

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

PPHF 2017: Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands - Financed in part by 2017 Prevention and Public Health Funds

CDC-RFA-OT16-1601PPHF17

Application Due Date: 06/23/2016

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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-OT16-1601PPHF17. 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) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

PPHF 2017: Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands - Financed in part by 2017 Prevention and Public Health Funds

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-OT16-1601PPHF17

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

93.861

Additional CFDA Number: 93.874

F. Dates:

1. Due Date for Letter of Intent (LOI): **N/A**

2. Due Date for Applications: **06/23/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

February 25, 2016

G. Executive Summary:

1. Summary Paragraph:

This amendment reflects a title modification and language related to activities that are financed in part by 2017 Prevention and Public Health Funds (PPHF). Guidance is also included on reporting requirements for semi-annual performance reports, see section on Reporting under Award Administration Information. This amendment is for informational purposes only. CDC announces the availability of funds for a regional, nonprofit organization to strengthen the quality, performance and sustainability of the U.S.-Affiliated Pacific Islands? governmental and nongovernmental components of the public health system by providing capacity-building assistance. The FOA funds activities that increase capacity for public health leadership, workforce segments, public health systems, and other public health system

components. Over the five year project period the applicant is expected to increase capacity in at least three of the six areas: USAPI leadership knowledge and skills; organizational infrastructures and processes; workforce competencies and performance; development and implementation of public health laws and policies; dissemination of evidence-based practices; and establishment of monitoring and surveillance systems. The goal is to optimize the quality and performance of public health systems, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, and public health resources.

a. Eligible Applicants:	Single
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Project Period Funding:	$50,000,000
e. Average One Year Award Amount:	$10,000,000
f. Total Project Period Length:	5
g. Estimated Award Date:	07/01/2016
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The U.S.-Affiliated Pacific Islands (USAPI) consist of three U.S. Flag Territories of American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands, along with three Freely Associated States: the Republic of the Marshall Islands, Republic of Palau, and Federated States of Micronesia. The USAPI are populated by more than 500,000 people, its jurisdictions span millions of square miles of ocean and cross five Pacific Time zones.

The USAPI face a high incidence of communicable diseases along with the increasing prevalence of non-communicable diseases (NCDs), ranking among the world?s highest prevalence of obesity and other related NCDs. The USAPI are also burdened by environmental disasters in far excess of the United States. Their health systems are hindered from effectively addressing the growing burden of non-communicable and infectious diseases, high infant mortality, and health threats resulting from climate change.

Public health challenges in this region are exacerbated by widely dispersed populations, limited resources, and fragmented health systems (see *Preventing Chronic Disease*, 2014, 11, 130344)., A former District Health Officer for the Federated States of Micronesia noted their many challenges include lack of fully trained health workers, unreliable systems (i.e., power grids, government finances, transportation infrastructure), and the organizational complexity and interdependency of these systems account for poor public health delivery (*International Journal*

for Quality in Health Care, 2010, 22[1]). A recent comprehensive assessment of the status of non-communicable diseases across 10 Pacific Island nations demonstrated significant strains on public health systems to deliver services, effect policies, and implement programs (see the *Hawaii J Med Public Health*, 2013, *72*(5;1). Some of the top priorities from the assessment included develop and implement national health plans with viable resources and technical assistance; create national data systems/registries and provision of data training for personnel; improved collaboration with community partners to provide prevention services in communities; implement strategies that minimize fragmentation of healthcare and ensure continuity of care; and provide continuing education courses for public health professionals such as physicians, nurses and other health professionals.

This FOA defines capacity building as the development and strengthening of human and organizational resources and systems. It involves enhancing the ability to perform functions, solve problems, and achieve objectives at the individual, institutional and societal levels. Capacity building strategies can include workforce development to enhance knowledge, skills, competencies, and create resources; organizational development to enhance management structures, processes and procedures within and between organizations and different sectors (public, private & community); and partnership development to build relationships to effectively address community needs, manage resources, and communicate with the public. Strategic investments in capacity building for the USAPI are expected to generate an increase in the quality, quantity, efficiency, effectiveness and prevention capacity of public health services and related outcomes, thus ultimately improving population health.

b. Statutory Authorities

This program is authorized under Public Health Service Act, Section 317(k)(2) (42 USC 247b(k)(2), as amended, and Section 1703 (42 USC 300u-2).

c. Healthy People 2020

This FOA addresses the Healthy People 2020 focus area of Public Health Infrastructure. The goal is to ensure that all levels of governmental public health have the necessary infrastructure to effectively provide essential public health services. Infrastructure is fundamental to planning, delivering, and evaluating public health, (http://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure).

d. Other National Public Health Priorities and Strategies

The National Public Health Performance Standards Program: http://www.cdc.gov/nphpsp/index.html.

Institute of Medicine?s 2012 report, *For the Public's Health: Investing in a Healthier Future*: http://www.iom.edu/Reports/2012/For-the-Publics-Health-Investing-in-a-Healthier-Future.

National Prevention Strategy, *What Can State, Tribal, Local and Territorial Governments Do?*: http://www.surgeongeneral.gov/priorities/prevention/strategy/clinical-and-community-preventive-services.html.

The Public Health Preparedness Capabilities: National Standards for State and Local Planning: http://www.cdc.gov/phpr/capabilities/.

National Voluntary Accreditation for Public Health Departments: http://www.cdc.gov/stltpublichealth/program/index.html.

HHS Plan for Asian American, Native Hawaiian and Pacific Islander Health (2013): http://minorityhealth.hhs.gov/omh/content.aspx?ID=8806&lvl=3&lvlid=63).

e. Relevant Work

A major CDC priority is to improve the health agency performance through provision of resources, staff, and technical support. CDC collaborates with professional nonprofit, national organizations to coordinate national public health initiatives with a wide array of stakeholders. This FOA builds upon our current program, CDC-RFA-OT13-1302: Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations-financed in part by 2013 Prevention and Public Health Funds, by ensuring capacity building to the USAPI to address public health challenges such as fragile infrastructure, limited workforce, and insufficient information systems.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

This FOA provides funding to deliver capacity building assistance to strengthen the USAPI public health system. The following logic model is a visual depiction of the program approach and reflects how the selected strategies will lead to achievement of short, intermediate and long term program outcomes. The grantee is expected to select three of the six CDC Office for State, Tribal, Local and Territorial Support program outcomes and will be responsible for demonstrating measureable progress for the short-term and intermiate outcomes over the five-year project period. The overall program outcomes include improvements in the quality and performance of 1) public health leadership, 2) public health systems and infrastructure, 3) public health workforce, 4) public health laws and policies, 5) public health practices and services, and 6) public health monitoring and surveillance systems.

Strategies	Short Term Outcomes	Intermediate Outcomes	Lon
1. Public Health Leadership	**Enhanced knowledge, skills and awareness of leaders to support current public health priorities**	**Increased capacity of leadership to execute strategic plans, policy formulation and program implementation**	Improve leadershi strategic health ne
2. Public Health Systems and Infrastructure	**Increased implementation of processes that build operational efficiency and effectiveness**	**Increased use of performance management systems to monitor and evaluate operational processes**	Improve and effe
3. Public Health Workforce Segments	**Increased knowledge, skills, and competencies among public health workers**	**Strengthened workforce qualifications, performance and service delivery**	Improve for and r health ne
4. Public Health Laws and	**Increased awareness of**	**Increased practical, legal- and**	Increase

*Policies**	**how laws and policies impact the public's health**	**policy-centered tools and resources for public health practitioners in health departments**	evidence laws and health pr departme
5. Evidence-based Public Health Practices and Services	**Increased capacity to assess evidence-based public health practices and services for cultural relevance**	**Enhanced capacity to integrate and coordinate culturally relevant practices and services across multiple settings**	Increase widely i based pr across m
6. Public Health Monitoring and Surveillance Systems	**Increased knowledge and capacity to develop national health data systems and registries**	**Improved collection, maintenance, interpretation and dissemination of population health data**	Improve populati data driv

*For the purpose of this FOA, laws and policies are considered important tools for improving the health of the population. Policies and laws represent directives, regulations, or position statements that establish the authority of public health agencies and delineate their functions. They play an increasingly important role in addressing public health threats and emergencies such as food security, healthcare-associated infections, and EBOLA.

i. Purpose

The purpose of this funding initiative is to provide capacity building assistance through a regional, nonprofit organization to strengthen the USAPI?s public health leadership, workforce, and public health systems and infrastructure. The overall goal is to optimize the quality and performance of public health business services, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, laws and policies, and public health resources.

ii. Outcomes

The applicant?s CBA program is expected to demonstrate measurable progress among governmental and/or nongovernmental components of the USAPI public health system towards three or more of the following outcomes, particularly those that address USAPI public health systems and infrastructure needs of highest priority. As various levels of CBA needs exist for the USAPI, the applicant is encouraged to select outcomes that are achievable by the end of the program period.

The awardee is expected to demonstrate progress toward the program?s outcomes. Short-term outcomes should be reached within 12-24 months of initiation of capacity building assistance projects and demonstrated progress for intermediate outcomes should occur by the end of the project period (60 months). Demonstration for some of the long-term outcomes may occur by the end of the project period or as a result of program efforts outside of the project period.

Strengthened leadership, governance and accountability:

- Enhanced knowledge, skills and awareness of leaders to support current public health priorities.
- Increased capacity of leadership to execute strategic plans, policy formulation and

program implementation.
- Improved multi-sectoral leadership action to strategically address population health needs.

Enhanced public health systems and infrastructure:

- Increased implementation of processes that build operational efficiency and effectiveness.
- Increased use of performance management systems to monitor and evaluate operational processes.
- Improved operational efficiency and effectiveness.

Increased public health workforce capacity:

- Increased knowledge, skills, and competencies among public health workers.
- Strengthened workforce qualifications, performance and service delivery.
- Improved capacity to prepare for and respond to population health needs.

Improved public health laws and policies:

- Increased awareness of how laws and policies impact the public's health.
- Increased practical, legal- and policy-centered tools and resources for public health practitioners in health departments.
- Increased implementation of evidence-based public health laws and policies by public health practitioners in health departments.

Increased delivery of evidence-based public health practices and services:

- Increased capacity to deliver the ten essential public health services.
- Enhanced capacity to integrate and coordinate effective prevention strategies and actions across multiple settings to effectively address disease prevention and control.
- Increased capacity to effectively partner with the health care sector and sectors to deliver public health services.

Enhanced monitoring and surveillance systems capacity:

- Increased capacity to develop national health data systems and registries.
- Improved collection, maintenance, interpretation and dissemination of population health data.
- Improved capacity to identify population health needs through data driven decision making.

iii. Strategies and Activities

The strategies and related activities described below stem from national recommendations for CBA and are based on the CDC Office for State, Tribal, Local and Territorial Support (OSTLTS) priorities, program experience, and evidence-based recommendations from the scientific literature and national reports published by federal councils and national public health organizations, such as the U.S. Department of Health and Human Services, Healthy People 2020, Institute of

Medicine, the National Prevention Strategy and the World Health Organization. These capacity building program strategies and related activities are designed to position components of the USAPI public health system to fulfill the mission of protecting and promoting population health. The applicant may propose to address at least three or more of the five program strategies to carry out the following activities. To the extent that activities lead to the development of tools, materials, collected data, and other materials, awardees should anticipate sharing project products with CDC.

The activities listed below are not exhaustive and should be augmented on the basis of the priority needs of the target population(s).

1) Public Health Leadership ?Activities that build leadership knowledge, skills, and competencies to improve governance, decision making, and accountability:

- Assess and identify skills sets, competencies, and needs of health officials and other health agency leaders.
- Implement evidence-based strategies such as leadership institutes and workgroups.
- Provide training to health officials and other health agency leaders regarding current USAPI public health priorities and the official responsibilities of the health department and governing entity.
- Acquaint leadership on operational definitions and statements of the public health sector roles, responsibilities, and authorities.
- Strengthen existing leadership platform for effective leadership practice and multi-sector communication to address shared public health concerns.

2) Public Health System and Infrastructure - Activities that strengthen system and agency needs and determine steps to improve operational capacity may include but are not limited to:

- Assess and identify strengths and weaknesses related to operational efficiency and effectiveness.
- Examine capacity to deliver the core functions and essential public health services and the structures needs to carry out these functions.
- Determine needs, develop processes, and establish standards to build performance management capacity.
- Develop and implement a health department organizational strategic plan.
- Facilitate mobilization of public and private sectors to enhance collaboration and partnerships.
- Identify strategies to disseminate health information to targeted populations.
- Provide technical assistance on developing effective financial management systems.

3) Public Health Workforce Segments - Activities that enable improvement of competencies and workforce attrition and retention, may include but are not limited to:

- Recruit and hire qualified staff with public health backgrounds.
- Assess workforce competencies.
- Provide training and professional development.
- Develop and sustain supportive work environments.

- Create resources to facilitate achievement of public health workforce competencies.
- Provide technical assistance to build and sustain workforce competencies.
- Promote public health internships and fellowships to recruit and strengthen workforce.

4) Public Health Laws and Policies - Activities that strengthen responses to current challenges and the evolving physical, social and built environments that contribute new challenges, may include but are not limited to:

- Review, study and disseminate information about existing laws and policies that may have application to public health.
- Engage multiple sectors of society such as education, court systems, law enforcement, business, political leadership in identifying priorities and in developing and applying legal tools.
- Create and/or engage public health councils of relevant government agencies.
- Recruit legal counsel with public health expertise for public health agencies.
- Develop practical, legal-centered tools for public health practitioners and policy makers.
- Provide consultation and technical assistance to public health agencies.
- Evaluate the health effects and costs of legislation, regulations, and policies that could have a meaningful impact on health.

5) Evidence-based Public Health Practices and Services - Activities that strengthen delivery essential public health services in a comprehensive manner, may include but are not limited to:

- Provide technical assistance to deliver essential public health services.
- Review of existing laws and policies to determine cultural, geographical and current relevance and provide revisions as needed.
- Translate and disseminate evidence-based public health science.
- Promote understanding and use of research results, evaluations, and evidence-based practices.
- Facilitate the adoption of initiatives to develop, implement, and evaluate effective strategies that promote health and prevent disease and injury.
- Create materials, manuals and toolkits that build knowledge, skills, and practices in public health policy.

6) Public Health Monitoring and Surveillance Systems - Activities that increase the capacity to support integration, maintenance, and interpretation of data and information systems across the public health system, may include but are not limited to:

- Provide technical assistance on readiness for implementation, use and maintenance of information systems.
- Create manuals and protocols to ensure best practices and standardization of data and information systems.
- Establish data governance through the creation of policies and guiding principles to improve the collection, interpretation, and dissemination of population health data.
- Foster health information systems buy-in and understanding of agency staff.
- Provide staff training on data collection, analysis, interpretation, and reporting.

- Increase information access, data use and sharing across public health agencies.
- Integrate information systems and public access at the community level.

1. Collaborations

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

The applicant is required to collaborate with CDC to plan, implement and execute CBA programs. CDC will provide guidance for program planning, monitoring and evaluation activities.

It is highly recommended that the applicant will collaborate with regional, national and international organizations that have specialized public health-related capacity building services to enhance the proposed capacity building activities for the USAPI public health system. Examples of such organizations include American Pacific Nursing Leaders Council, Pacific Basin Medical Association, Pacific Post-Secondary Education Council, Northern Pacific Environmental Health Association, University of Hawaii Schools of Public Health, University of Guam and Fiji National University (FNU), Local USAPI community colleges, and the Associaiton of State and Territorial Health Officers Association, Council of State and Territorial Epidemiologists, the Asian and Pacific Islander American Health Forum, the Public Health Instutite (California), and the World Health Organization,.

The applicant must describe how it will collaborate with programs and organizations that are internal and extenal to CDC to buidl capacity for the USAPI public health system.

b. With organizations not funded by CDC:

The applicant is encouraged to build strategic partnerships and leverage resources with regional, national and international organizations critical to building capacity of public health systems in effort to maximize impact and reduce duplication of capacity building activities in the USAPI. It is highly recommended that the applicant will collaborate with organizations that have specialized public health-related capacity building services and have experience working in the USAPI. Examples of organizations include American Pacific Nursing Leaders Council, Pacific Basin Medical Association, Pacific Post-Secondary Education Council, Northern Pacific Environmental Health Association, University of Hawaii Schools of Public Health, University of Guam and Fiji National University (FNU), Local USAPI community colleges, and the Associaiton of State and Territorial Health Officers Association, Council of State and Territorial Epidemiologists, the Asian and Pacific Islander American Health Forum, the Public Health Instutite (California), and the World Health Organization.

The applicant must describe how it will collaborate with programs and organizations that are external to CDC to strengthen its build capacity efforts for the USAPI public health system.

2. Target Populations

Applicants should propose to address capacity building assistance needs on the basis of the most relevant evidence for the selected target population(s). The applicant must clearly describe the target population(s) and provide a rationale for selecting the target population(s) receiving CBA. Potential target populations may include Pacific Island public health agency jurisdictions and

their leadership, workforce segments across Pacific Island public health jurisdictions, monitoring and surveillance systems, and/or nongovernmental components of the public health system (e.g., pharmacists, transportation industry, law enforcement, tourism sector, etc.).

a. Inclusion

This funding opportunity announcement is focused on strengthening the functional capacities of public health systems and infrastructure in the USAPI. The applicant is strongly encouraged to collaborate with partners that provide public health services to people with disabilities; non-English speaking populations; lesbian, gay, bisexual and transgender (LGBT) populations; people with limited health literacy; and/or USAPI populations with the greatest health disparities.

iv. Funding Strategy

Not applicable.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC strategy for monitoring and evaluating the program will include several activities, spanning both process and outcome evaluation, and will be consistent with the approach presented earlier. As project activities will differ slightly year to year depending on target population needs and new and emerging issues, CDC will not develop a set of standardized performance measures with set targets. As part of the first-year project activities, the awardee is expected to develop a comprehensive evaluation and performance measurement plan with support from CDC. This will include a more detailed plan for the year one activities and identification of specific elements that will be evaluated over the length of the cooperative agreement. The more detailed evaluation plan will build on the initial proposed plan and will further define the information below if not previously indicated:

- Describe the frequency that evaluation and performance data will be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used for continuous quality improvement.
- Describe how evaluation and performance measurement will yield findings to demonstrate the value of the project.

CDC will use information collected from the awardee?s regular Progress Reports (frequency to be determined) and the Annual Performance Report to document project status and completion of program activities and outcomes. Monthly, or as needed, conference calls with the awardee will also take place and discussions will include awardee?s documentation of progress, needs for technical assistance, and challenges in meeting project objectives. In this section, they will develop project specific performance measures and add details of any additional evaluation to be completed. Applicant must:The questions below will serve as a guide track progress of the program. The findings from these evaluation efforts will be used to track progress toward program outcomes and ensure implementation of program activities using the best available scientific and practice based evidence.

<u>Process Questions:</u>

- Has the grantee assessed the current capacity needs of the USAPI public health system, including leadership, workforce, policy and practice, and information systems?
- Has the grantee described available data sources and feasibility of collecting appropriate evaluation and performance data?
- What activities were conducted and products developed to achieve the program outcomes?
- Has the relationship between the proposed activities, outputs, and outcomes been clearly demonstrated?
- To what extent have the proposed objectives been achieved?
- What partnerships were formed to achieve activity implementation?
- What is the extent of partner involvement in implementing activities?
- What are the key challenges and barriers that hinder progress toward achieving activities and outcomes?
- What are the key factors that facilitate progress toward achieving activities and outcomes?
- Do the CBA activities have cross-cutting benefits beyond a single entity?
- Do the activities target specific UASPI challenges and opportunities?

Outcome Questions:

- To what extent have the program activities and outputs contributed to the achievement of the expected outcomes?

Performance measures will be used to track the progress of strategy specific activities and their related outcomes. Process measures will ensure capacity building assistance activities are implemented accordingly and outcome measures will ensure capacity building achievement.

Example process measures include:

1. Public Health Leadership
Ex: Trainings have been held to strengthen leadership abilities.
2. Public Health Systems and Infrastructure
Ex: Needs assessments have been completed to improve operational efficiency and effectiveness.
3. Public Health Workforce
Ex: Trainings have been provided to facilitate achievement of staff competencies.
4. Public Health Laws and Polices
Ex: Current public health laws and policies have been reviewed to assess cultural, geographical, and current re
5. Evidence-based Public Health Practices and Services
Ex: Evidence-based practices and services have been identified and implemented across multiple se.
6. Public Health Monitoring and Surveillance Systems
Ex: Manuals have been developed to ensure best practices and standardization of data and information systems

Example outcome measures include:

Short Term Outcomes	Intermediate Outcomes	Long Te
1. Public Health Leadership		
Enhanced knowledge, skills and awareness of leaders to support current public health priorities *Ex: Leaders have gained knowledge, skills, and awareness*	Increased capacity of leadership to execute strategic plans, policy formulation and program implementation *Ex: Strategies have been identified and developed*	Improved multi-sec to strategically addr health needs *Ex: Strategies have through leadership*
2. Public Health Systems and Infrastructure		
Increased implementation of processes that build operational efficiency and effectiveness *Ex: Operational processes have been implemented*	Established performance management systems to monitor and evaluate operational processes *Ex: Systems are used to monitor and evaluate operational processes*	Improved operation effectiveness *Ex: Time and cost s documented*
3. Public Health Workforce		
Increased knowledge, skills, and competencies among public health workers *Ex: Staff have gained knowledge, skills and competencies*	Strengthened workforce qualifications, performance and service delivery *Ex: Newly acquired knowledge, skills and competencies have been applied*	Improved capacity respond to populati *Ex: Workforce deve occur more freque*
4. Public Health Laws and Policies		
Increased awareness of how health laws and policies impact the public's health *Ex: Trainings/webinars on how existing laws and policies related to public health have been conducted with health departments*	Increased practical, legal- and policy-centered tools and resources for public health practitioners in health departments *Ex: Tools and other resources on public health-related laws and policies have been developed*	Increased implemen based public health public health practi departments *Ex: Public health la been established*
5. Evidence-based Public Health Practices and Services		
Increased capacity to assess evidence-based public health practices and services for cultural relevance *Ex: Existing evidence-based practices and services have been assessed and revised, as needed,*	Enhanced capacity to integrate and coordinate culturally relevant practices and services across multiple settings *Ex: Expanded amended practices and services have been implemented to meet cultural health priorities*	Increased ability to implement evidence and services across *Ex: Expanded amer services have been and implemented*
6. Public Health Monitoring and Surveillance Systems		
Increased capacity to develop national monitoring and surveillance data systems and registries	Improved collection, maintenance, interpretation and dissemination of population surveillance data	Improved capacity health needs throug decision making

Ex: Increased number of health departments that adopted new data systems and registries has increased	*Ex: Increased the number of Health status reports that have been generated and disseminated across all USAPIs*	*Ex: Most of the USA health ministers use health decision mak*

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

c. Organizational Capacity of Awardees to Implement the Approach

Organizational capacity ensures applicants demonstrate their ability to successfully execute the FOA strategies and meet project outcomes. Applicant should have adequate infrastructure (physical space and equipment), workforce capacity and competence, relevant skill sets, capable information and data systems, and accessible electronic information, and communication systems to implement the award. Applicant must provide evidence of adequate program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, workforce development and training, and full capability to manage the required procurement efforts, including the ability to write and award subcontracts in accordance with 45 CFR 75, as applicable. Applicant will be expected to describe the nature of their relationship with the target population and history (including number of years) serving or working with the target population selected for this project. This includes the history of providing CBA, recent examples of the content and format of the CBA provided, and CBA outcomes or benefits that resulted. In addition, applicants will be expected to provide a description of their

current CDC-funded capacity building projects. Flexibility will be allowed to enable applicants to implement FOA requirements based on their own organizational design and approach, unless otherwise required by statute.

d. Work Plan

The applicant must provide a high-level CBA work plan consisting of a logic model and related narrative for the five-year program, with a detailed description of the first year of the award. The work plan should not exceed 20 pages. Applicant is strongly encouraged to use activities indicated under the ?Strategies and Activities? section, but is expected to augment those activities on the basis of the priority needs of the target population(s). The work plan should provide outcomes, program strategies, activities, and objectives for the priority subpopulation(s) that are proposed within the target population category. The work plan must, at a minimum, include:

1. Intended outcomes for the five year project period.
2. Program strategies to be used during the first year of the project period.
3. Expected outcomes for the first year of the project period.
4. Objectives for the first year of the project period.

Note: Objectives should be written in SMART (specific, measurable, achievable, realistic, and time-bound) format. Quantitative baselines should be provided for each objective that leads to an increase, decrease, or maintenance over time. Depending on the program strategy, CBA mechanisms, and the needs being addressed, each priority subpopulation might require a unique CBA work plan with goals, objectives, and activities, along with a unique budget and budget narrative.

1. Activities for the first year of the project period. (Note: Activities must align with the proposed objectives and the chosen strategies and must include activities the applicant selects as priority, based on the cited evidence, for the first year of the project).
2. Describe staff and administrative roles and functions to support implementation of the award.
3. Explain administration and assessment processes to ensure successful implementation and quality assurance.
4. Timeline for the first year of the project period

CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award.

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 staff members are substantially involved in program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to provide capacity building assistance to governmental and nongovernmental components of the public health system.
2. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
3. Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between funded organizations that would not normally interact with each other or collaborate on public health efforts.
4. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.
5. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.
6. Collaborate on strategies to ensure the provision of CBA to state, tribal, local and territorial (STLT) health departments on an as needed request basis.

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: U38

Uniform National Health Program Reporting System

3. Fiscal Year: 2017

4. Approximate Total Fiscal Year Funding: $10,000,000

5. Approximate Project Period Funding: $50,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $50,000,000

6. Total Project Period Length: 5 year(s)

7. Expected Number of Awards: 1

8. Approximate Average Award: $10,000,000 Per Budget Period

9. Award Ceiling: $10,000,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $500,000 Per Budget Period

11. Estimated Award Date: 07/01/2016

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is available through this FOA.

Consistent with the cited authority for this funding opportunity announcement, direct assistance may be available in the form of equipment, supplies, materials and/or Federal personnel. Award recipients will be encouraged to use the Public Health Associates Program (PHAP) to meet staffing needs (http://www.cdc.gov/phap/).

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Additional Eligibility Category:

2. Additional Information on Eligibility

Organization that meet ALL of the following criteria:

- Nonprofit 501(c)(3) with IRS status (other than institutions of higher education)
- The applicant must provide evidence of federally assigned 501(c)(3) with IRS status designation by submitting a copy of the current, valid IRS determination letter. Evidence can be submitted by uploading this documentation in Grants.gov under "Other Attachment Forms." The document should be labeled "Proof of Nonprofit Status"
- Eligibility is limited to the Pacific Island Health Officers Association due to its unique relationship with the collective interests of the Ministers, Secretaries, and Directors of Health of the US-Affiliated Pacific Islands (USAPI) and Freely Associated Territories.eled "Proof of Nonprofit Status"

3. Justification for Less than Maximum Competition

The Pacific Island Health Officer Association (PIHOA) is the only membership and member-directed organization of its kind for improving the health and well-being of the citizens of the U.S. Affiliated Pacific Islands (USAPI), and therefore is unique in its knowledge, skills, and abilities to provide the services specified under this FOA.

There is no other organization that is designed to or that serves the USAPI population in the following ways:

- PIHOA is a non-profit organization that is led by and represents the collective interests of the Ministers, Secretaries, and Directors of Health of the USAPI.
- It is the only organization that represents the health officials of all of the six US-affiliated Pacific Islands, providing a regional voice for all.
- The PIHOA Board of Directors consists of the Ministers, Secretaries and Directors of health for the six USAPI. Additional membership includes USAPI health deputies and senior subordinates, along with eight health professional associations for medicine, nursing, dentistry, behavioral health, primary care, cancer control, and education.
- PIHOA members represent a USAPI population of more than 500,000 people who live on hundreds of islands and atolls spanning millions of square miles of ocean and

crossing five Pacific Time zones.

- PIHOA Affiliate Membership is reserved for Pacific-based and Pacific-governed health professional organizations that PIHOA recognizes as having a role in the establishment of health policy. These entities sometimes form "sub-committees" where regional work specific to workforce and health systems development can take place.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov*****.**

c. Grants.gov:

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

All applicant organizations must register at www.grants.gov. The one-time registration process

usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

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

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 notice of 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 OGS staff at 770-488-2700 or e-mail OGS ogstims@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 NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **06/23/2016** , 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.

Date for Information Conference Call

February 25, 2016

5. CDC Assurances and Certifications

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

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

(S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

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

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

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(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, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. The 20 page limit includes the work plan.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. 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. Failure to follow the guidance and format may negatively impact scoring of the application.

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 public health 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, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

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

1. Collaborations

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

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 Target Population section in the CDC Project Description.

Applicants must describe the specific target population(s) by category (a. Governmental Public Health Officials and Other Agency Leadership, b. Governmental Public Health Agencies Systems and Infrastructure, c. Workforce Segments across Governmental Public Health Agencies, and d. Nongovernmental Public Health Sectors) that will receive capacity building assistance, and explain how the outcomes of the project will be achieved for each selected target populations. Refer back to the CDC Project Description section – Approach: Target Population.

Applicants are strongly encouraged to collaborate with USAPI partners in advancing capacity building for public health services to people with disabilities; non-English speaking populations; lesbian, gay, bisexual and transgender (LGBT) populations; people with limited health literacy; and/or populations with the greatest health disparities.

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. See Section E (pages 4 and 5) at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf . For further information about CDC's requirements under PRA see http://www.hhs.gov/ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

- Describe other information (e.g., measures, data sources).

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

12. Budget Narrative

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

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

Indirect costs 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).

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http:// www.cdc.gov /grants /interested in applying /application resources.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.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.
Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

Incentives are not allowed.

18. Data Release Plan

Applications involving release and sharing of data must include a copy of the applicants Data Release Plan. The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the CDC data sharing agreement will be released in a timely manner, completely, and as accurately as possible, to facilitate the broader community, and developed in accordance with CDC policy on Releasing and Sharing Data.

19. 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 OGS Technical Information Management Section (TIMS) staff.

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

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@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 OGS 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 NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

that www.grants.gov is managed by HHS.

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

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

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

E. Review and Selection Process

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

a. Phase I Review
All applications will be initially reviewed for completeness by CDC OGS staff. Complete applications will be reviewed for responsiveness by the CDC. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach — Maximum Points:45
Evaluate the extent to which the applicant:

- Concisely and comprehensively describes the purpose of the proposed project including how the application will address the problem described in the background section of the FOA.
- Clearly identifies the selected outcomes expected to be achieved by the end of the project period.
- Provides a clear and concise description of the strategies and activities that will be used to achieve the project period outcomes.
- Describes how the organization will collaborate with programs and/or organizations either internal or external to CDC.
- Describes the specific target population(s) that will receive CBA and explains how building their capacity will achieve the program outcomes.
- Demonstrates a comprehensive understanding of the CBA needs for the target population(s).
- Demonstrates evidence for the target population(s) priority CBA needs.
- Develops a plan to adequately achieve the CBA program outcomes and carry out the proposed objectives; develops a comprehensive plan for the first budget period; and demonstrates how the plan will focus on priority CBA that addresses the needs of the target population.

ii. Evaluation and Performance Measurement Maximum Points:30

Evaluate the extent to which the applicant:

- Provides 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.
- Affirms the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy.
- Describes how key partners will participate in the evaluation and performance measurement planning processes.
- Describes how evaluation findings will be used for continuous program quality improvement.
- Describes the types of evaluation (i.e., process, outcome, or both) to be conducted, key evaluation questions to be addressed, and measures and data sources to be employed.

iii. Applicant's Organizational Capacity to Implement the Approach Maximum Points:25

Evaluate the extent to which the applicant addresses:

- Demonstrates relationship with Target Population(s)
- Provides examples of an established track record of providing CBA services to the target population.
- Demonstrates the target population’s interest in the CBA services to be provided (i.e., letters of support).

- Demonstrates the ability to execute the CDC strategies and activities and meet project period outcomes.
- Demonstrates relevant experience and capacity to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles.

    1. Indicates appropriate staff member experience.
    2. Demonstrates clearly defined roles for staff members.
    3. Demonstrates sufficient staff member capacity to accomplish program goals.

Budget

Budget and Budget Narrative (reviewed, but not scored). The extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities.

c. Phase III Review

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

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

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

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

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

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

If successful in the Phase II (Initial Base-Funding) Review and is awarded funds, the applicant will be eligible to participate in the Phase III Review (Supplemental Funding) for CDC-wide public health systems capacity building projects. In Phase III, the eligible awardee will receive an instructions packet through an Amended, Supplemental FOA, published in www.grants.gov, detailing the Phase III (Supplemental Funding) application submission and review processes after the receipt of the Phase II (Initial-Base Funding) Notice of Award. The awardee must submit stand-alone applications in response to a range of CDC-wide project plans that represent various public health disciplinary areas that are responsive to FOA program's purpose, strategies and outcomes. The applications submitted by the awardee will be compiled and reviewed by the CDC program that submitted the project plan according to the indicated criteria outlined above.

Final funding determinations will be based on application scores from the objective review panel for the initial application and technical reviews for supplemental CDC-wide project funding.

2. Announcement and Anticipated Award Dates

The award will be announced in writing and through email to the applicant on July 1, 2016.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity 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 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-27: Conference Disclaimer and Use of Logos
- AR-28: Inclusion of Persons Under the Age of 21 in Research
- 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-32: Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html

3. Reporting

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

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

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

For the recipient that receives PPHF funding, additional reporting is required. These requirements will also be communicated to the recipient post-award.

Section 220 - Prevention Fund Reporting Requirements

(a) The Secretary shall establish a publicly accessible website to provide information regarding the uses of funds made available under section 4002 of Public Law 111-148.

(b) With respect to funds provided for fiscal year 2017, the Secretary shall include on the website established under subsection (a) at a minimum the following information:

(1) In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, the planned uses of the funds, to be posted not later than the day after the transfer is made. (2) Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued. (3) Identification of each grant, cooperative agreement, or contract with a value of $25,000 or more awarded using such funds, including the purpose of the award and the identity of the recipient, to be posted not later than 5 days after the award is made. (4) A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to be posted not later than 90 days after the end of the fiscal year. (5) Semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more, summarizing the activities undertaken and identifying any sub-grants or subcontracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

Responsibilities for Informing Sub-recipients:

1. Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2017 PPHF fund purposes, and amount of PPHF funds.

2. Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2017 PPHF funds. When a recipient awards 2017 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2017 PPHF funds from regular sub-awards under the existing program.

Reporting Requirements under Section 203 of the 2012 Enacted Appropriations Bill for the Prevention and Public Health Fund, Public Law 111-5:

This award requires the recipient to complete projects or activities which are funded under the 2017 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports (in 508 compliant format) to the CDC website (template and point of contact to be provided after award) **no later than 20 calendar days** after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the subrecipient).

Note: Recipients that were previously financed solely by PPHF funds and are now financed solely by a source other than PPHF do not need to adhere to the reporting and tracking requirements for the continuation portion of the project.

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

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

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards

achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through

evaluation results or lessons learned) encountered in the past year.

- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

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

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

e. Final Performance and Financial Report
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).

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

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes

charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Samuel Taveras, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

4770 Buford Highway NE, MS K-90

Atlanta, GA 30345

Email: OSTLTSPartnershipFOA@cdc.gov

Email: syt2@cdc.gov

Grants Staff Contact

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

Nicole Comick, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
CDC Office of Financial Resources/Office of Grant Services

2920 Brandywine Road, MS K-69

Atlanta, GA 30341

Email: ktv6@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 Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@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

For international FOAs:

- SF424

- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

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

I. Glossary

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

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

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: Plain Writing Act of 2010, Public Law 111-274 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.

NOFO-specific Glossary and Acronyms