

Centers for Disease Control and Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention (NCHHSTP) Public Health Conference Support

CDC-RFA-PS15-1507

Application Due Date: 06/08/2015

National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention (NCHHSTP) Public Health Conference Support

CDC-RFA-PS15-1507

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS15-1507. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention (NCHHSTP) Public Health Conference Support

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-PS15-1507

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

93.339

F. Dates:

1. Due Date for Letter of Intent (LOI):	**04/22/2015**
2. Due Date for Applications:	**06/08/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

The overarching goal of National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP) programs is to decrease the incidence and prevalence of HIV/AIDS, viral hepatitis, STDs, and TB among at-risk populations, including adolescents. Timely dissemination of the newest information derived from recent scientific studies on these diseases is imperative, but often it is challenging to reach this goal. Nongovernmental and governmental organizations often wish to hold conferences to provide up-to-date information regarding the aforementioned diseases, but are prohibited by budgetary constraints. Limited resources for disseminating the latest health information and fostering community collaboration and partnerships impedes efforts to effectively reach and impact at-risk populations and persons serving them, thereby increasing the burden of disease and concomitant sequelae in the community at large. In an effort to ease this burden, the purpose of this program is to provide partial support for specific non-Federal conferences focusing on HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health. By the end of the project period, conference attendees are expected to have increased access to the latest evidence-based information related to the focus areas, increased knowledge, and improved professional partnerships.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	10

Up to 10 total awards.

d. Total Project Period Funding:	$500,000
e. Average One Year Award Amount:	$50,000
f. Number of Years of Award:	1
g. Estimated Award Date:	08/28/2015
h. Cost Sharing and / or Matching Requirements:	Y

Cost sharing or matching funds are required for this program. Matching funds must be no less than 51% of the total conference cost. Matching funds may come from other sources, to include organizations, institutions, conference income, and/or registration fees for health promotion and disease prevention information and education program activities.

The match may be all cash, in-kind, or a combination thereof. The match must be for the total dollar amount requested (for each activity) and cannot be “counted” more than once. The amount and source of the match is required in the budget narrative and justification section of the application. Responsiveness to match requirements will be a criterion used in evaluating the application. Cost sharing is encouraged if it helps to leverage federal and state resources, is responsive to stated CDC recipient activities, is advantageous to the programs, and does not compromise the integrity or the ability of the programs to accomplish proposed activities. Examples of cost sharing may include, but are not limited to, sharing (1) the cost of an FTE that can support the work of several projects across program content areas, (2) costs associated with data collection and analysis, (3) costs associated with various communication campaigns that can benefit multiple program areas, and (4) costs associated with working with diverse populations to modify risk factors or eliminate sexual health disease-related disparities.

CDC funds may not be used to supplant existing state funding. Applicants may not use these funds to supplant funds from federal or state sources. Funds may not be used to conduct research.

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Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The National Center for HIV/AIDS, Viral Hepatitis, STD, ad TB Prevention (NCHHSTP) maximizes public health and safety nationally and internationally through elimination, prevention, and control of disease, disability, and early death caused by HIV/AIDS, non-HIV retroviruses, viral hepatitis, other STDs, and TB. Its three overarching goals are to: (1) decrease incidence of HIV, viral hepatitis, other STDs, and TB; (2) decrease morbidity and mortality associated with HIV, viral hepatitis, other STDs, and TB; and (3) decrease health disparities associated with HIV, viral hepatitis, other STDs, and TB.
Timely dissemination of the newest information derived from recent scientific studies on these diseases is imperative, but often it is challenging to reach this goal. Nongovernmental and governmental organizations often wish to hold conferences to provide up-to-date information regarding the aforementioned diseases, but are prohibited by budgetary constraints. Limited resources for disseminating the latest health information and fostering community collaboration and partnerships impedes efforts to effectively reach and impact at-risk populations and persons serving them, thereby increasing the burden of disease and concomitant sequelae in the community at large. In an effort to ease this burden, the purpose of this program is to provide partial support for specific non-Federal conferences focusing on HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health.

b. Statutory Authorities

This program is authorized under the Public Health Service Act, section 301(a), 42 U.S.C. 241(a), as amended and section 317(a) 42 U.S.C. 247b(a), as amended.

c. Healthy People 2020

This program supports the Healthy People 2020 focus areas of (1) HIV (http://www.healthypeople.gov/2020/topics-objectives/topic/hiv), (2) Sexually Transmitted Diseases (STDs) (http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases?topicid=37), (3) Immunization and Infectious Diseases which encompass Viral Hepatitis and Tuberculosis (TB) (http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases), and (4) Adolescent Health (http://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health). Providing the latest information on HIV/AIDS, viral hepatitis, STDs, TB, and adolescent and school health to public health service providers, other health professionals and representatives of the target populations in a timely manner will strengthen efforts to more effectively reduce the incidence and prevalence of these diseases among the most at-risk population groups.

d. Other National Public Health Priorities and Strategies

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NCHHSTP is committed to a vision of a future free of HIV/AIDS, Viral Hepatitis, STDs, and TB. The Center's mission is to maximize public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by HIV/AIDS, non-HIV retroviruses, viral hepatitis, other STDs, and TB. NCHHSTP's overarching program goal is to decrease the prevalence and incidence of these diseases among at-risk population groups. As such, this FOA aligns with the National HIV/AIDS Strategy (NHAS) whose three primary goals are: (1) reducing HIV incidence, (2) increasing access to care and optimizing health outcomes, and (3) reducing HIV-related health disparities.

This program also aligns with the HHS Action Plan for the Prevention, Care and Treatment of Viral Hepatitis whose updated Viral Hepatitis Action Plan details more than 150 actions to be undertaken during 2014 -2016 by 14 federal agencies and offices from across four federal departments. Those actions are organized around six priority areas: (1) educate health care providers and communities to reduce health disparities; (2) improve testing, care, and treatment to prevent liver disease and cancer; (3) strengthen surveillance to detect viral hepatitis transmission and disease; (4) eliminate transmission of vaccine-preventable viral hepatitis; (5) reduce viral hepatitis caused by drug-use behaviors, and (6) protect patients and workers from health-care associated viral hepatitis. (http://aids.gov/pdf/viral-hepatitis-action-plan.pdf)

In addition, the National Prevention Strategy aims to guide the U.S. in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. The overarching goal of this strategy is to increase the number of Americans who are healthy at every stage of life. (http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html)

NCHHSTP's core mission and values define its responsibility as well as programmatic, policy, and scientific expertise within CDC's health protection portfolio. NCHHSTP supports the delivery of the 10 essential public health services identified by the Public Health Service in Public Health in America (1994):

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people with needed personal health services and ensure the provision of healthcare when otherwise unavailable.
8. Ensure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

NCHHSTP's divisions support these essential public health services with a comprehensive portfolio of programmatic activities. The programs are structured to deliver integrated approaches to prevention, including capacity building, behavioral and biomedical interventions, surveillance, screening, diagnostic tools, linkage to care, program collaboration and service integration, sexual health, health equity and prevention through health care. Various overarching programmatic imperatives (e.g., High-Impact Prevention) provide strategic direction, facilitate communication with staff and partners, and help articulate and prioritize the work and accomplishments of the Center. These imperatives are integral components of the NCHHSTP mission and Strategic Plan.

Each division has identified disease-specific objectives and strategies for achieving its programmatic goals. Goals are arranged around NCHHSTP's performance measures, which are used to monitor and evaluate the public health outputs and outcomes of programs. Together, NCHHSTP programs work to prevent disease acquisition and transmission. NCHHSTP works with partners to promote healthy living and improved quality of life at every stage of life and in every setting.

NCHHSTP seeks to accomplish its mission by working with community, state, and national partners and promotes healthy living and improved quality of life at every strage of life and in every setting. NCHHSTP is committed to a future free of HIV/AIDS, viral hepatitis, STDs and TB.

e. Relevant Work

This FOA builds on and complements past and current programmatic work. NCHHSTP has provided conference support via cooperative agreements since 1994. This program aligns with three of the 10 essential public health services identified by the Public Health Service in *Public Health in America* (1994) and supported by NCHHSTP. These are: (1) Inform, educate, and empower people about health issues; (2) Mobilize community partnerships to identify and solve health problems; and (3) Ensure a competent public health and personal healthcare workforce.

2. CDC Project Description

a. Approach

The following logic model provides a high-level visual depiction of CDC's programmatic approach, including the relationships between program strategies and outcomes.

CDC-RFA-PS15-1507 Logic Model: National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention (NCHHSTP) Public Health Conference Support **[bold outcomes are ones for which recipient is accountable during project period]**			
Strategies and Activities	**Short-Term Outcomes**	**Mid-Term Outcomes**	**Long-Term Outcomes**

Collaboration and Partnership • Ensure advisory committee to inform planning • Ensure reporting and dissemination of conference results, recommendations, and other information Communication and Marketing • Identify and execute effective (and potentially innovative) strategies to share information (e.g., webinar, Live Meeting) • Determine and manage all conference promotional activities (e.g., title, logo, announcements, mailers, press) Meeting Logistics Planning • Develop conference agenda • Develop program content (e.g., keynote addresses, workshops, networking events) • Provide support for honorariums and scholarships for speakers and participants • Manage registration of participants and invited speakers Evaluation • Develop and implement an evaluation plan to include process and outcome measures • Produce an evaluation report	**Improved professional partnerships to achieve shared public health goals** **Increased accessibility by conference attendees to the latest evidence-based information related to HIV/AIDS, viral hepatitis, STDs, tuberculosis, and adolescent and school health** **Increased knowledge about the latest scientific developments related to HIV/AIDS, viral hepatitis, STDs, tuberculosis, and adolescent and school health**	**Increased use of conference content to inform public health practice** **Increased sharing of information about HIV/AIDS, viral hepatitis, STDs, tuberculosis, and adolescent and school health with colleagues**	Improved design, implementation, and evaluation of evidence-based program services, interventions, strategies, and research for HIV/AIDS, viral hepatitis, STDs, tuberculosis, and adolescent and school health

i. Purpose

The purpose of this conference support funding is to provide partial support for specific non-Federal conferences in the areas of health promotion, disease prevention information and education programs, and applied research. Conferences supported under this program announcement must be specific to one or more of the following focus areas: HIV/AIDS, viral hepatitis, STD, TB, or adolescent health. Further, measurable conference outcomes must be in alignment with one or more of the relevant performance goals or performance measures listed in the "Outcomes" sub-section that follows.

ii. Outcomes

The awardee is expected to achieve the following short-term and mid-term outcomes during the project period:
Short-Term Outcomes

1. Improved professional partnerships to achieve shared public health goals.
2. Increased accessibility by public health providers, public health professionals, and others representing or serving populations at greatest risk for HIV/AIDS, viral hepatitis STDs, TB and/or adolescent and school health to the latest evidence-based information related to the aforementioned.
3. Attendee satisfaction with utility of conference and conference topics.
4. Increased knowledge about the latest scientific developments related to HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health.

Mid-Term Outcomes

1. Increased use of conference content to inform public health practice.
2. Increased sharing of information about HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health.

iii. Strategies and Activities

This program encourages collaboration, innovation, and dissemination of the latest evidence-based information by providing support to eligible entities to design and conduct conferences, workshops, meetings, and/or consultations about HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health. At a minimum, awardees must implement the strategies and activities in the logic model and listed below. However, awardees may propose additional strategies and activities to achieve the outcomes.

1. Collaboration and Partnership
2. Communication and Marketing
3. Meeting Logistics Planning
4. Evaluation

1. Collaboration and Partnership

Collaborative planning and problem solving is essential to the success of a conference. Applicants are expected to perform the following activities:

- Applicants are to ensure that they engage an advisory committee to inform conference planning. This advisory committee can be either a newly established committee or an existing one.
- In addition, applicants must have a strategy to work with partners to report on and ensure dissemination of conference results, recommendations, and other information after the close of the conference.
- Identify the target audience for the conference

2. Communication and Marketing

Effective communication and marketing are key to ensuring that announcements regarding the conferences reach the intended audience both before and after the events. Applicants are responsible for all communication and marketing related to the conferences and are expected to do the following:

- Applicants must identify and execute effective (and potentially innovative) strategies to share information, including new media and advanced technologies.
- As part of their marketing strategy, applicants are responsible for determining and managing all conference promotional activities (e.g., title, logo, announcements, mailers, press). In addition, CDC/NCHHSTP must review and approve any materials with reference to CDC/NCHHSTP involvement or support.

3. Meeting Logistics Planning

Applicants must determine and manage all meeting logistics. In addition to onsite meeting logistics (e.g., handling audiovisual needs, distributing conference materials, etc.), applicants are expected to handle all pre-planning, which includes, but is not limited to:

- Date(s) and location of the conference
- Developing conference goal(s) and objectives
- Developing a detailed operation plan of major conference planning activities necessary to meet specified objectives
- Providing a list and description of the principle areas or topics to be addressed
- Developing the conference agenda and developing the program content (e.g., keynote addresses, workshops, networking events)
- Providing support determining the use of honorariums and scholarships for speakers and participants
- Managing registration of meeting participants
- Inviting guest speakers
- Providing a staffing plan and staff experience in conference planning

3. Evaluation

Applicants are expected to:

- Develop and implement an evaluation plan that will determine the benefits of conference attendance by participants. This plan should include, but not be limited to, what surveys or instruments will be designed and disseminated to conference participants to determine whether and in what ways participants benefited from attending the conference. Further, the evaluation plan should include both process and outcome measures.
- At the conclusion of the evaluation, applicants are expected to develop a summary evaluation report.

1.Collaborations

Applicants must describe how they will collaborate with both CDC funded programs and with organizations external to CDC. Applicants should provide letters of support or have in place memorandums of understanding/agreement (MOUs/MOAs) with these organizations, or a combination thereof.

a. With CDC-funded programs:

Applicants should engage applicable program content experts, representatives of affected and infected populations, other experts working in relevant areas of public health and other sectors in planning conference workshops.

b. With organizations external to CDC:

Applicants are also expected to work with relevant CDC-funded programs and other organizations that have a role in achieving the FOA outcomes. These entities include, but are not limited to: businesses; emergency management; hospitals; media; non-governmental organizations; non-profit agencies; other federal, state, or local government agencies; public health communities; and Tribes and tribal organizations.

2. Target Populations

To achieve the greatest health impact, preference will be given to applications seeking to target public health providers, professionals, and others who represent or serve populations at greatest health risk for HIV/AIDS, viral hepatitis, STDs, or TB. Applicants may identify target populations based on health risk or public health impact. Applicants should identify target populations using data, including social determinants data, to identify populations that are disproportionately affected by HIV/AIDS, viral hepatitis, STDs, or TB. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy and other relevant dimensions (e.g., tribal communities) should be considered. Clearly identify the populations to be addressed as this information is critical to learning about the applicability of evidence-based approaches and strategies for different populations.

a. Inclusion

Applicants must indicate how they will ensure that individuals with disabilities will have equal opportunity to participate in the conference. The following examples can serve as a guide to ensure that individuals with disabilities will be accommodated:

- Registration will allow for indication if the participant will need any accommodations to allow them to fully participate.
- Translation services, including signage, will be available.
- Captioning and full 508 compliance will be used with all PowerPoint slides.
- If using staging, ramps or wheelchair lifts will be present to provide people using wheelchairs equal footage on stage with other speakers.
- If conference is held in a hotel, wheelchair accessible rooms will be available.
- Conference participants will have access to accessible restroom facilities within the conference site.
- Participants will have accessible transportation to and from the site.
- Conference site will have accessible parking.

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

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate achievement of program outcomes and guide continuous program improvement. Measures are directly linked to the program strategies and activities outlined in the logic model. Process and outcome evaluations will be conducted during the project period. The data collection is limited only to data that will be analyzed and used.

Required Process Measures include:

- The number of workshops offered on HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health.
- The number of people (public health professionals, providers and persons that represent the target populations) that participated in the workshops offered on HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health.
- The number of conferences offering workshops on HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health.
- The number of people (public health professionals, providers and persons that represent the target populations) that participated in the conferences offering workshops on HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health.
- The proportion of conference participants that reported satisfaction with the session content.

Required Outcome Measures include:

- Proportion of conference participants with newly established memorandums of understanding (MOUs) with other participants.
- Proportion of conference participants that reported that the conference met their expectations.
- Proportion of conference participants that self-reported an increase in knowledge about HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health.
- Proportion of conference participants that reported plans to use the information obtained from the conference to inform their public health practice.
- Proportion of conference participants that reported sharing conference content with others.

ii. Applicant Evaluation and Performance Measurement Plan

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

- Demonstrate the applicant's ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the *Paperwork Reduction Act*, please visit http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html.)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes
- Measure attendee satisfaction with utility of conference and conference topics
- Describe how evaluation findings will be used for continuous program quality improvement.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 3 months of the project, as outlined in the reporting section of this FOA.

c. Organizational Capacity of Awardees to Execute the Approach

Applicants must demonstrate the ability to execute program activities and meet project period outcomes. Applicants must also meet the following requirements:

- Have the organizational infrastructure and key staff with education and expertise relative to the conference objectives and experience in planning, managing, implementing, and evaluating conferences;
- Have adequate existing resources to administer the proposed conference and adequate existing (or access to) proposed facilities for conducting conference activities;
- Demonstrate having established relationships with relevant government agencies, community groups and organizations by providing MOUs/MOAs or letters of support;
- Have full capability to manage the required procurement efforts, including the ability to write and award contracts in accordance with 45 CFR (or 74).

d. Work Plan

This award has a one-year project period. The work plan for the award is below.

Project Period Outcome: *[from Outcomes section and/or logic model]*

Outcome Measure: *[from Evaluation and Performance Management section]*

Strategies and Activities	Process Measure*	Responsible Position/Party	Completion Date
1.			
2.			
3.			
4.			

5.

6.

**From Evaluation and Performance Measurement section*

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities:

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

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

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

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

In a cooperative agreement, CDC and awardees share responsibility for successfully implementing the award and meeting identified outcomes. CDC will conduct the following activities to ensure the success of the cooperative agreement:

- Provide technical assistance through telephone calls, correspondence, and site visits in the areas of program agenda development, implementation, and priority-setting related to the cooperative agreement.
- Provide scientific collaboration for appropriate aspects of the program, including selection of speakers, pertinent scientific information on HIV/AIDS, viral hepatitis, STD and TB prevention, and adolescent and school health, and program strategies for the prevention of these infections.
- Review draft agendas. The NCHHSTP Management Officer, Project Officer and Grants Management Officer will approve or disapprove the final agenda and proposed related activities prior to release of restricted funds.
- Approve press releases and other documents as stated earlier.
- Assist applicant in reporting and disseminating results, recommendations, and relevant HIV/AIDS, viral hepatitis, STD and TB prevention, and adolescent and school health information.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement
	CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Award Mechanism:	U14 Conferences
3. Fiscal Year:	2015
Estimated Total Funding:	$500,000
4. Approximate Total Fiscal Year Funding:	$500,000
5. Approximate Project Period Funding:	$500,000
6. Total Project Period Length:	1 year(s)
7. Expected Number of Awards:	10

Up to 10 total awards.

8. Approximate Average Award:	$50,000 Per Project Period
9. Award Ceiling:	$125,000 Per Budget Period
10. Award Floor:	$25,000 Per Budget Period
11. Estimated Award Date:	08/28/2015

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

12. Budget Period Length:	12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Government Organizations:

State (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities
Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

Domestic institutions or organizations, including established scientific or professional societies, are eligible to apply for conference support. Foreign institutions are not eligible to apply for conference support. Both domestic and international conferences may be supported; however, an international conference can be supported only through the U.S. representative organization of an established international scientific or professional society. An individual is not eligible to receive a grant for conference support.

Applicants must propose conferences that are specific to one or more of the "Focus Areas of Programmatic Interest" (HIV/AIDS, viral hepatitis, STDs or TB prevention, and/or adolescent and school health). Applications that do not comply with this requirement will be determined non-responsive and will not be reviewed.

The application must be for a single conference; applications submitted for more than one conference or a series of conferences are not permitted under this announcement. Applications not complying with this requirement will be determined non-responsive and will not be reviewed.

CDC will not fund 100% of any conference proposed under this announcement. At least 51% of conference costs must be supported with funds other than Federal funds. This amount may include donated facilities and donated time by the applicant. However, it is preferred that an applicant show its ability to build partnerships with other organization that can donate funds to the conference. Applicants should be able to demonstrate the ability to track and account for external funding sources, separate from those funds received from CDC. The budget narrative should clearly indicate total conference costs, total supported by applicant, total supported by other sources, and total requested from CDC. Applicants that do not comply with this requirement will be determined to be non-responsive and will not be reviewed.

Late applications will be considered non-responsive and will not be reviewed.

The award ceiling for this FOA is $125,000. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes

Cost sharing or matching funds are required for this program. Matching funds must be no less than 51% of the total conference cost. Matching funds may come from other sources, to include organizations, institutions, conference income, and/or registration fees for health promotion and disease prevention information and education program activities.

The match may be all cash, in-kind, or a combination thereof. The match must be for the total dollar amount requested (for each activity) and cannot be "counted" more than once. The amount and source of the match is required in the budget narrative and justification section of the application. Responsiveness to match requirements will be a criterion used in evaluating the application. Cost sharing is encouraged if it helps to leverage federal and state resources, is responsive to stated CDC recipient activities, is advantageous to the programs, and does not compromise the integrity or the ability of the programs to accomplish proposed activities. Examples of cost sharing may include, but are not limited to, sharing (1) the cost of an FTE that can support the work of several projects across program content areas, (2) costs associated with data collection and analysis, (3) costs associated with various communication campaigns that can benefit multiple program areas, and (4) costs associated with working with diverse populations to modify risk factors or eliminate sexual health disease-related disparities.

CDC funds may not be used to supplant existing state funding. Applicants may not use these funds to supplant funds from federal or state sources. Funds may not be used to conduct research.

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/Financial ReferenceGuide.pdf.

1. Required Registrations

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

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

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

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

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **04/22/2015**

b. Application Deadline

Due Date for Applications: **06/08/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

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

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

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

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

Letters of Intent (LOIs) are requested but optional for this Funding Opportunity Announcement. Although a LOI is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate and plan the review of submitted applications. LOIs should include the information below:

- Descriptive title of proposed project
- Name, address, telephone number, and email address of the Principal Investigator/Project Director
- Name, address, telephone number, and email address of the primary contact for writing and submitting this application
- Number and title of this funding opportunity
- Title of the focus area(s) of programmatic interest (HIV/AIDS, Viral Hepatitis, STD, TB, and/or Adolescent and School Health)
- Title of the proposed conference. Please include the term "conference", "symposium", or similar designation
- Date(s) of conference
- Location of conference
- Total conference cost and total requested from CDC (total requested from CDC must be no more than 49% of the total conference cost)
- Description of intended audience, approximate number, and profession of persons expected to attend
- Brief overview of the proposed conference content

If you choose to submit a LOI, it must be received via express mail, delivery service, fax, or email to:

Beth Wolfe, Project Officer

CDC, NCHHSTP

1600 Clifton Rd, Mailstop E-07, Atlanta, GA 30333

Phone: 404-639-8531

Fax: 404-639-8603

Email address: bwolfe@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

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

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

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

Applicants must submit three (3) separate letters of support from organizations serving high-risk and/or racial/ethnic minority populations. Applicants must name the file "Letters of Support," and upload it as a PDF file at www.grants.gov. CDC has prioritized organizations that serve the following populations:

- All individuals with known HIV-positive serostatus and their partners;
- African American men who have sex with men (MSM);
- African American high-risk heterosexual (HRH) men & women;
- African American transgender individuals;
- American Indians
- Individuals at high risk for chronic hepatitis B and/or chronic hepatitis C, e.g., baby boomers, African Americans, Alaska Natives, American Indians;
- Individuals born in Asia, Africa, Pacific Islands, or other regions or coutnries with moderate to high rates of hepatitis B or hepatitis C (or whose parents were born in these countries/regions;
- Latino MSM;
- Latino HRH men & women;
- Latino transgender individuals;
- MSM of all races/ethnicities including, but not limited to, Asian & Pacific Islander, Native American (inclusive of American Indian, Alaska Native, and Native Hawaiian people) and Caucasian populations;
- Transgender individuals of all races/ethnicities including, but not limited to, Asian and Pacific Islander, Native American (inclusive of American Indian, Alaska Native, and Native Hawaiian people), and Caucasian populations; and
- Injection Drug Users (IDU).

These required letters of support serve as references from previous consumers of the applicant's health promotion and disease prevention services and clearly state their (1) knowledge of the applicant, (2) experience with the applicant's provision of health promotion and disease prevention, and (3) approval for the applicant's proposed conference for the selected category/categories in the funding opportunity announcement.

Letters of support must be:

1. Obtained from organizations previously provided with health promotion and disease prevention services by the applicant;
2. Written on the letterhead of the organization that received these health promotion and disease prevention services;
3. Signed by the executive director (and director or coordinator of HIV, STD, TB, or Viral Hepatitis prevention programs, optional) of the organization serving high-risk and/or racial/ethnic minority populations.

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

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

The plan must:

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

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

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

Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. Provide details of the planned analyses of the data obtained by the administration of the test instruments/questionnaires. Relate how the test instruments are to be used (e.g., pre- post-tests, three months after the conference, immediately after presentation, end of conference, etc.). Include discussion of what the collected data are expected to show.

If awarded funds, awardees must provide a more detailed plan within the first 3 months of programmatic funding. This more detailed evaluation and performance measurement plan should be developed by awardees with support from CDC. This more detailed evaluation plan will build on the elements stated in the initial plan. This plan should be no more than 35 pages. At a minimum, and in addition to the elements of the initial plan, it must:

- Describe the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used for continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., impact on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included.

In developing evaluation and performance measurement plans, applicants are encouraged to use the following resource: Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, http://www.cdc.gov/eval/guide/index.htm.

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

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

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

Applicant must provide a detailed work plan for the 1-year project period. The work plan should include the expected outcomes, the program strategies and activities, identification of person(s) responsible for completing the activities, and target dates for completion of the activity(ies). These should align with the strategies and activities, outcomes, and evaluationand performance measures presented in the logic model and the CDC Project Description, Strategies and Activities and Evaluation and Performance Measures sections of this FOA.

Below is a sample of a work plan:

Project Period Outcome: *[from Outcomes section and/or logic model]*

Outcome Measure: *[from Evaluation and Performance Measurement section]*

Strategies and Activities	Process Measure*	Responsible Position/Party	Completion date
1.			
2.			
3.			
4.			
5.			
6.			

**From Evaluation and Performance Measurement section*

12. Budget Narrative

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories

- Contractual costs
- Total Direct costs
- Total Indirect costs

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

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

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

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

The budget narrative should clearly indicate total conference costs, total supported by applicant, total supported by other sources, and total requested from CDC. The amount requested from CDC must be no more than 49% of the total conference cost. Include the share requested from this cooperative agreement as well as those funds from other sources, including organizations, institutions, conference income, and/or registration fees. (The budget plan, budget narrative, and budget forms will not be counted toward the narrative page limit.)

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.

Tobacco Policies:

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

Nutrition Policies:

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

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

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

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

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying _Restrictions_ for_CDC_ Grantees_July _2012.pdf
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Funds may be used for only those parts of the conference specifically supported by CDC as documented in the grant award.
- CDC funds may not be expended for non-approved portions of meetings. In addition, CDC will reserve the right to approve or reject the content of the full agenda, press events, promotional materials (including press releases), speaker and site selection. CDC reserves the right to terminate funding if it does not concur with the final agenda.
- CDC will initially restrict ninety percent of the total funds awarded for the proposed conference pending its approval of a full, final agenda. After approval of the final agenda, it will release the total amount that was restricted via a letter to the grantee.
- CDC will not fund 100% of any conference proposed under this announcement. At least 51% of the cost must be supported with funds other than Federal funds. The budget narrative should clearly indicate total conference costs, total supported by applicant, total supported by other sources, and total requested from CDC.

18. Other Submission Requirements

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

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

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

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

i. Approach — **Maximum Points: 40**

The extent to which the applicant provides a brief background of the organization, including history, purpose, populations served, previous experience related to the proposed conference topic(s), information on the applicant's previous conferences, topics addressed, and when and where they occurred. Also, the degree to which the proposed activities address the stated public health problem and supports CDC/NCHHSTP public health priorities. Further, the extent to which the applicant describes how their application will address the problem statement, specifically in the following areas:

- The extent to which the applicant shows the need for the conference;
- The degree to which conference activities relate to the focus area(s);
- The public health significance of the proposed conference, including the degree to which the conference can be expected to influence the prevention of HIV/AIDS, viral hepatitis, STDs, and/or TB or the field of adolescent and school health;
- The relevance and effectiveness of the proposed agenda in addressing the conference topic(s);
- The extent to which the applicant shows that participants and presenters will have the opportunity to interact during the conference, share information on successful and unsuccessful program experiences, and develop collaborative working relationships;
- The overall quality, reasonableness, feasibility, and logic of the designed conference objectives, including the overall work plan and timetable for accomplishment;
- The extent to which the operational plan will facilitate achievement of the conference objectives;
- The likelihood of accomplishing conference objectives as they relate to disease prevention and health promotion goals, and the feasibility of the project in terms of the operational plan; and
- The degree to which the conference objectives are specific, measurable, achievable, realistic, and time-phased. The extent to which evaluation of the conference assesses achievement of the conference objectives, including increased knowledge of the conference participants.

ii. Evaluation and Performance Measurement — **Maximum Points: 30**

The extent to which the applicant provides a detailed evaluation and performance measurement plan that is consistent with the CDC evaluation and performance measurement strategy, including:

- How key program partners will be engaged in the evaluation and performance measurement planning process;
- The types of evaluations to be conducted (i.e., process and/or outcome);
- A description of key evaluation questions to be answered;
- A description of potentially available data sources and feasibility of collecting appropriate evaluation and performance data;
- How evaluation findings will be used for continuous program and quality improvement;
- How evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness;
- A description of dissemination channels and audiences (including public dissemination); and
- Inclusion of a clear description of the evaluation plan and how it will assess: the accomplishments of the conference objectives; the benefits of conference attendance by the participants; enhanced knowledge of the conference subject matter; skills learned; attitude shifts created; and whether the conference information would be used by attendees to more effectively accomplish the public health objectives of their respective organizational programs.

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points: 30**

The extent to which the applicant describes:

- The adequacy of existing resources to administer the program for the proposed conference;
- The adequacy of existing and proposed facilities for conducting conference activities;
- The degree to which the applicant has established relationships with related government agencies and relevant community groups and organizations, and provided letters of support (no more than three) from such entities addressing the applicant's capability, experience, and, if applicable, how the entity will work with the applicant to plan the proposed conference;
- The extent to which applicant demonstrates having a history of managing conferences;
- The qualifications and experience of the principal staff person, and his/her ability to devote adequate time to provide effective leadership;
- Program personnel's ability to accomplish conference objectives; and
- Education and expertise of key personnel (including associate staff persons, discussion leaders, and speakers) relative to the conference objectives.

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

c. Phase III Review

In addition, the following factors may affect the funding decision:

Funding preference will be given to ensure the following in descending order of priority:

1. A balance of funded agencies that target each of NCHHSTP's focus areas (e.g., HIV/AIDS, viral hepatitis, STD and TB);
2. A balance of funded agencies that target the widest audiences (e.g., international, national, and regional);
3. A balance of funded agencies that target underserved geographic areas and high risk populations (e.g., migrant and rural populations, racial/ethnic minorities, men who have sex with men);
4. A balance of funded agencies that serve populations in special settings (e.g., correctional institutions, shelters for runaway youth); and
5. A balance of funded agencies such that the United States regions and territories are represented.

No preference will be given to organizations that have received CDC funding in past years.

Additionally, the following factors may affect the funding decision:

- Availability of funds
- Relevance to program priorities

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

2. Announcement and Anticipated Award Dates

Successful applicants should anticipate notice of funding by August 28, 2015.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html

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

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

The following Administrative Requirements (AR) apply to this project:

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

ARs applicable to awards associated with HIV/AIDS issues:

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel

ARs applicable to awards related to conferences:

- AR-20: Conference Support
- AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)]

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

3. Reporting

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

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

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

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

The Awardee Evaluation and Performance Measurement plan must be submitted 3 months into award, not 6 months into award. In addition, any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to Office of Management and Budget/Paperwork Reduction Act requirements and may require CDC to coordinate an OMB Information Collection Clearance.

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

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

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

This report must include the following:

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

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

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

Awardees must submit performance measurement data no later than 1 month following the conference/workshop and 3-month assessment findings no later than 4 months after the conference.

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

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

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

The report should be emailed to the CDC Project Officer and the Grants Management Specialist (GMS) listed in the 'Agency Contacts' section of the FOA.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Beth Wolfe, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-07
Atlanta, GA 30333
Telephone: (404) 639-8531
Email: EOW1@cdc.gov

Grants Staff Contact

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

Edna Green, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, Stanford Building, Room 3233
Atlanta, GA 30341
Telephone: (770) 488-2858
Email: ECG4@cdc.gov

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

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

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

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

H. Other Information

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

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

Optional attachments, as determined by CDC programs

- Resumes/CVs
- Position descriptions

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

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and

maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, 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 activites; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

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

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

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

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

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

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

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

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

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

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

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