding NIS Child coverage estimate, and 2017 IISAR responses for IIS Td/Tdap vaccination coverage estimate for adolescents is no more than 10 percentage points lower than the corresponding NIS Teen coverage estimate.
- Project CC4: Vaccine Coverage Assessment using IIS. This funding opportunity aims to advance the use of IIS data for monitoring vaccination coverage and vaccine use. Accurate vaccination data is critical for measuring vaccine uptake, evaluating usage, monitoring trends during vaccine shortages, assessing compliance with vaccine recommendations and informing decision makers. IIS data can be used to complement and improve national surveys and fill critical knowledge gaps. This project allows for competitive funding for applicants that meet or exceed the following eligibility criteria: Immunization Information Systems Annual Report (IISAR) responses for IIS childhood (aged 19-35 months) 7-series vaccination coverage estimate is no more than 10 percentage points lower than the corresponding NIS Child coverage estimate, and most recent IISAR responses for IIS Td/Tdap vaccination coverage estimate for adolescents is no more than 10 percentage points lower than the corresponding NIS Teen coverage estimate, and at least 90% of reported vaccine doses administered to persons <19 years of age, during the most recent year, have been submitted to and processed by the IIS within 30 days of vaccine administration.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The National Center for Immunization and Respiratory Diseases (NCIRD) is committed to the prevention of disease, disability, and death through immunization and by the control of vaccine preventable respiratory and related diseases. The Immunization Services Division (ISD) protects individuals and communities from vaccine preventable diseases through provision of federal funds and contracts to purchase and distribute vaccine, provision of technical and financial support of immunization programs, vaccine preventable disease (VPD) surveillance, provider and public education, and evaluation.

The goals for this funding opportunity are to improve and sustain vaccination coverage among children, adolescents, and adults; reduce vaccination disparities across pediatric, adolescent and adult populations; improve readiness to respond to **current and future** vaccine preventable disease (VPD) outbreaks and other related public health emergencies, **including COVID-19**; reduce incidence of VPDs; and reduce VPD-related morbidity and mortality. This funding opportunity will support recipients with their development, implementation, assessment, and promotion of immunization related activities with the goal of achieving and sustaining high immunization coverage, reducing vaccination disparities and incidents of vaccine preventable disease, and improving readiness to respond to vaccine preventable disease threats. This project also assists recipients to implement, develop, and/or enhance their Immunization Information Systems (IIS) to support public health objectives. Project required activities include the implementation of the Vaccines for Children (VFC) and Section 317 vaccine programs for eligible individuals in the recipient's jurisdiction.

Award recipients are expected to use a collaborative approach to improve vaccination coverage and access to vaccine for the jurisdiction's population. This collaboration builds upon the efforts of the previous funding opportunity CDC-RFA-IP13-1301.

Immunization and VFC cooperative agreement core award, Component 1, will be available to applicants as described in the eligible applicants section. Program area components are optional projects available to a subset of the core award recipients; program component applications will be reviewed and scored by an objective review panel. Award selection for program components will be determined based on strength of the application and availability of funding. Program area components included in this NOFO offer applicants the opportunity to participate in program area components to address specific needs or enhance capacity in their jurisdiction.

b. Statutory Authorities

The program is authorized under Section 317 of the Public Health Service Act [42 U.S.C. section 247b], as amended.

The Vaccines for Children (VFC) Program is authorized under Section 1928 of the Social Security Act. [42 U.S.C. section 1396s].

c. Healthy People 2030

This funding opportunity addresses the *Healthy People 2020* focus area of Immunization and Infectious disease

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>

Immunization Objectives may include:

IID-1 Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases

IID-7 Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children

IID-8 Increase percentage of children aged 19-35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV) (7-series)

IID-9 Decrease the percentage of children in the United States who receive 0 doses of recommended vaccines by age 19 to 35 months

IID-10 Maintain vaccine coverage levels for children in kindergarten

IID-11 Increase routine vaccination coverage levels for adolescents

IID-12 Increase the percentage of children and adults who are annually vaccinated against seasonal influenza

IID-13 Increase the percentage of adults who are vaccinated against pneumococcal disease

IID-14 Increase the percentage of adults who are vaccinated against zoster (shingles)

IID-15 Increase hepatitis B vaccine coverage among high-risk populations

IID-16 Increase the scientific knowledge on vaccine safety and adverse events

IID-17 Increase the percentage of providers who have had vaccination coverage levels among children in their practice population measured within the last year

IID- 18 Increase the percentage of children under age 6 years of age whose immunization records are in a fully operational, population-based immunization information system (IIS)

IID-19 Increase the number of States collecting kindergarten vaccination coverage data according to CDC minimum standards

IID-20 Increase the number of States, the District of Columbia, and other reporting areas that have 80 percent of adolescents with 2 or more age- appropriate immunization recorded in an immunization information system (IIS) among adolescents aged 11 to 18 years

IID-24 Reduce chronic hepatitis B infections in infants and young children (perinatal infections)

d. Other National Public Health Priorities and Strategies

This funding opportunity supports the strategies to increase vaccination coverage, decrease vaccination coverage disparities, reduce the incidence of VPD, and reduce VPD mortality and morbidity. The following national guidance documents support these activities:

Recommendations of the Advisory Committee on Immunization Practices <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

CDC's Infectious Disease Framework <https://www.cdc.gov/oid/framework.html>

HHS National Vaccine Program Office, Nation Vaccine Plan <https://www.hhs.gov/nvpo/national-vaccine-plan/index.html>

Program evaluation framework to improve and account for public health actions <https://www.cdc.gov/eval/framework/index.htm>

The Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology(ONC) <https://www.healthit.go> implement activities to incentivize the adoption of "Meaningful Use" of Electronic Health Records (EHR) systems in medical offices and hospitals. IIS program area components will enhance public health capacity to support Meaningful Use.

e. Relevant Work

This funding opportunity builds upon previous work of the Immunization and Vaccines for Children (VFC) cooperative agreement (CDC-RFA-IP13-1301) which focused on supporting infrastructure and capacity to assure high vaccination coverage, low incidence of vaccine-preventable disease, and maintain or improve response to **current and future** VPD public health threats, **including COVID-19**. NCIRD works closely with immunization award recipients to enhance immunization systems as part of the ongoing immunization and VFC cooperative agreement and other related projects. For more information see <https://www.cdc.gov/ncird/index.html>

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies:	Outputs of award recipients	ST Outcomes:	LT Outcomes:
Program Management and Sustainability Ensure infrastructure to support capacity, operations, and accountability	- Personnel identified to develop and implement program activities - Demonstrates accountability for program operations - Steps identified to increase children's immunization records in IIS - Award recipients adhere to CDC's vaccine purchase requirements - IIS standards and best practices are used to improve existing and implement new functionality - Assessment of IIS functionality and data is used to implement system improvements	Immunization activities implemented regionally and/or locally by partners and providers Activities implemented by partners and providers to improve vaccination coverage - Eligible children, adolescents, and adults have access to public vaccines Providers adhere to public vaccine ordering and administering policies Providers receive sufficient quantities of public vaccine Vaccine is stored/handled by providers to maintain viability and reduce wastage - Stakeholders are better informed to support immunization work - Immunization messaging is vaccine-specific and target population-focused - VPD surveillance data quality and timeliness improved - Providers report vaccine adverse event to VAERS - Increased number of pregnant women are referred to the perinatal hepatitis B prevention program Increased number of HBV-exposed newborns receive PEP Increased number of newborns receive hepatitis B vaccine series Increased number of infants receive PVST - Increased number of immunization providers are identified to participate in pandemic vaccination response Vaccination coverage of students for required vaccines are increased - Risk of VPD outbreaks in schools settings is decreased Increased adolescent vaccination coverage Increased adult vaccination coverage	- Improved and sustained vaccination coverage among children, adolescents, and/or adults. - Reduced vaccination coverage disparities across pediatric, adolescent, and adult populations. - Improved readiness to respond to vaccine-preventable disease (VPD) outbreaks and other related public health emergencies. - Reduced incidence of VPDs. - Reduced VPD-related morbidity and mortality.
Program Effectiveness - Identify areas with low vaccination coverage - Perform activities to improve coverage - Integrate IIS data with NIS survey			
Vaccine Access and Management - Maintain enrolled providers to administer vaccines - Perform quality assurance activities - Adhere to CDC guidance for vaccine funding - Use CDC mechanisms for vaccine planning, ordering, and distribution - Ensure vaccine storage and handling to maintain viability			
Immunization Information Systems Advance IIS capabilities using CDC IIS Functional Standards and evaluating performance			
Communication, Partnership and Education - Engage stakeholders to improve vaccination coverage - Engage AI/AN to improve vaccination coverage - Address current immunization issues - Promote education for providers and public			
Provider Quality Improvement - Implement quality improvement (QI) strategies and monitor impact on coverage - Use IIS data to inform/ manage QI assessment activities	- Quality Improvement visits to enrolled providers are conducted consistently - QI vaccine coverage assessments are based on IIS data, as feasible		
VPD Surveillance and Outbreak Response - Conduct surveillance to identify, control & prevent VPD - Report VPD cases and/or outbreaks to health officials - Encourage VAERS reporting and monitor VAERS and vaccine safety data	- Appropriate action to detect and respond to VPD cases and/or outbreaks - Staff identified to monitor VAERS and vaccine safety data		
Perinatal Hepatitis B Prevention - Identify HBsAg-positive pregnant women and births - HBV-exposed newborns receive PEP - HBV-exposed infants complete vaccine series and PVST	- Perinatal hepatitis B activities are conducted in a standardized manner - Lead staff identified to coordinate and plan with preparedness		
Pandemic Influenza Preparedness Collaborate with preparedness to implement response to influenza pandemic			
School Vaccination Coverage - Assess students compliance with vaccination requirements - Communicate school vaccination coverage and exemption estimates to stakeholders			
Adolescent Immunization Work with partners to increase coverage for adolescents			
Adult Immunization Work with partners to increase coverage for adults			

i. Purpose

This NOFO will support public health programs to carry out the fundamental work of immunization to improve and sustain high immunization coverage, reduce vaccination disparities and incidents of VPD, and improve readiness to respond to VPD threats. These actions will help

to reduce or eliminate morbidity and mortality due to VPDs. Core areas of the NOFO include program management and sustainability, program effectiveness, vaccine access and management, IIS systems and technology, communication, partnerships, and education, provider quality improvement, surveillance and outbreak response, perinatal hepatitis B prevention, pandemic influenza preparedness, school vaccination coverage, adolescent and adult immunization.

ii. Outcomes

Applicants should elaborate on these expected outcomes to address specific processes within their jurisdiction.

Component 1: Immunization and Vaccines for Children core cooperative agreement

Short-term outcomes

- Immunization activities are implemented regionally and/or locally
- Activities implemented to improve vaccination coverage
- Providers adhere to public vaccine ordering and administering policies
- Providers receive sufficient quantities of public vaccine
- Vaccine is stored/handled to maintain viability and reduce wastage
- Increased number of HBV-exposed newborns receive PEP
- Increased number of newborns receive hepatitis B vaccine series
- Increased number of infants receive post vaccination serologic testing (PVST)
- Vaccination coverage students for required vaccines are increased
- Increased adolescent vaccination coverage
- Increase adult vaccination coverage

Long-term outcomes

- Improved and sustained vaccination coverage among children, adolescents, and adults
- Reduced vaccination coverage disparities across pediatric, adolescent and adult populations
- Improved readiness to respond to VPD outbreaks and other public health emergencies
- Reduced incidences of VPDs
- Reduced VPD-related morbidity and mortality

Project AA1: Improving vaccination in under vaccinated populations. Applicants should choose additional outcomes that relate specifically to their population focus area chosen.

Short-term outcomes

- Activities implemented to improve vaccination coverage
- Immunization activities are implemented regionally and/or locally

Long-term outcomes

- Reduced vaccination coverage disparities across pediatric, adolescent and/or adult populations

- Reduced incidences of VPDs

Project BB1: VPD Outbreak response to provide strengthen capacity support for non-vaccine needs.

Short-term outcomes

- Immunization activities are implemented regionally and/or locally

Long-term outcomes

- Improved readiness to respond to VPD outbreaks and other public health emergencies
- Reduced incidences of VPDs
- Reduced VPD-related morbidity and mortality

Project CC1: Improving Performance of Underperforming IIS

Short-term outcomes

- Stakeholders are better informed to support immunization work

Long-term outcomes

- Improved and sustained vaccination coverage among children, adolescents, and adults

Project CC2: Improving Data Completeness and Quality for Childhood Data in select IISs

Short-term outcomes

- Stakeholders are better informed to support immunization work

Long-term outcomes

- Improved and sustained vaccination coverage among children, adolescents, and adults

Project CC3: Immunization Information Systems Learning Laboratory

Short-term outcomes

- Activities implemented to improve vaccination coverage

Long-term outcomes

- Improved and sustained vaccination coverage among children, adolescents, and adults

Project CC4: Immunization Information Systems coverage assessment

Short-term outcomes

- Stakeholders are better informed to support immunization work

Long-term outcomes

- Improved and sustained vaccination coverage among children, adolescents, and adults

iii. Strategies and Activities

The funding opportunity activities reflect core program activities and structure as well as individual programmatic activities. Program required activities include the implementation of the Vaccines for Children (VFC) and Section 317 vaccine programs for eligible individuals in the recipient's jurisdiction. These activities are required. Award recipients will be held accountable for the requirements as detailed in the funding opportunity and Immunization Program Operations Manual (IPOM). Applicants must create activities specific to their jurisdiction that explain how they will implement the CDC requirements and measure progress and success of their activities.

Component 1: Immunization and Vaccines for Children Cooperative Agreement - core

Program Management and Sustainability: Ensure program infrastructure to support organizational capacity, program operations, funding stability and fiscal accountability.

Program Effectiveness: Identify geographic areas or population subgroups with low vaccination coverage. Perform activities to improve vaccination coverage with population subgroups. Participation in the integration of IIS data with CDC National Immunization Survey (NIS).

Vaccine Access and Management: Maintain a network of immunization providers and ensure they administer vaccine appropriately. Perform quality assurance measures to ensure Vaccines for Children (VFC) and Section 317 programs are properly implemented. Adhere to CDC guidance specific to each federal vaccine funding type. Use CDC-provided mechanisms for vaccine planning, ordering, and distribution in accordance with CDC guidance/requirements. Ensure that providers store and handle publicly purchased vaccines in a manner that maintains vaccine viability and reduces vaccine wastage.

Immunization Information Systems (IIS) and Technology: Advance IIS capabilities to support Immunization Program by implementing the CDC IIS Functional Standards (<https://www.cdc.gov/vaccines/programs/iis/func-stds.html>) and evaluating performance.

Communication, Partnership and Education: Engage networks of health care providers and other key partners and stakeholders to support efforts for improvement of vaccination coverage. Engage American Indian/ Alaska Native (AI/AN) communities and other tribal stakeholders to improve vaccination coverage within the jurisdiction's AI/AN population. Utilize effective communication methods to address current immunization issues. Promote and provide educational opportunities for health care providers and the general public.

Provider Quality Improvement: Work with eligible VFC providers to implement quality improvement and monitor the impact on vaccination coverage. Use IIS data to inform and manage Immunization Quality Improvement for Providers (IQIP) assessment activities.

Surveillance and Outbreak Response: Conduct surveillance and support capacity to identify, control, and prevent VPD cases and/or outbreaks. Ensure VPD cases and/or outbreaks are reported to local/state public health officials and case notifications are provided to CDC. Encourage health care provider Vaccine Adverse Event Reporting System (VAERS) reporting

and monitor VAERS and vaccine safety data.

Perinatal Hepatitis B Prevention: Identify HBsAg-positive pregnant women and births to HBsAg-positive women. Ensure hepatitis B virus (HBV)-exposed newborns receive post-exposure prophylaxis (PEP) per ACIP recommendations. Ensure HBV-exposed infants complete the hepatitis B vaccine series and receive post-vaccination serologic testing (PVST) per ACIP recommendations.

Pandemic Influenza Preparedness: In collaboration with preparedness program staff and other stakeholders, prepare for and implement a vaccine response to an influenza pandemic for adult and pediatric populations, including potentially targeted critical workforce.

School Vaccination Coverage: Assess students in child care, kindergarten through high school, and technical school/college/university for compliance with state and local school vaccination requirements. Communicate relevant school vaccination coverage and exemption estimates to schools, state/local departments of education, and other stakeholders to ensure individuals in child care and school settings are protected against VPDs.

Adolescent Immunization: Work with partners to promote continuous quality improvement and implement methods to increase vaccination coverage among adolescents.

Adult Immunization: Work with partners to promote continuous quality improvement and implement methods to increase vaccination coverage among adults.

Component 1 Immunization and VFC core cooperative agreement must include the required strategies and activities. Applications must include performance measures both process and outcome that will help the award recipient and CDC measure the progress or success of activities to address NOFO long-term outcomes.

Program area component funded activities are available through competitive application. This funding opportunity offers optional program area component projects to enhance core program activities. Applicants may submit application requests for any program component project for their jurisdiction. The application for each program area component project must be in separate documents for application review process. Applicant must provide a separate project narrative, work plan, and budget for each project requested. Award recipients will be accountable for only those project activities that are approved and funded.

Funding for optional program area activities will be determined annually, at CDC's discretion and subject to the availability of funding. The Year 1 program area components are:

Project AA1: Improving vaccination coverage among under vaccinated populations.

- Perform activities to improve vaccination coverage with population subgroups
 - Identify specific under vaccination populations in the jurisdiction
- Engage networks of health care providers and other key partners and stakeholders to support efforts for improvement of vaccination coverage
 - Work with stakeholders to determine education or vaccination needs in the identified population
- Promote and provide educational opportunities for health care providers and the general public

Project BB1: VPD outbreak response to provide strengthen capacity support for non-vaccine

needs.

- Conduct surveillance and support capacity to identify, control, and prevent VPD cases and/or outbreaks
- Ensure VPD cases and/or outbreaks are reported to local/state public health officials and case notifications are provided to CDC
- In collaboration with preparedness program and other stakeholders, prepare for and implement a vaccine response
 - Work with stakeholders to identify and implement an effective and timely response

Project CC1: Improving performance of underperforming IIS.

- Advance IIS capabilities to support Immunization Program by implementing the CDC IIS Functional Standards and evaluating performance.
 - Conduct analysis (e.g., cost benefit analysis) informing the applicants approach to achieving a high performing and sustainable IIS.
 - Applicants' choice of activities will depend on the current state of their IIS and their sustainability goals. Example activities include: Conduct an independent technical assessment to document the IIS's current technical state, risks and issues associated with the system and supporting processes, gaps in functionality, and recommendations for achieving a sustainable IIS solution that meets or exceeds CDC IIS Functional Standards; Use IIS Functional Standards and best practices, (e.g., HL7 Implementation Guide, Modeling of Immunization Registry Operations Work group) to implement new functionality and improve existing functionality; Gather, analyze, and document IIS requirements necessary to meet CDC IIS Functional Standards and support immunization program operations and information needs; or Plan for and transition to a new IIS platform.
 - Funded recipients will be required to participate in post-award meeting to share information, clarify expectations, and establish routine conference calls to discuss issues and report progress.
 - Funded recipients will be expected to participate in regularly scheduled conference calls to review progress, planned activities and exchange ideas for future activities.

Project CC2: Improving IIS completeness and data quality for childhood data in select IISs.

- Advance IIS capabilities to support Immunization Program by implementing the CDC IIS Functional Standards and evaluating performance.
 - Applicants' choice of activities will depend on the current state of their IIS and root causes for their data completeness and quality issues. Example activities include: Implementing specific IIS functions or improvements to facilitate improved data completeness and quality (e.g., bidirectional data exchange); Implementing specific activities to facilitate data completeness or quality (e.g. improved deduplication processes); or Conduct outreach, educate, enroll and maintain provider participation for bidirectional data exchange with the IIS.

Project CC3: IIS Learning Laboratories supporting development of best practices for IIS for coverage assessment and other programmatic functions.

- Identify areas with low vaccination coverage
 - Conduct evaluation projects using innovative IIS analytic methods for assessing vaccination coverage; Example of activities included but are not limited to developing and evaluating methods for small area vaccination coverage estimation; Developing and evaluating IIS analytic methods for identifying under-immunized populations; Developing and evaluating methods for reducing bias in IIS-based coverage assessments; or Developing and evaluating methods for validating the accuracy of coverage estimates within a jurisdiction.
- Advance IIS capabilities to support Immunization Program by implementing the CDC IIS Functional Standards and evaluating performance.
 - Conduct an evaluation project to assess IIS-based strategies for supporting VFC program accountability. This is an optional activity. Examples of optional activities may include, but not limited to assessing quality improvement, dose-level accountability, and vaccine ordering impact.
- Engage stakeholders to support efforts for improvement of vaccination coverage.
 - Maintain childhood 7-series vaccination coverage assessment (calculated from the applicant's IIS) that is no more than 10 percentage points lower than the corresponding NIS Child estimate.
 - Maintain Td/Tdap vaccination coverage assessment for adolescents (calculated from the applicant's IIS) that is no more than 10 percentage points lower than the corresponding NIS Teen estimate.
 - Identify at least one IIS Learning Laboratory project staff to participate in annual face-to-face meeting with CDC IISSEB Evaluation Team and subject staff for intensive discussion on strategically identifying topics for the betterment of the overall project.
 - Identify at least one IIS Learning Laboratory project staff to participate in regularly scheduled conference calls with CDC IISSEB Evaluation Team as part of ongoing communication for the betterment of the overall project. Call schedule shall be determined in agreement with the awarded projects.
- Funded recipients will be required to complete a minimum of four evaluation projects during the 5-year period of performance. At least one of the evaluation projects must be a collaborative evaluation with another IIS Learning Laboratory or NOFO funded IIS program. At least three of the evaluation projects must be submitted to peer-review journals or MMWR. Other proposals for non-peer review publications (e.g.white paper, technical journal) must be at least 2000 words and must be approved by IISSEB staff. All publications for IIS Learning Laboratories must meet the International Committee of Medical Journal Editors Guidelines for authorship.
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1416675/pdf/bmjcrde00465-0038.pdf>)

Project CC4: Vaccine Coverage Assessment using IIS.

- Advance IIS capabilities to support Immunization Program by implementing the CDC IIS Functional Standards and evaluating performance.

- Improve measurement in vaccination coverage and uptake
 - Annually, submit de-identified record-level child and adolescent IIS data to CDC. Applicants shall authorize CDC to use the submitted data to develop methods to estimate national vaccination coverage, and calculate jurisdictional vaccination coverage for all routinely recommended childhood vaccines (e.g., vaccination coverage estimates that are annually published for the NIS Child and Teen). Submitted values will not include names or addresses, but will include county (zip code) of residence, race, and other demographic and vaccination fields. Applicants shall have the opportunity to review, approve, or reject manuscripts, conference abstracts, and other summaries findings prior to dissemination external to CDC.
 - Submit monthly influenza vaccination aggregate data to CDC. CDC will work collaboratively with awarded sites to determine quality and acceptability of submitted data for analysis, recognizing that completeness will vary between age groups. Applicants shall authorize CDC to use the submitted data to monitor influenza vaccination coverage. Applicants shall have the opportunity to review, approve, or rejects manuscripts, conference abstracts, and summaries of findings prior to dissemination external to CDC.
 - In the event of an influenza pandemic during this period of performance, submit weekly influenza vaccination aggregate data to CDC. CDC will work collaboratively with awarded sites to determine quality and acceptability of submitted data for analysis, recognizing that completeness will vary between age groups. Applicants shall authorize CDC to use these aggregate data submissions to monitor pandemic influenza vaccination. Applicants shall have the opportunity to review, approve, or reject manuscripts, conference abstracts, and other summaries of findings prior to dissemination external to CDC.
 - Submit aggregate IIS data to CDC as requested for ad hoc vaccination analyses. Approximately three to seven ad hoc aggregate data request are anticipated annually. CDC will provide table shells and instructions to award recipients to describe each query. Applicants shall authorize CDC to use the submitted data for analysis and dissemination within CDC. Applicants shall have the opportunity to review, approve, or rejects manuscripts, conference abstracts, and summaries of findings prior to dissemination external to CDC.
 - Optional activity: Submit de-identified data to CDC from the award recipient's IIS, or data source external to the IIS (such as de-identified medical claims data and de-identified vital statistics data). Applicants shall have the opportunity to review, approve, or rejects manuscripts, conference abstracts, and summaries of findings prior to dissemination external to CDC. Available datasets, as well as processes and policies required to assess each data source will be identified in collaboration with CDC. This activity is listed as optional to allow sites to opt-out of request if legal, policy, or technical barriers prevent sharing of requested data.
 - Develop a data use agreement (DUA) with legal advisement to allow

sharing of required data submissions for the award recipient to CDC. If the development of a DUA is hindered by legal or policy constraints, program staff will report to CDC the specific legal or policy barrier.

- Engage stakeholders to support efforts for improvement of vaccination coverage.
 - Maintain childhood 7-series vaccination coverage assessment (calculated from the applicant's IIS) that is no more than 10 percentage points lower than the corresponding NIS Child estimate.
 - Maintain Td/Tdap vaccination coverage assessment for adolescents (calculated from the applicant's IIS) that is no more than 10 percentage points lower than the corresponding NIS Teen estimate.
 - Maintain at least 90% of reported vaccine doses administered to persons aged <19 years are submitted and processed by the IIS within 30 days of vaccine administration.
 - Identify at least one coverage assessment project staff to participate in regularly scheduled conference calls to discuss analyses of submitted data. Call schedule shall be determined in agreement with the awarded projects.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Collaboration is a vital part of this immunization and vaccines for children opportunity.

Recipients are expected to collaborate with CDC programs involved in immunization/vaccination activities and other CDC immunization award recipients. Cooperation within awarding agency and with partners and stakeholder in their jurisdiction is essential to the successful implementation of program activities.

Project CC1: Improving Performance of Underperforming IIS and Project CC2: Improving Data Completeness and Quality projects are expected to participate in efforts by the American Immunization Registry Association (AIRA) related to interoperability and provider onboarding.

Project CC3: IIS Learning Laboratory projects must collaborate with other funded IIS Learning Laboratory award recipients and CDC IISB Evaluation Team and subject staff on proposed evaluations conducted. Award recipients are expected to conduct at least one collaborative evaluation project focused on pediatric and/or adolescent coverage with another IIS funded award recipient.

b. With organizations not funded by CDC:

Applicants must collaborate with programs, stakeholders, and organizations internal and external to CDC. Collaboration with organizations that support the achievement of the NOFO strategies and outcomes is essential. Examples of collaborations include working with the business community, non-governmental organizations, non-profit agencies, community coalitions, tribal organizations, healthcare providers, hospitals and healthcare systems.

2. Target Populations

Component 1: Immunization and VFC cooperative agreement (core)

The target populations are child, adolescent and adult populations in the applicant's jurisdiction, with specific emphasis on underserved VFC-eligible children and adolescents, and underinsured adults.

VFC-eligible target population are children that meet at least one of the following criteria:

- Medicaid-eligible
- Uninsured
- American Indian/Alaskan Native
- Underinsured with respect to vaccines, served by a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) or enrolled VFC provider deputized by a FQHC or RHC.

Children are defined as newborns through 18 years of age.

Project AA1: Improving vaccination in under vaccinated populations.

Target population is under vaccinated populations in the applicant's jurisdiction when compared to the general population. Applicant must describe the specific target population(s) served through this project and explain the effects of the project on the population(s).

Project BB1: VPD outbreak response to provide strengthened capacity support for non-vaccine needs.

Target population is all residents in the applicant's jurisdiction. Target population may vary and must be identified by applicant. Applicant must describe the specific target population(s) served through this project and explain the effects of the project on the population(s).

Project CC1: Improving performance of underperforming IIS.

Target population includes children and adolescents <19 years of age served by the IIS within the applicant's jurisdiction. Applicants may target provider populations, as part of this component, such as onboarding new providers to the IIS or initiating bidirectional data exchange for providers serving children and adolescents <19 years of age. Applicant must describe the specific target population(s) served through this project and explain the effects of the project on the population(s).

Project CC2: Improving IIS completeness and data quality in select IISs.

Target population includes children and adolescents <19 years of age served by the IIS within the applicant's jurisdiction. Applicants may target provider populations, as part of this component, such as onboarding new providers to the IIS or initiating bidirectional data exchange for providers serving children and adolescents <19 years of age. Applicant must describe the specific target population(s) served through this project and explain the effects of the project on the population(s).

Project CC3: Immunization Information Systems Learning Laboratories.

Target population includes all population served by the IIS within the applicant's jurisdiction. Applicant must describe the specific target population(s) served through this project and explain the effects of the project on the population(s).

Project CC4: Vaccine Coverage Assessment using IIS.

Target population includes all population served by the IIS within the applicant's jurisdiction. Applicant must describe the specific target population(s) in the jurisdiction (including special populations such as underserved, geographic clusters with lower vaccination coverage, racial/ethnic groups or geographic disparities, etc.), and explain how submitted data from these and other populations will support achieving the goals of the project.

a. Health Disparities

The VFC and Section 317 vaccine programs are designed to provide vaccination services to vulnerable populations, include persons living in poverty, American Indian/Alaskan Natives, and persons using RHC for their health care. Applicants must describe specific underserved or under immunized target population(s) in their jurisdiction; that is identify communities or geographic clusters with lower vaccination coverage rates and/or higher incidence of VPDs.

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

The Immunization and VFC cooperative agreement is a complex program with many funding streams and program activities.

Component 1: Immunization and VFC core cooperative agreement. Eligible award recipients will be funded for the core activities using the funding methodology based on factors such as total population size, birth cohort, proportion under-immunized, vaccination coverage levels, rurality, poverty rate, proportion of non-English speakers, health care provider population, principal personnel costs and cost of living estimates. Funding methodology for this opportunity is further explained in the IPOM Unit I Immunization Cooperative Agreement Essentials. IPOM is available through the ISD Awardee SharePoint portal. <https://partner.cdc.gov/Sites/NCIRD/PAP/SitePages/Home.aspx> Final decisions concerning funding and allocations rest with NCIRD. The Immunization and VFC core cooperative agreement is a five-year project with non-competing applications due before the end of each budget year.

Program area component opportunities are optional and funding for these opportunities to enhance immunization program activities will be determined annually, at CDC's discretion and based on availability of funding. Each of the program area components has separate optional projects available. Applicants may submit application requests for any program component project for their jurisdiction. The application for each program area component project must be in separate documents for application review process. Applicant must provide a separate project narrative, work plan, and budget for each project requested. The immunization program area components for Year 1 are:

Program Area AA: Enhanced immunization projects such as quality improvement, vaccine specific outreach, or targeting distinct populations for vaccine improvement.

Project AA1: Improving vaccination coverage among under vaccinated populations. Funds may be awarded up to 25 applicants per year. Funding range: \$200,000-\$500,000 per year, Average award \$250,000. 12-month projects with opportunity to compete in a future budget year within the period of performance.

Program Area BB: Emerging VPDs, project evaluation or VPD outbreak response.

Project BB1: VPD outbreak response to provide strengthen capacity support for non-vaccine needs. Funds may be awarded up to 25 applicants per year. Funding range: \$100,000-\$500,000

per year, Average award \$250,000. 12-month projects with opportunity to compete in a future budget year within the period of performance.

Program Area CC: Enhancement of IIS that expand IIS functionality and data use.

Project CC1: Improving performance of under performing IIS. Funds may be awarded to up to 5 applicants each year. Funding range: \$500,000 to \$1,500,000 per year, Average award \$1,000,000. Approximately \$5 million per year is available. 12-month projects with opportunity to compete in a future budget year within the period of performance.

Project CC2: Improving IIS data completeness and quality for childhood data in select IISs. Funding will be awarded to up to 20 applicants each year. Funding range: \$200,000 to \$400,000 per year, Average award \$300,000. Approximately \$6 million per year is available. 12-month projects with opportunity to compete in a future budget year within the period of performance.

Project CC3: IIS Learning Laboratories supporting development of best practices for IIS for coverage assessment and other programmatic functions. Funds will be awarded to up to 12 applicants. Funding range: \$300,000 per year, Average award \$300,000. Approximately \$3.6 million per year is available. Five-year project with five 12-month budget years with non-competing application due each year. Five years of funding.

Project CC4: Vaccine Coverage Assessment using IIS. Funds will be awarded to up to 25 applicants in Year 1. Funding range: \$80,000 to \$120,000 per year, Average award \$100,000. Two-year projects. One additional non-competing application for 12-month budget will be due before the end of Year 1. Additional applicants may apply in future years during period of performance to participate in this project. Approximately \$2.5 million available in Year 1.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement enables CDC and award recipients to track progress and monitor the degree to which strategies have been effectively implemented and the degree to which logic model outcomes have been achieved. These information will help to assess the extent to which activities and strategies were successfully implemented; demonstrate whether the activities lead to expected outcomes; and informing program planning, decision making, and program quality improvement. Applicants must identify specific process and outcome performance measures for their jurisdiction and report on their performance annually in the CDC-developed report system.

Component 1: Immunization and VFC (core project)

Evaluation and performance measurement will be used by award recipients and CDC to track progress and measure outcomes of award recipient's efforts and to assess the extent to which implemented strategies ensure continuous program improvement. Information will be collected through program technical assistance site visits, mid-year progress reports and annual reports. Program information may also be collected through ad hoc conference calls or reports throughout the budget year.

Each applicant must develop performance measures specific to their jurisdiction to address CDC
Program Management and Sustainability

- Staffing is adequate, and personnel are equipped to develop and implement program activities and priorities
- Immunization program activities are effectively implemented regionally and/or locally
- Program demonstrates appropriate fiscal accountability/stewardship of immunization funding

Program Effectiveness

- Program activities are implemented to improve vaccination coverage in targeted populations
- Steps are identified to increase children's immunization records in the IIS

Vaccine access and management

- Eligible children, adolescents, and adults have access to publicly purchased vaccines
- Enrolled vaccine providers adhere to federal, state, and local policies for ordering and administering VFC, 317, and other publicly purchased vaccine
- Enrolled providers receiving publicly purchased vaccine have sufficient quantities for their eligible patients
- Award recipients adhere to CDC's vaccine purchase contract requirements
- Vaccine is appropriately stored and handled to maintain viability and reduce wastage

Immunization Information Systems and Technology

- IIS Functional Standards and best practices are used to improve existing and implement new IIS functionality
- Assessment of IIS functionality and data is used to implement system improvements

Communication, Partnerships, and Education

- Providers, partners, and stakeholders are better informed to support immunization work
- Immunization messaging is vaccine-specific and target population-focused

Provider Quality Improvement

- Enrolled provider participate in quality improvement processes that are implemented consistently throughout the jurisdiction
- Quality improvement vaccine coverage assessments are based on IIS data, as feasible

Surveillance and Outbreak Response

- Appropriate action is taken to detect and respond to VPD cases and/or outbreaks by program staff and healthcare providers.

- VPD surveillance data quality and timeliness of data submission to NNDSS are improved
- Staff is designated and available to monitor VAERS and vaccine safety data
- Healthcare providers report vaccine adverse events to VAERS

Perinatal Hepatitis B Prevention

- Perinatal hepatitis B activities, including case management and follow-up, are conducted in a coordinated, standardized manner throughout jurisdiction
- An increased number of HBsAg-positive pregnant women are identified and referred to the perinatal hepatitis B prevention program (PHBPP)
- An increased number of identified HBV-exposed newborns receive post-exposure prophylaxis (PEP) as per ACIP recommendations
- An increased number of case managed infants receive timely completion of hepatitis B vaccine series and post-vaccination serology testing (PVST) per ACIP recommendations

Pandemic Influenza Preparedness

- Lead staff are identified to coordinate and plan with preparedness counterparts in their jurisdiction and federal agencies
- Increased number immunization providers/sites are identified to participate in pandemic vaccination response

School vaccination coverage

- Vaccination coverage of students for required vaccines as per state and local policy is increased
- Risk of VPD outbreaks in child care, school, and technical school/college/university setting is decreased

Adolescent Immunization

- Increased adolescent vaccination coverage rates for recommended vaccines

Adult Immunization

- Increased adult vaccination coverage rates for recommended vaccines

Project AA1: Improving Vaccination in Under Vaccinated Populations

- Activities implemented to improve vaccination coverage
- Program activities are implemented regionally and/or locally
- Immunization messaging is vaccine-specific and target population-focused

Project BB1: VPD Outbreak response

- Personnel identified to develop and implement program activities
- Program activities are implemented regionally and/or locally

- Eligible children, adolescents, and adults have access to public vaccines
- Immunization messaging is vaccine-specific and target population-focused

Project CC1: Improving Performance of Underperforming IIS

- IIS Functional Standards and best practices are used to improve existing and implement new IIS functionality.
- Assessment of IIS functionality and data is used to implement system improvements

Project CC2: Improving Data Completeness and Quality for Childhood Data in Select IISs

- IIS Functional Standards and best practices are used to improve existing and implement new IIS functionality.
- Assessment of IIS functionality and data is used to implement system improvements

Project CC3: Immunization Information Systems Learning Laboratory Project

- Program activities are implemented to improve vaccination coverage in targeted populations

Project CC4: Immunization Information System Coverage Assessment Project

- IIS Function Standards and best practices are used to improve existing and implement new IIS functionality including measurement of vaccination coverage

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Component 1: Immunization and VFC core cooperative agreement

Award recipient plan must address short-term and long-term outcomes included in the NOFO.

The plan must include:

- Specific applicant developed process and outcome measures to help award recipient and CDC track progress and success of planned activities.
- How the applicant will analyze the data and use evaluation findings to implement quality improvement processes.

Applicants must identify specific process and outcome performance measures and report on their performance annually in the CDC-developed report system. Process measures will include participation in project officer technical site visits and phone calls and submission of midyear progress reports and end of year reports that reflects the status of project activities, successes, challenges, and barriers identified.

Project AA1: Improving Vaccination in Under Vaccinated Populations

Applicants must provide evaluation and performance measurement plan for each component that describes how their program will fulfill the requirements of this project.

- Information must address proposed activities and outcomes specific to the under vaccinated population identified in their jurisdiction.
- How the applicant will collect performance measures, and address evaluation questions.
- Describe available data sources, data collection processes, and other relevant data information specific to their jurisdiction.

Process measures will include participation in project officer technical site visits and phone calls, and submission of midyear progress reports and end of year reports that reflects the status of project activities, successes, challenges, and barriers identified.

Project BB1: VPD Outbreak response

Applicants must provide evaluation and performance measurement plan for each component that describes how their program will fulfill the requirements of this project.

- Information must address proposed activities outcomes to address enhanced capacity in their jurisdiction to response to outbreaks.

- How the applicant will collect performance measures, and address evaluation questions.
- Describe available data sources, data collection processes, and other relevant data information specific to their jurisdiction.

Process measures will include participation in project officer technical site visits and phone calls and submission of midyear progress reports and end of year reports that reflects the status of project activities, successes, challenges, and barriers identified.

Project CC1: Improving Performance of Underperforming IIS

Applicants must provide evaluation and performance measurement plan for each component that describes how their program will fulfill the requirements of this project.

- Information must address proposed activities outcomes.
- The type of analysis (e.g. cost benefit analysis) that will be conducted to inform the proposed approach to achieving a high-performing and sustainable IIS.
- The project management approach for tracking progress on activities, deliverables, and milestones.
- The approach for including program partners (e.g. Public Health Informatics Institute [PHII], the American Immunization Registry Association [AIRA].)
- How the applicant will collect performance measures, and address evaluation questions.
- Describe available data sources, data collection processes, and other relevant data specific to their jurisdiction.

Award recipients will be evaluated on:

- Participation in regularly scheduled conference calls
- Submission of progress reports and analysis informing applicant's approach to achieving a high performing and sustainable IIS.
- Inclusion of program partners in the evaluation and performance

Project CC2: Improving Data Completeness and Quality for Childhood Data in Select IISs

Applicants must provide evaluation and performance measurement plan for each component that describes how their program will fulfill the requirements.

- Information must address proposed activities outcomes.
- How the applicant will collect performance measures, and address evaluation questions.
- Methods the applicant will use to collect performance measure responses, consistent with IIS Annual Report (IISAR) guidance.
 - IIS coverage estimate for children aged 19-35 months who received the 7-vaccine series
 - IIS coverage estimate for adolescents aged 13-17 years who received Td/Tdap
 - Percentage of records in the IIS complete for CDC endorsed data elements measured in the IISAR and improvement in percentages over time
 - Percentage of children and adolescents in the jurisdiction with records in the IIS
 - Difference between the number for VFC providers reporting to the IIS as compared to the number of enrolled and active VFC providers listed in the CDC

VFC reporting system.

- The approach for including partners (e.g., provider sites that administer vaccines to children >19 year of age and the American Immunization Registry Association [AIRA]).
- Description of available data sources, data collection processes, and other relevant data information specific to their jurisdiction.

Award recipients will be evaluated on:

- Participation in regularly scheduled conference calls
- Annual report through IISAR measuring the IIS childhood 7-series vaccination coverage estimates that reflects a decrease in the difference between IIS child coverage (19-35 months) compared to the corresponding NIS Child estimate.
- Annual report through IISAR measuring the IIS Td/Tdap vaccination coverage estimates for adolescents that reflect a decrease in the difference between the IIS coverage estimates for adolescents, aged 13-17 years compared to the corresponding NIS Teen estimate.
- Annual report through IISAR measuring the increase over time in percentage of VFC and non-VFC providers participating in the IIS.
- Annual report through IISAR measuring increase over time in the percentage of IIS complete records for CDC endorsed data elements.
- Annual report through IISAR measuring increase over time for the percentage of childhood and adolescent in the jurisdiction with records in the IIS.

Project CC3: Immunization Information Systems Learning Laboratory Project

Award recipients plan must address short-term and long-term outcomes.

At a minimum the plan must describe:

- How the applicant will collect performance measures, and address evaluation questions.
- How the applicant will analyze the data and use evaluation findings to implement quality improvement processes.
- Available data sources, data collection processes, and other relevant data information specific to their jurisdiction.
- Plans for updating the data management plan (DMP), if applicable, for accuracy throughout the project period.

Award recipients will be evaluated on:

- Completion of a minimum of four evaluation proposals during the 5-year project period. Proposals must be submitted to CDC for review to determine suitability of proposed project.
 - Year 1 At least 2 evaluation proposals must be submitted to CDC for review.
 - Year 2 At least 1 proposal must be submitted for publication, and at least one additional proposal must be submitted to CDC for review.
 - Year 3 At least 1 proposal must be submitted for publication, and at least one additional proposal must be submitted to CDC for review.
 - Year 4 At least 1 proposal must be submitted for publication.

- o Year 5 At least 1 proposal must be submitted for publication.
- Submission of at least three of the evaluation proposals to peer-reviewed journals or MMWR. Any proposal for non-peer reviewed publications (e.g., white paper, technical journal) must be at least 2000 words and must be approved by IISB staff.
- Submission for publication IIS Learning Laboratories evaluation proposal that meet the International Committee of Medical Journal Editors Guidelines for authorship. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1416675/pdf/bmjcrde00465-0038.pdf>)
- 2017 Annual report through IISAR measuring the IIS childhood 7-series vaccination coverage estimates that are no more than 10 percentage points lower than the corresponding NIS Child estimate.
- 2017 Annual report through IISAR measuring the IIS Td/Tdap vaccination coverage estimates for adolescents that are no more than 10 percentage points lower than the corresponding NIS Teen estimate.

Project CC4: Immunization Information System Coverage Assessment Project

Award recipients plan must address short-term and long-term outcomes.

At a minimum the plan must describe:

- How the applicant will collect performance measures, and address evaluation questions.
- How the applicant will analyze the data and use evaluation findings to implement quality improvement processes.
- Available data sources, data collection processes, and other relevant data information specific to their jurisdiction.
- Plans for updating the data management plan (DMP), if applicable, for accuracy throughout the project period.

Award recipients will be evaluated on:

- Timely submission of aggregate of record-level data as requested by CDC.
- Participation in regularly scheduled conference calls to discuss analyses of submitted data.
- 2017 annual report through IISAR measuring the IIS childhood 7-series vaccination coverage estimates that are no more than 10 percentage points lower than the corresponding NIS child estimate.
- 2017 annual report through IISAR measuring the IIS Td/Tdap vaccination coverage estimates for adolescents that are no more than 10 percentage points lower than the corresponding NIS child estimate.
- Annual report through IISAR measuring that at least 90% of vaccine doses administered to persons <19 years of age were submitted and processed by the IIS within 30 days of vaccine administration.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must be able to carry out the strategies outline in the Approach section of the NOFO.

Component 1: Immunization and VFC cooperative agreement (core)

Applicant must demonstrate the strong organization capacity to implement this award including demonstration of these key activities:

- Demonstration of relevant experience and capacity (management, administrative and technical) to implement the immunization and VFC activities and achieve the project outcomes
- Demonstration of experience and capacity to implement the Evaluation and Performance Measurement Plan
- Demonstration of staffing plan and project management structure that will be sufficient to achieve the immunization and VFC project outcomes and which clearly defines staff roles

Applicant must submit a staffing plan, CVs for key staff, and organization chart(s) which clearly identify staff roles and structure sufficient to achieve the project outcomes. This information must be uploaded to Grants.gov as part of the official submission. Documents naming convention must include the jurisdiction name in the title of the document and the program component/project number for the applicant request

Project AA1, Project BB1, Project CC1, Project CC2, Project CC3, Project CC4

Optional program area component projects, applicant must describe the strong organization capacity for their program to implement this award and complete the activities.

Applicant must submit a staffing plan and CVs for key staff associated with the specific project which clearly identify staff roles and structure sufficient to achieve the project outcomes. This information must be uploaded to Grants.gov as part of the official submission. Documents naming convention must include the jurisdiction name in the title of the document and the program component/project number.

For Project CC3:

- Applicants must describe strong organization capacity with epidemiology, statistical, and evaluation experience to implement the IIS project required activities

For Project CC3 and CC4:

- Capacity includes demonstration of relevant experience to implement IIS project activities and achieve desired outcomes

d. Work Plan

Component 1: Immunization and VFC cooperative agreement (core)

Applicants must use CDC NCIRD electronic Grant Application Tracking Information System (eGrATIS) to develop their work plans and budget for the first year of the award. eGrATIS is available on CDC Secure Access Management Systems (SAMS) portal (<https://sams.cdc.gov>) for eligible applicants. Required work plan strategies are included in the Approach section of this funding opportunity, and included in the IPOM. Applicants must create activities that are specific to their jurisdiction to demonstrate how they will accomplish the CDC required strategy or activity. The NOFO logic model and the IPOM should be referenced, as applicants propose activities and performance measures to meet the strategies and the outcomes of this NOFO. There

is no page limit for Component A Immunization and VFC cooperative agreement principle application Year 1 work plan. Applicants must use the CDC eGrATIS software to develop their work plan, and submit the report "WorkPlan Details" as part of their official application submission to CDC in Grant.gov.

The core cooperative agreement, Component 1, is for a 5-year period. Applicants must submit a high-level work plan for next 4 subsequent years of the period of performance to outline their proposed activities using the NOFO logic model and IPOM to meet the strategies for this 5-year period of performance. This work plan can be no more than 7 pages with 1-inch margins, single spaced in size 12 font with all pages numbered. The work plan should address period of performance outcome and should include the related outcome measure(s), activities to achieve the outcomes, relevant process measures, and the personnel/resources responsible for completing the activities and any target dates. As part of the work plan applicants must address how they will monitor and report on progress. Applicants should draw on information from the logic model section and outcomes to compose their work plan activities and performance measures.

For applicants submitting optional program area components, a separate work plan must be submit for each project component.

Project AA1: Improving Vaccination in Under Vaccinated Populations

Applicant project narrative can be no more than 5 pages with 1-inch margins, single spaced in size 12 font with all pages numbered. The work plan integrates and delineates the planned strategies and activities, collaborations, evaluation and performance measurement, and how the applicant plans to achieve the period of performance outcomes. Work proposed under this project component may take longer than one year. The applicant must clearly indicate activities that will be conducted during the budget year. For completeness, the applicant's work plan may include activities expected to be performed after the end of the budget year. Applicants may apply for funding in a future budget year during this 5-year NOFO period of performance.

Work plan narrative must include:

- Provide a brief summary of the population to be targeted in this project.
- Describe the challenges that result in an under vaccination in this population and disease risks for targeting a specific vaccine or group of vaccines.
- Applicants must clearly distinguish how this project plan is separate from the principle cooperative agreement program effectiveness activities.
- Describe in 2 to 3 sentences specifically how the applicant will address the challenges described.
- Clearly identify the outcomes the applicant expects to achieve by the end of the budget period and period of performance. Outcomes are the results that program intends to achieve. Outcomes should indicate the intended direction of change (e.g. increase, decrease, maintain).
- Provide a clear and concise description of the strategies and activities the applicant will use to achieve the project outcomes. Applicants must select strategies that meet their needs and explain why their approach will result in improved vaccination coverage.
- Describe how applicant will monitor and report on progress.
- Describe collaborations with program and organizations either internal or external to CDC.

- Describe the specific target population(s) served through this project and explain the effects of the project on the population(s).

Project BB1: VPD Outbreak response

Applicant project narrative can be no more than 2 pages with 1-inch margins, single spaced in size 12 font with all pages numbered. The work plan integrates and delineates the planned strategies and activities, collaborations, evaluation and performance measurement and how the applicant plans to achieve the period of performance outcomes. The applicant must clearly indicate activities that will be conducted during the budget year. Applicants may apply for funding in a future budget year during this 5-year NOFO period of performance.

Work plan narrative must include:

- Provide a brief summary of the outbreak response project and what population(s) will be targeted in this project.
- Describe the challenges that the program is trying to address with VPD outbreak response project.
- Describe in 2 to 3 sentences specifically how the applicant will address the challenges.
- Clearly identify the outcomes the applicant expects to achieve by the end of the budget year and period of performance. Outcomes are the results that program intends to achieve. Outcomes should indicate the intended direction of change (e.g. increase, decrease, maintain).
- Provide a clear and concise description of the strategies and activities the applicant will use to achieve the project outcomes. Applicants must select strategies that meet their needs and explain why their approach will result in interventions that will help during a VPD outbreak response.
- Describe how applicant will monitor and report on progress.
- Describe collaborations with program and organizations either internal or external to CDC.
- Describe the specific target population(s) served through this project and explain the effects of the project on the population(s).

Project CC1 Improving Performance of Underperforming IIS

Applicant project narrative can be no more than 10 pages with 1-inch margins, single spaced in size 12 font with all pages numbered. The work plan integrates and delineates more specifically how the applicant plans to achieve the period of performance outcomes, strategies and activities, collaborations, evaluation and performance measurement. Work proposed under this project component may take longer than one year. The applicant must clearly indicate activities that will be conducted during the budget year. For completeness, the applicant's work plan may include activities expected to be performed after the end of the budget year. Applicants may apply for funding in a future budget year during this 5-year NOFO period of performance.

Work plan narrative must include:

- Provide a brief history of the IIS.
- Describe the IIS challenges that result in an underperforming and/or unsustainable IIS in

the jurisdiction, and describe relevant context related to the challenges.

- Describe the effect of the current performance deficiencies on stakeholders (e.g., IIS performance gaps resulting in increased burden for providers and program staff) and burden on realizing immunization program goals (e.g., effect of inadequate or unsustainable forecasting function and/or bidirectional data exchange on the ability to report accurate vaccination coverage).
- Describe the annual IIS budget.
- Describe the actual and projected development, implementation, maintenance and operating cost of the current IIS.
- Describe in 2 to 3 sentences specifically how the applicant will address the challenges as described in the background section.
- Clearly identify the outcomes the applicant expects to achieve by the end of the budget period and period of performance. Outcomes are the results that program intends to achieve. Outcomes should indicate the intended direction of change (e.g. increase, decrease, maintain).
- Provide a clear and concise description of the strategies and activities the applicant will use to achieve the project outcomes. Applicants must select strategies that meet their needs and explain why their approach will result in improved IIS performance and sustainability.
- Describe how applicant will monitor and report on progress.
- Describe collaborations with program and organizations either internal or external to CDC.
- Describe the specific target population(s) served through this project and explain the effects of the project on the population(s).

Project CC2: Improving Data Completeness and Quality for Childhood Data in Select IISs

Applicant project narrative can be no more than 5 pages with 1-inch margins, single spaced in size 12 font with all pages numbered. The work plan integrates and delineates more specifically how the applicant plans to achieve the period of performance outcomes, strategies and activities, collaborations, evaluation and performance measurement. Work proposed under this project component may take longer than one year. The applicant must clearly indicate activities that will be conducted during the budget year. For completeness, the applicant's work plan may include activities expected to be performed after the end of the budget year. Applicants may apply for funding in a future budget year during this 5-year NOFO period of performance.

Work plan narrative must include:

- Provide a brief history of the IIS.
- Describe the IIS challenges that result in low data completeness and/or quality in the applicant's IIS, and describe relevant context relate to the challenges.
- Describe in 2 to 3 sentences specifically how the applicant will address the challenges as described in the background section.
- Clearly identify the outcomes the applicant expects to achieve by the end of the budget period and period of performance. Outcomes are the results that program intends to achieve. Outcomes should indicate the intended direction of change (e.g. increase, decrease, maintain).

- Provide a clear and concise description of the strategies and activities the applicant will use to achieve the project outcomes. Applicants must select strategies that meet their needs and explain why their approach will result in improved IIS data completeness and quality.
- Describe collaborations with program and organizations either internal or external to CDC.
- Describe the specific target population(s) served through this project and explain the effects of the project on the population(s).

Project CC3: IIS Learning Laboratory Project

Applicant project narrative can be no more than 10 pages with 1-inch margins, single spaced in size 12 font with all pages numbered. This project is for five years. The work plan integrates and delineates more specifically how the applicant plans to achieve the period of performance outcomes, strategies and activities, collaborations, evaluation and performance measurement. Work proposed under this project component may take longer than one year. The applicant must clearly indicate activities that will be conducted during the budget year.

Work plan narrative must include:

- Provide a brief description of the IIS's jurisdiction population, including demographic characteristics.
- Provide examples the approach utilized to address complex issues, such as calculating and improving vaccination coverage in the jurisdiction.
- Provide examples of previous IIS-related evaluations that have been completed in the jurisdiction.
- Provide examples of the development and use of innovative methods to improve IIS data quality and accuracy of coverage assessments.
- Provide examples of how IIS data have been used to assess the effectiveness of other public health programs or initiatives.
- Describe in 2-3 sentences specifically how the applicant will address vaccination coverage, IIS-based evaluations, and data quality improvement activities in the background section.
- Applicants must clearly identify the outcomes they expect to achieve by the end of the budget year and period of performance. Outcomes are the results that the program intends to achieve. Outcomes should indicate the intended direction of change (e.g., increase, decrease, maintain). Relevant outcomes include: 1) the development of innovative methods to assess IIS vaccination coverage, and 2) the completion of evaluations activities to assess vaccination coverage among under vaccinated populations. An optional outcome is the completion of evaluation activities assessing IIS support of VFC program accountability including but not limited to data quality improvement, dose-level accountability, and vaccine ordering impact.
- Applicants must provide a clear and concise description of the strategies and activities they will use to complete project evaluations that develop methods to assess vaccination coverage.
- Applicants must describe their plan to assess progress and success over the period of performance.

- The applicant must provide a clear rationale for the selection of proposed innovative methods to assess vaccination coverage, and may propose innovative methods for IIS support of VFC program accountability (optional).
- Applicants must propose evaluation and performance measures for the period of performance.
- Evaluation and performance measures should describe how the applicant will monitor progress and measure the success of proposed project goals, including how the selected methodology will allow the applicant to address overall project goals and yield the intended project outcomes.
- Describe how they will collaborate with programs and organizations either internal or external to CDC
- Applicants must describe the specific target populations in their jurisdiction related to this project plan.

For project CC3, applicants must submit a high-level work plan for next 4 subsequent years of the period of performance to outline their proposed activities using the information included in the Approach section of this funding opportunity and the NOFO logic model information to meet the strategies for this 5-year period of performance.

Project CC4: IIS Coverage Assessment Project

Applicant project narrative can be no more than 10 pages with 1-inch margins, single spaced in size 12 font with all pages numbered. This project is for two-year period. The work plan integrates and delineates more specifically how the applicant plans to achieve the period of performance outcomes, strategies and activities, collaborations, evaluation and performance measurement. Work proposed under this project component may take longer than one year. The applicant must clearly indicate activities that will be conducted during the budget year. For completeness, the applicant's work plan may include activities expected to be performed after the end of the budget year. Applicants may apply for funding in a future budget year during this 5-year NOFO period of performance.

Work plan narrative must include:

- Provide a brief description of the IIS jurisdiction's population demographic characteristics, including any known underserved populations.
- Provide a detailed description of the applicant's IIS data quality beyond the minimal requirements specified for this project, especially at the county level.
- Provide a brief description of the applicant's ability to annually submit aggregate and de-identified record-level child and adolescent IIS data to CDC.
- Provide examples of applicant's approach for developing a data use agreement (DUA) with legal advisement to allow the sharing of required IIS data.
- Provide examples of the applicant's ability to rapidly query the IIS in order to respond to data request.
- Applicants must provide a brief description, 2-3 sentences, of specifically how their application will address the submission and use of IIS data for monitoring vaccination coverage as described in the background.
- Applicants must clearly identify the outcomes they expect to achieve by the end of the budget year and period of performance. Outcomes are the results that the program intends

to achieve. at a minimum, applicants must describe ability to rapidly query their IIS to respond to data requests.

- Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project outcomes. At a minimum, applicants must describe how they will ensure that data can be submitted to CDC according to specific parameters.
- Applicants must provide a clear and concise description of their ability to provide pandemic influenza vaccination data, for all ages populated in the IIS, through the submission of weekly aggregate data to CDC.
- No specific collaborations are required for this project. Any collaborations proposed should be included in this section.

For project CC4, applicants must submit a high-level work plan for the subsequent year of the period of performance to outline their proposed activities using the NOFO logic model.

e. 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). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring 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 deemed necessary to monitor the award:

- 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 outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

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

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

It is expected that award recipient will collaborate extensively with NCIRD/ISD all activities outlined in the Project Description. Specific collaborative activities include, but are not limited

to:

1. Working jointly with CDC on planning and implementation of activities in fulfillment of all parts of this NOFO.
2. Participating in face-to-face site visits to review progress to date, planned activities, and exchange of ideas for future activities.
3. Participate in regularly scheduled and/or ad hoc status conference calls with CDC.
4. Submission of routine progress and data reports and final reports using a reporting templates provided by CDC.

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

In this cooperative agreement, CDC staff is substantially involved in the program activities.

CDC activities:

- Provide guidance, trainings, tools, and technical assistance to award recipient on program area components.
- Host conference calls for sharing information from CDC and between award recipient.
- Work with award recipients on planning and implementation of required and proposed activities.
- Monitor award recipient vaccine spend plan and replenishment providing regular feedback and working with award recipient to address barriers.
- Analyze and report results of surveys regarding national, state and selected local level vaccination coverage.
- Analyze and report result of surveys of award recipient plans and activities related to preparedness.
- Collaboration with external partners to promote IIS in national health IT settings.
- Develop and support improvements in IIS data quality and program measures to assess IIS performance.
- Use IIS submitted data to develop methods to estimate national vaccination coverage and calculate vaccination coverage estimates for routinely recommended childhood vaccines.
- Use IIS submitted data to monitor seasonal or pandemic influenza vaccination among ages that are available in the IIS data.
- Assist, as needed, in the development of data collection and reporting methods for school-enterer vaccination coverage surveys.
- Provide VFC policy guidance via the VFC Operations Guide, periodic trainings and conference calls, including use of the CDC developed quality assurance site visit tools, to assist award recipient implement their VFC program in accordance with federal requirements.
- Provide subject matter guidance in all program component areas.

B. Award Information

1. Funding Instrument Type:

Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:

H23

Immunization Program

3. Fiscal Year:

2019

Estimated Total Funding:

\$377,277,423

4. Approximate Total Fiscal Year Funding:

\$377,277,423

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:

\$1,978,608,755

6. Total Period of Performance Length:

5

7. Expected Number of Awards:

64

All 64 applicants will be awarded Component 1 for the core cooperative agreement.

Optional program area components will be awarded to a subset of core award recipients.

Program components applications will be reviewed and scored by an objective panel. Award selection for the optional program area components will be determined by the availability of funding and the strength of the application.

- Project AA1: Expected number of awards: 25
- Project BB1: Expected number of awards: 25
- Project CC1: Expected number of awards: 5
- Project CC2: Expected number of awards: 20
- Project CC3: Expected number of awards: 12
- Project CC4: Expected number of awards: 25

8. Approximate Average Award:

\$5,364,491 Per Budget Period

Annual average funding amount is based on the estimated annual funding for Component 1 core cooperative agreement. Applicants that successfully compete for the optional program area components in this NOFO will receive additional funding to implement required activities for those program components.

Optional program area components will be awarded to a subset of core award recipients.

Program components applications will be reviewed and scored by an objective panel. Award selection for the optional program area components will be determined by the availability of funding and the strength of the application.

- Project AA1: Approximate average award: \$250,000
- Project BB1: Approximate average award: \$250,000
- Project CC1: Approximate average award: \$1,000,000
- Project CC2: Approximate average award: \$300,000

- Project CC3: Approximate average award: \$300,000
- Project CC4: Approximate average award: \$100,000

This amount is subject to the availability of funds.

9. Award Ceiling: \$0 Per Budget Period

No ceiling amount for this award.

10. Award Floor: \$0 Per Budget Period

11. Estimated Award Date: 06/01/2019

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

Direct Assistance (DA) is available through this NOFO.

Direct assistance funding may be used to support travel needs for CDC staff embedded in the state or local immunization program award recipients, procurement of SAS license through CDC, and other possible program needs supported by CDC. Direct assistance funding must be request during application process. Information must be included in the budget request that clearly indicates these budget items are requested through direct assistance funding.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	State governments City or township governments Special district governments Others (see text field entitled "Additional Information on Eligibility" for clarification)
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Additional Eligibility Category:

Government Organizations:

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

2. Additional Information on Eligibility

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Commonwealth of Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

3. Justification for Less than Maximum Competition

Limited Competition has been approved for this NOFO. Applicants previously awarded under CDC-RFA-IP13-1301 are eligible for this opportunity.

The 64 funded immunization programs represent all 50 states, the District of Columbia, 5 large cities (Chicago, Houston, New York City, Philadelphia, San Antonio), 5 U.S. territories (American Samoa, Commonwealth of Northern Mariana Islands, Commonwealth of Puerto Rico, Guam, the US Virgin Islands), and 3 Freely Associated States (Federated States of Micronesia, the Republic of Marshall Islands, the Republic of Palau.) These programs funded under CDC-RFA-IP13-1301 have the necessary programmatic experience, capacity, and infrastructure in place to perform the required activities to successfully implement the strategies and to meet the NOFO outcomes.

Under Section 317 of the Public Health Services Act, the Secretary may make grants to States, and in consultation with State health authorities, to political subdivisions of States and to other public entities to assist them in meeting the costs of establishing and maintaining preventive health service programs. These 64 immunization programs (50 states, District of Columbia, 5 large cities, and 5 U.S. territories and 3 Freely Associated States) have developed program infrastructure and fostered capabilities over the last 25 years to implement the Section 317 immunization program as part of preventive health services in their jurisdiction.

The Vaccines for Children (VFC) program is authorized under Section 1928 of the Social Security Act. [42 U.S.C. § 1396s] - Program for distribution of pediatric vaccines states “**each State shall establish a pediatric vaccine distribution program** (which may be administered by the State department of health), consistent with the requirements of this section”. Program requirements outlined in this section include a system of “program-registered providers” where each provider “submits to the State an executed provider agreement” and the state program is able to provide “each vaccine-eligible child” in the jurisdiction “an immunization with qualified a qualified pediatric vaccine” without charge for the vaccine. The program ensures “each program-registered provider who administers such a pediatric vaccine to a vaccine-eligible

child on or after such date is entitled to receive such vaccine under the program without charge either for the vaccine or its delivery to the provider, and (ii) no vaccine is distributed under the program to a provider unless the provider is a program-registered provider.” To meet these requirements, 61 VFC vaccine distribution programs with registered providers operating with provider agreements are established in 50 states, the District of Columbia, 5 large cities (Chicago, Houston, New York City, Philadelphia, San Antonio), and 5 U.S. territories (American Samoa, Commonwealth of Northern Mariana Islands, Commonwealth of Puerto Rico, Guam, the US Virgin Islands). With over twenty years of funding, these specific programs have developed the program infrastructure that is needed to distribute vaccine and ensure compliance state-wide.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirements for this NOFO exists, leveraging resources and related ongoing effort to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-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 can require 10 or more business days, and registration must be renewed

annually. Additional information about registration procedures may be found at <https://www.sam.gov/SAM/>.

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd.gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the Account is set up the E_BIZ POC will be notified via email 3. Log into grants.gov using	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying to grants.gov)	Register early! Log into Grants.gov and check AOR status until it shows you have been approved

		the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit the applications on behalf of the organization		
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2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **03/01/2019**

Letter of Intent is recommended but not required.

b. Application Deadline

Due Date for Applications: **04/08/2019** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http:// wwwn.cdc.gov/ grantassurances/ \(S\(mj444mxct51lnrv1hljjmaa\)\) / Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/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\(mj444mxct51nrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51nrv1hljjmaa))/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.

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS. When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

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."

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI: Recommended but not Required

The purpose of the Letter of Intent (LOI) is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. LOI is not required but is strongly recommended for applicants planning to submit applications for the optional program area components. LOI is nonbinding and only used for CDC preparation.

The LOI should include the following: Submitted on organization Letterhead; Number and Title of the NOFO; Name of the program area component application(s) that may be submitted; Name, Address, telephone number and email address of the primary contact for writing and submitting the application (s).

LOI should be submitted via email by March 1, 2019, 11:59 PM EST.

LOIs may be sent to:

Freda Johnson, Grant Management Specialist

Centers for Disease Control and Prevention/Infectious Disease Services Branch

2920 Brandywine, Road, MS E-15

Atlanta, GA 30341

WVE2@cdc.gov/770.488.3107

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

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

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted

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

Immunization and Vaccines For Children applicant programs must submit a project abstract for Component 1 of the core cooperative agreement. The project abstract is a self-contained, brief summary of the proposed project including the purpose and outcomes. Abstract should be a maximum of 1 page.

For applicant's submitted proposals for program area components an abstract must be submitted for each project. The abstract must include the Title of the Program Component project and a brief summary of the project including the purpose, proposed period of performance, outcomes, and key strategies and activities. The project abstract is a self-contained, brief summary of the proposed project including the purpose and outcomes. Abstract should be a maximum of 1 page.

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

Component 1: Immunization and VFC cooperative agreement (core)

Applicants must use CDC NCIRD/ISD electronic Grant Application Tracking Information System (eGrATIS) to develop their work plans and budget for the first year of the core program award. Work plan required information is included in the Approach section of this funding opportunity, and included in the IPOM. Applicants must create activities that are specific to their jurisdiction to demonstrate how they will accomplish the CDC required strategies and activities. The NOFO logic model and the IPOM should be referenced, as applicants propose activities and performance measures to meet the strategies. There is no page limit for this Immunization and VFC core activities application Year 1 work plan submission. Applicants must use the CDC eGrATIS software to develop their work plan, and submit the report "WorkPlan Details" as part of their official submission to CDC.

Applicants must also submit a high-level work plan for next 4 subsequent years of the period of performance to outline their proposed activities using information is included in the Approach section of this funding opportunity, the NOFO logic model, and IPOM to meet the strategies for the five year period of performance. All pages must be numbered. The work plan should

address performance period outcomes and should include the related outcome measure(s), activities to achieve the outcomes, relevant process measures, and the personnel/resources responsible for completing the activities and any target dates. Applicants should draw on information from the logic model section and outcomes to compose their work plan activities and performance measures. This work plan can be no more than 7 pages with 1-inch margins, single spaced in size 12 font with all pages numbered.

For applicants submitting optional program area component projects, a separate project narrative is required for each program area component project.

Project AA1 Improving Vaccination in Under Vaccinated Populations

Applicant project narrative can be no more than 5 pages with 1-inch margins, single spaced in size 12 font with all pages numbered.

Project BB1 VPD Outbreak response

Applicant project narrative can be no more than 2 pages with 1-inch margins, single spaced in size 12 font with all pages numbered.

Project CC1 Improving Performance of Underperforming IIS

Applicant project narrative can be no more than 10 pages with 1-inch margins, single spaced in size 12 font with all pages numbered.

Project CC2 Improving Data Completeness and Quality for Childhood Data in Select IISs

Applicant project narrative can be no more than 5 pages with 1-inch margins, single spaced in size 12 font with all pages numbered.

Project CC3 Immunization Information Systems Learning Laboratory Project

Applicant project narrative can be no more than 10 pages with 1-inch margins, single spaced in size 12 font with all pages numbered.

This program area component project is for a five-year period of performance. Applicants must submit a high-level work plan for next 4 subsequent years of the period of performance to outline their proposed activities using the information is included in the Approach section of this funding opportunity and the NOFO logic model to meet the strategies for this period of performance.

Project CC4 Immunization Information System Coverage Assessment Project

Applicant project narrative can be no more than 10 pages with 1-inch margins, single spaced in size 12 font with all pages numbered. Project Narrative will include the following:

This program area component project has a two-year period of performance. Applicants must submit a high-level work plan for the subsequent year to outline their proposed activities using the information is included in the Approach section of this funding opportunity and the NOFO logic model to meet the strategies for this period of performance.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by

the Office of Management and Budget. For further information about CDC's requirements under PRA

see <https://www.cdc.gov/od/science/integrity/reducePublicBurden/>.

- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

Paperwork Reduction Act (PRA) guidance does not apply to this opportunity. Information collections conducted as part of this NOFO qualify for National Childhood Vaccine Injury Act, NCVIA-conferred PRA waiver.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

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

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

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

upload it at www.grants.gov.

Component 1: Immunization and VFC Cooperative Agreement (core) Applicants must use NCIRD electronic Grant Application Tracking Information System (eGrATIS) to develop their budget for the first year of the award, and submit the report "Budget Justification" as part of their official submission to CDC.

A detailed budget must be provided for all operating expense proposed for Year 1. Budget information should include total Direct Cost and total Indirect Cost. Budget information must be consistent with CDC budget guidelines. If indirect costs are requested, a copy of the organization's current negotiated Federal Indirect Cost Rate Agreement or Cost Allocation Plan must be submitted. Budget funding source must be allowable for the budget items proposed. For example, VFC funding is categorical and may only be used to support VFC program functions. Applicants must use the IPOM guidance to determine what funding source may be used to support program strategies and activities. The budget narrative will not be counted as part of the page limit for the narrative.

For each optional program area component project the applicant must submit a separate work plan and budget for CDC review.

A detailed budget must be provided for all operating expense proposed for Year 1. Budget information should include total Direct Cost and total Indirect Cost. Budget information must be consistent with CDC budget guidelines. The budget narrative will not be counted as part of the page limit for the narrative and all budget pages must be numbered.

If indirect costs are requested, a copy of the organization's current negotiated Federal Indirect Cost Rate Agreement or Cost Allocation Plan must be submitted.

Travel: All programs must consider and budget for travel to CDC meetings, including but not limited to Immunization Awardee Meeting (IAM), planned reverse site visits for program areas, National Immunization Conference (NIC) and other CDC programmatic meeting. Participating in partner meetings may be useful to support program activities.

13. Intergovernmental Review

Executive Order 12372 does not apply to this program.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (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.

14a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be

identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14b. Copyright Interests 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.

14c. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no

applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

- 1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]
- 2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.
- 3) Terms: For purposes of this clause: “Commodity” means any material, article, supplies, goods, or equipment; “Foreign government” includes any foreign government entity; “Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.
- 4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.
- 5) Contents of Reports: The reports must contain: a. recipient name; b. contact name with phone, fax, and e-mail; c. agreement number(s) if reporting by agreement(s); d. reporting period; e. amount of foreign taxes assessed by each foreign government; f. amount of any foreign taxes reimbursed by each foreign government; g. amount of foreign taxes unreimbursed by each foreign government.
- 6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

14d. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant’s assurance of the quality of the public health data through the data’s lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>

15. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- 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 direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- 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>).

No additional restrictions.

16. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm

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

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

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase I Review

All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

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

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

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

Component 1 Immunization and Vaccines for Children core Approach	Maximum Points: 50
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Evaluate the extent to which the applicant:

- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach. (15 Points)
- Presents outcomes that are consistent with the period of performance outcomes as described in CDC project description and logic model. (15 Points)
- Describes strategies and activities that are specific to their program, achievable, and appropriate to accomplish the outcomes of the CDC project described. (15 Points)
- Shows that proposed use of funds and funding sources are efficient and consistent with the appropriate intent to implement the strategies and activities. (5 Points)

Component 1 Immunization and Vaccines for Children core Evaluation and Performance Measurement	Maximum Points: 25
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Evaluate the extent to which the applicant:

- Shows the ability to collect data on the process and outcome performance measures in the CDC project description and presented by the applicant in their approach. (10 Points)
- Describes how performance measurement and evaluation findings will be reported, and

used to demonstrate the outcomes of the NOFO and for continuous quality improvement.(10 Points)

- Describes clear monitoring and evaluation procedures that will be incorporated into planning and implementation. (5 Points)

Component 1 Immunization and Vaccines for Children core
Organization Capacity

Maximum Points: 25

Evaluate the extent to which the applicant:

- Demonstrates relevant experiences and capacity to implement the activities and achieve the project outcomes. (15 Points)
- Provides a staffing plan that clearly defines staff roles and will be sufficient to achieve the project outcomes. (10 Points)

Budget: Evaluate whether the budget is reasonable and aligns with the proposed strategies and activities included in the work plan. Evaluate whether the proposed funding sources are appropriate for the proposed activities and budget items. (0 points)

Project AA1 Improving Vaccination in Under vaccinated
Populations Approach

Maximum Points: 40

Evaluate the extent to which the applicant:

- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach. (15 Points)
- Describes strategies and activities that are achievable and appropriate to realize the outcomes of the project. (10 Points)
- Clearly identifies the chosen population(s) and presents evidences to support the chosen population and activities. (5 Points)
- Demonstrated use of partnerships to address the under vaccinated population needs. (5 Points)
- Shows that proposed use of funds and funding sources are efficient and consistent with the appropriate intent to implement the strategies and activities. (5 Points)

Project AA1 Improving Vaccination in Under vaccinated
Populations Evaluation and Performance Measurement

Maximum Points: 35

Evaluate the extent to which the applicant:

- Proposes strong approach to evaluating the success of the project. (10 Points)
- Describes a project management approach for tracking progress on activities and proposed outcomes.(10 Points)
- Describes their planned participation with partners to address the populations vaccination needs. (5 Points)
- Describes clear monitoring and evaluation procedures that will be incorporated into planning and implementation. (10 Points)

Project AA1 Improving Vaccination in Under vaccinated
Populations Organization Capacity

Maximum Points: 25

Evaluate the extent to which the applicant:

- Demonstrates experience and capacity to implement the activities and achieve the project outcomes. (10 Points)
- Demonstrates the experience and capacity to implement the approach and the evaluation plan. (5 Points)
- Presents a budget that aligns with the proposed strategies and activities included in the work plan. (5 Points)
- Demonstrates that the proposed use of funding is an efficient and effective means support the project outcomes. (5 Points)

Budget: Evaluate whether the budget is reasonable and aligns with the proposed strategies and activities included in the work plan. (0 points)

Project BB1 VPD Outbreak response Approach

Maximum Points: 40

Evaluate the extent to which the applicant:

- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach. (10 points)
- Describes strategies and activities that are achievable and appropriate to realize the outcomes of the project. (10 points)
- Presents outcomes that are consistent with the project period outcomes as described in CDC project description and logic model. (10 points)
- Demonstrated use of partnerships to address the outbreak response plans. (5 points)
- Shows that proposed use of funds and funding sources are efficient and consistent with the appropriate intent to implement the strategies and activities. (5 points)

Project BB1 VPD Outbreak response Evaluation and Performance
Measurement

Maximum Points: 35

Evaluate the extent to which the applicant:

- Proposes strong approach to address the outbreak response proposed activities. (15 points)
- Describes a project management approach for tracking progress on activities and outcomes.(15 points)
- Describes how performance measurement and evaluation findings will be reported. (5 points)

Project BB1 VPD Outbreak response Organization Capacity

Maximum Points: 25

Evaluate the extent to which the applicant:

- Demonstrates experience and capacity to implement the activities and achieve the project outcomes. (10 points)

- Demonstrates the experience and capacity to implement the approach and the evaluation plan. (5 points)
- Presents a budget that aligns with the proposed strategies and activities included in the work plan. (5 points)
- Demonstrates that the proposed use of funding is an efficient and effective means implement the project. (5 points)

Budget: Evaluate whether the budget is reasonable and aligns with the proposed strategies and activities included in the work plan.(0 points)

Project CC1 Improving Performance of Underperforming IIS Approach	Maximum Points: 40
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Evaluate the extent to which the applicant:

- Includes sufficient background information to portray a clear picture of the IIS history; IIS challenges related to performance and/or sustainability; effect of performance deficiencies on stakeholders and in realizing immunization goals. (5 points)
- Describes the annual budget and development, implementation, maintenance, and operating costs of the current IIS.(5 points)
- Makes a strong case for how the chosen approach will result in a high performing and sustainable solution, as evidenced in the selection and description of the outcomes, strategies and activities, collaborations, and target population affected in the project. (10 points)
- Describes strategies and activities that are achievable and appropriate to realize the outcomes of the project, and practical-based activities(to the degree practicable).(10 points)
- Presents a work plan that aligns with the strategies/activities, outcomes, and performance measures. (5 points)
- Clearly identifies activities that will be conducted in the budget period. (5 points)

Project CC1 Improving Performance of Underperforming IIS Evaluation and Performance Measurement	Maximum Points: 30
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Evaluate the extent to which the applicant:

- Proposes strong approach to evaluation, including analysis (e.g.cost benefit analysis) to inform the proposed approach to achieve a high performing and sustainable IIS. (10 points)
- Describes a project management approach for tracking progress on activities and outcomes. (10 points)
- Describes their planned participation with program partners (e.g., Public Health Informatics Institute [PHII], and the American Immunization Registry Association)) in the work plan. (10 points)

Project CC1 Improving Performance of Underperforming IIS
Organization Capacity

Maximum Points: 30

Evaluate the extent to which the applicant:

- Demonstrates relevant experience and capacity (management, project management, procurement, administrative, and technical) to implement the activities and achieve the project outcomes. (10 points)
- Demonstrates the experience and capacity to implement the approach and the evaluation plan. (10 points)
- Presents a budget that aligns with the proposed strategies and activities included in the work plan. (5 points)
- Demonstrates that the proposed use of funding is an efficient and effective means to implement the strategies and activities and to attain the budget or project period outcomes. (5 points)

Budget: Evaluate whether the budget is reasonable and aligns with the proposed strategies and activities included in the work plan.) (0 points)

Project CC2 Improving Data Completeness and Quality for Childhood Data in Select IISs Approach Maximum Points: 40

Evaluate the extent to which the applicant:

- Includes sufficient background information to portray a clear picture of the IIS history and challenges related to low data completeness and/or data quality in the applicant's IIS. (10 points)
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project and practical-based activities (to the degree practicable). (10 points)
- Presents a work plan that aligns with the strategies and activities, outcomes and performance measures. (20 points)

Project CC2 Improving Data Completeness and Quality for Childhood Data in Select IIS Evaluation and Performance Measurement Maximum Points: 30

Evaluate the extent to which the applicant:

- Proposes an approach to evaluation that includes the way performance measure responses will be collected consistently with the IISAR guidance (10 points)
- Describes the methods for assessing participation with program partners (e.g., Public Health Informatics Institute [PHII], and the American Immunization Registry Association [AIRA]). (20 points)

Project CC2 Improving Data Completeness and Quality for Childhood Data in Select IISs Organization Capacity Maximum Points: 30

Evaluate the extent to which the applicant:

- Demonstrates relevant experience and capacity (management, project management,

procurement, administrative, and technical) to implement the activities and achieve the

project outcomes. (10 points)

- Demonstrates the experience and capacity to implement the approach and evaluation plan. (10 points)
- Presents a budget that aligns with proposed strategies and activities included in the work plan. (5 points)
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes. (5 points)

Budget: Evaluate whether the budget is reasonable and aligns with the proposed strategies and activities included in the work plan.

Project CC3 IIS Learning Laboratory Approach

Maximum Points: 35

Evaluate the extent to which the applicant:

- Provides a detailed description of the projected IIS-Learning Laboratory population, and how the applicant meets the eligibility criteria for this project. (5 points)
- Describes strong, innovative approaches for developing methods to identify areas of low vaccination coverage, including but not limited to small area estimation, under immunized populations, reducing bias in IIS-based coverage assessments, validating accuracy with the jurisdiction, and assess support for VFC program accountability such as quality improvement, dose-level accountability, and vaccine ordering impact. (20 points)
- Describes strategies for maintaining eligibility status pertaining to childhood 7-series vaccination coverage estimates and Td-Tdap vaccination coverage estimate for adolescents calculated from the applicant's IIS that are no more than 10 percentage points lower than the corresponding NIS Child estimate and NIS Teen estimate. (5 points)
- Shows that the proposed use of funds is an efficient and effective way to implement strategies and activities to attain the project outcomes. (5 points)

Project CC3 IIS Learning Laboratory Evaluation and Performance Measurement

Maximum Points: 30

Evaluate the extent to which the applicant:

- Applicants must fully address each of the required elements of the project component and address strategies to monitor progress and success of project goals, including how the selected methodology will address the overall project goals and yield the intended outcomes. (0 points)
- Describes a tangible evaluation plan and planned evaluation activities to demonstrate the usefulness of IIS data to the immunization program and other stakeholder in their jurisdiction. (10 Points)
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate outcomes that align with the NOFO logic model and strategies for continuous improvement. (5 points)
- Describes how required evaluation activities will contribute to developing methodologic best practices that may be used by the IIS community for producing vaccination

coverage estimates and identifying under vaccinated populations. (15 points)

Project CC3 IIS Learning Laboratory Organization Capacity

Maximum Points: 35

Evaluate the extent to which the applicant:

- Provides a description of their internal capacity, systems capacity, availability of dedicated staff to identify approaches for assessing vaccination coverage and under vaccinated populations in the jurisdiction, as well as developing best practices for monitoring vaccination coverage in the IIS community. If applicant does not currently have the internal capacity, systems capacity, availability of dedicated staff to conduct the work required, the applicant must provide a detailed plan and time line to establish the appropriate organization capacity to conduct the requirements of the IIS Learning Laboratory project. (0 points)
- Describes capacity (management, administrative, and technical) to implement evaluation activities, adhere to deadlines, attend required meetings, participate in required conference calls, and complete project requirements. Applicant should also describe capacity to maintain existing partnerships and establish new collaborations that will contribute to successfully completing the project strategies and goals. (5 points)
- Demonstrates relevant experience conducting evaluation projects to assess vaccination coverage estimates and developing innovative methods using IIS data. (10 points)
- Demonstrate current capacity to develop innovative methods to assess vaccination coverage. Applicant should include information regarding new hires to enhance capacity, if relevant. (10 points)
- Describes the ability to successfully produce manuscripts for submission to peer-review journals. (10 points)

Budget: Evaluate whether the applicants itemized budget is reasonable and aligns with the proposed strategies and activities included in the work plan.

Project CC4 IIS Coverage Assessment Approach

Maximum Points: 50

Evaluate the extent to which the applicant:

- Fully addressed each of the required elements of the project component and a clear overview of their program characteristics and ability to meet the project outcomes. (0 points)
- Provides a detailed description of the projected IIS-Coverage Assessment population, including but not limited to race/ethnic and geographic diversity, and underserved populations. (15 points)
- Provides a clear description of the IIS's ability to provide de-identified record-level data to CDC utilizing specific data submission parameters (5 points)
- Provides a clear description of the IIS's ability to provide aggregate data to CDC utilizing specific data submission parameters. (5 points)
- Describes the applicant's ability to meet the eligibility criteria for this IIS Coverage Assessment project component for data quality beyond the minimal eligibility criteria, especially for county-level assessment. Applicant must also describe the IIS's ability to perform other tasks related to assessing the saturation level of the IIS, including but not

limited to, the use of non-IIS data sets to assess record saturation. (15 points)

- Describes the applicant's ability to rapidly query the IIS in order to respond to data requests, including but not limited to responding to pandemics or other mass vaccination efforts. (10 points)

Project CC4 IIS Coverage Assessment Evaluation and Performance Measurement

Maximum Points: 25

Evaluate the extent to which the applicant:

- Fully addressed each of the required elements of the project component and addressed strategies to monitor progress and success of project goals, including how the selected methodology will address the overall project goals and yield the intended project outcomes. (0 points)
- Describes how the applicant will evaluate data quality and data submission procedures over the duration of the project. (15 points)
- Describes strategies for evaluating vaccination coverage in geographic clusters with lower vaccination coverage, racial/ethnic groups or geographic disparities. (10 points)

Project CC4 IIS Coverage Assessment Organization Capacity

Maximum Points: 25

Evaluate the extent to which the applicant:

- Demonstrates analytical capacity for ad hoc analyses and dedicated staff familiar with submitting data through data submission interface (e.g. secure FTP). (10 points)
- Demonstrates the ability to understand legal and policy guidelines with the IIS's jurisdiction to develop a data use agreement. (5 points)
- Describes the applicant's approach for developing a data use agreement (DUA) with legal advisement to allow the sharing of required IIS data with CDC (10 points)

Budget: Evaluate whether the budget is reasonable and aligns with the proposed strategies and activities included in the work plan. (0 points)

c. Phase III Review

Considerations for funding may include financial stability, history of performance, timeliness of compliance with reporting requirements and conformance to the terms and conditions of previous awards, reports and audit findings, and the applicant's ability to effectively implement requirements imposed on non-Federal entities.

Applicants will be funded in order by score and rank as determined by an objective review panel. CDC may fund out of order if risk is determined for a specific applicant. CDC will provide justification for any decision to fund out of order.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide

eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Anticipated announcement date: 1/31/2019

Anticipated award date: 6/01/2019

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available

at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.

The HHS Grants Policy Statement is available

at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30, July 30; October 30	Yes

Program are responsible to report progress and financial information to HHS and CDC required systems.

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.

- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

The recipient must submit the Annual Performance Report via www.Grantsolutions.gov 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

No additional financial reporting.

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

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:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Elizabeth Sullivan, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
NCIRD/ISD/POB
1600 Clifton Road, NE MS A19
Atlanta, GA 30329-4027
Telephone: (404) 639-6220
Email: EMB1@cdc.gov

Grants Management Office Information

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

Freda Johnson, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd
MS E-15
Atlanta, GA 30341
Telephone: 770.488.3107
Email: WVE2@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Organization Charts
- Indirect Cost Rate, if applicable

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements

(ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see [http:// www.cdc.gov/ grants/ additional requirements/ index.html](http://www.cdc.gov/grants/additional_requirements/index.html). Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

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

Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.

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

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

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

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

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

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

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

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

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

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

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet,

obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

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

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

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

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

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

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

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

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

[https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental -Review-SPOC_01_2018_OFFM.pdf](https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-_Review-SPOC_01_2018_OFFM.pdf)

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

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

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

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

Memorandum of Understanding (MOU) or Memorandum of Agreement

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization

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

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

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

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

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

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO’s funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

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

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

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

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the

legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

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

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

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

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

ACIP: Advisory Committee on Immunization Practices
<https://www.cdc.gov/vaccines/acip/index.html>

AFIX: Assessment, Feedback, Information and eXchange

eGrATIS: Electronic Grant Application Tracking Information System

IIS: Immunization Information System

IISAR: Immunization Information System Annual Report

IISB: Immunization Information System Support Branch

IPOM: Immunization Program Operations Manual

IQIP: Immunization Quality Improvement for Providers

NIS: National Immunization Survey <https://www.cdc.gov/vaccines/imz-managers/nis/index.html>

PVST: Post vaccination serologic testing

VFC: Vaccines for Children program <https://www.cdc.gov/vaccines/programs/vfc/index.html>

VPD: Vaccine Preventable Disease