

Centers for Disease Control

Center for Surveillance, Epidemiology and Laboratory Services

CDC's Collaboration with Academia to Strengthen Public Health Workforce Capacity
CDC-RFA-OE17-17010203SUPP18
Application Due Date: 08/14/2018

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

CDC's Collaboration with Academia to Strengthen Public Health Workforce Capacity

Announcement Type:

Revision - Type 3

Agency Notice of Funding Opportunity Number:

CDC-RFA-OE17-17010203SUPP18

Catalog of Federal Domestic Assistance Number:

93.967

Key Dates:

Due Date for Application: **08/14/2018**

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

Additional Overview Content:

Executive Summary:

This Notice of Funding Opportunity (NOFO) provides opportunities to CDC programs to fund specific Workforce Improvement Projects. These projects will contribute to overall workforce development through the engagement of students and/or faculty, while focused on improving the health of populations and impacting broader educational practice and approaches.

Workforce Improvement Projects (WIPs) are non-research domestic or international projects that provide workforce development opportunities in academic or public health practice settings. These public health practice projects are developed and funded by programs in CDC Centers, Institutes, and Offices and conducted by CDC's academic association partners or their members (e.g., colleges, universities) through the administration of extramural sub-awards. These academic association partners are currently funded under NOFO CDC-RFA-OE17-1701 as follows: the Association for Schools and Programs of Public Health, the Association for Prevention Teaching and Research, the Association of American Medical Colleges, and the American Association of Colleges of Nursing.

Workforce Improvement Projects are described in Part B in NOFO CDC-RFA-OE17-1701.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the CSELS:
Not applicable

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https

://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Section 317(k)(2) of the PHS Act (42 U.S.C. Section 247b(k)(2))

Background

N/A

Purpose

An increasingly integrated health system requires health professionals who are prepared to practice, deliver, and integrate clinical and/or public health services across boundaries for the betterment of the public's health. Workforce Improvement Projects provide a way for CDC to partner with academia on non-research, applied public health activities that better prepare health professionals and strengthen public health workforce capacity.

Program Implementation

Recipient Activities

Applicants must specify which Workforce Improvement Projects (WIPs) they are applying to manage.

The projects described below address the following National Public Health Workforce Strategy priority areas:

- Enhancing the education system
- Increasing the capability of the existing workforce
- Strengthening systems and capacity to support the workforce

Project #1 -- Case Studies and Supporting Content in Communication, Leadership, and Problem-solving for Population Health

This project will be managed by the Population Health Workforce Branch, Division of Scientific Education and Professional Development, Center for Surveillance, Epidemiology and Laboratory Services

Description:

There is a need for workforce programs in state and local public health departments and academe to have access to readily available population health training and educational content

and products. Readily and widely available training content with a major inter-professional emphasis that builds the skills of the current and future workforce to work on transdisciplinary issues is scarce. CDC/PHWB is therefore supporting the development of such content.

The training content that will be developed will consist of three high-quality sets of case study materials in communications, leadership, and problem solving as they relate to population health. The case studies will build skills in multi-disciplinary collaboration and integration, effective communication, leadership, and problem-solving in the emerging population health context. These skills and knowledge are critical for effective public health and population health practice today.

To develop the preparatory materials and case studies, the awardee will:

1. identify learning objectives and specific competencies to be achieved
2. estimate expected time and effort requirements for learners to use the preparatory materials
3. propose multimedia learning approaches and applied learning activities as appropriate
4. develop learning assessment methods
5. devise and implement approaches for interdisciplinary peer-learning
6. develop evaluations for preparatory materials and case studies, and

The awardee must also be able to test the preparatory materials and case studies with appropriate stakeholders and incorporate the feedback for improvement, prior to public release. Training materials will be made available to CDC and disseminated through channels identified by the awardee. These channels should include partner organizations that represent and support health departments, such as ASTHO and NACCHO, to ensure the greatest reach.

Applicant Eligibility Requirements:

Applicants should:

1. have expertise in the development of case studies that integrate multiple disciplines and supporting materials
2. have demonstrable knowledge of how communication, leadership, and problem solving are necessary competencies in population health practice
3. meet quality training standards (http://www.phf.org/resourcestools/Pages/CDC_Quality_Training_Standards.aspx)

Approximate total project period funding: $125,000

Project #2 – Online, Self-Paced Courses in Public Health Informatics

This project will be managed by the Informatics Workforce Development Team, Division of Scientific Education and Professional Development, Center for Surveillance, Epidemiology and Laboratory Services

Description:

Public health needs a skilled workforce that can lead and manage public health information systems and leverage health data within and outside public health agencies to improve

population health. Recent workforce research indicates the need for adequate staffing capacity and training in public health informatics to meet this skill shortage.

This project proposes the development of several foundational, applied public health informatics courses. The courses should address the gaps in the availability and access to low-cost, self-paced training in public health informatics for the existing public health workforce.

The awardee will work with academic programs in public health informatics to design and develop online, self-paced courses in applied public health informatics. Courses would be made available free of charge on popular online learning platforms that are open, easy to use, have embedded learning analytics, and have sustainable models. They should include a syllabus with learning objectives, specific competencies to be achieved, applied learning activities, learning assessments, and approaches for peer-learning (e.g., discussion boards).

The awardee will also work with academic programs in public health informatics to test the courses with staff from diverse public health agencies during and after their development and incorporate user feedback to improve the courses.

The awardee will also work with CDC staff to identify the scope, learning level, and topics of the courses.

Applicant Eligibility Requirements:

Applicants should:

1. have staff who understand the domain of public health informatics practice and translate the project needs to the academic partners

2. have expertise in the development of online, self-paced learning and knowledge of e-learning, micro-learning, and massive open online courses (MOOCs)

Approximate total project period funding: $1,000,000 (approximate average award of $200,000 for an estimated 5 awards)

Project #3 -- CDC Opioid Guideline: Implementation across the Continuum of Medical Education

This project will be managed by the Opioid Overdose Prevention Program, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control

Description:

The United States is in the midst of an opioid overdose epidemic with opioid overdose death rates increasing across all demographics and drug categories, including prescription opioids. Of the 42,249 opioid overdose deaths, about 40 percent involved a prescription opioid. This epidemic is complex and one for which a multi-faceted, multi-pronged approach is needed. In 2015, the amount of opioids prescribed per person was three times as high as in 1999, with large variations across the country. Providers in the highest prescribing counties prescribed six times more opioids per person than the lowest prescribing counties. There is need to address upstream public health prevention strategies, which includes equipping providers with education and training to ensure that opioid prescribing practices are aligned with clinical recommendations. Doing so can prevent prescription opioid misuse, abuse, and overdose.

In March 2016, CDC published the CDC Guideline for Prescribing Opioids for Chronic Pain in order to help providers offer safer, more effective care for patients with chronic pain and to help reduce opioid misuse and overdose. Among the 12 recommendations in the guideline, there are 3 principles that are especially important to improving patient care and safety:

1) Non-opioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care. 2) When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose. 3) Providers should always exercise caution when prescribing opioids and monitor all patients closely.

With regards to medical education, CDC sees a benefit to the clinical workforce in facilitating the use and uptake of evidence-based prescribing guidelines within curricula across the continuum of medical education, including graduate medical education programs, residency training and transition into the clinical workforce, and continuing medical education.

As part of its Guideline implementation strategy and efforts, CDC engaged with 60 medical schools that previously had pledged to incorporate some aspect of evidence-based prescribing guidance within their respective educational curricula for the forthcoming academic year. While the ongoing discussions were beneficial, CDC learned that each academic institution operates very differently and that there is inherent value for these organizations to share and learn promising strategies from their peers as opposed to from CDC as a federal entity. Identifying ways to educate future clinicians on safer prescribing as well as integrated pain management and patient communication can help reduce long-term opioid use and prevent opioid misuse, abuse, and overdose. To that end, this project will entail implementing a process to identify and highlight best practices and strategies related to opioid prescribing that can educate and inform clinical decision-making strategies. These strategies would be those that fall within or across the continuum of medical school curricula, training, and continuing education. Activities will be to identify, collate, and share promising practices among thought leaders and those who have authority to implement educational and training curricula within their respective spheres of influence. Given the proposed project activities, the applicant organization should have already or possess knowledge of clinical recommendations in existence (including but not limited to the CDC Guideline for Prescribing Opioids for Chronic Pain), as well as strong relationships with key constituents this work is meant to benefit. The recipient should be one that possesses a direct and longstanding understanding of the landscape medical education and training, and how public health strategies can be implemented and encouraged within this context.

Additional activities include the engagement of leaders and program directors who represent entities across undergraduate and graduate medical education, residency training programs, and faculty continuing medical education programs to inform their work. Such individuals may include, but may not be limited to those at the highest level of leadership (i.e. Deans of Medical Schools, Heads of Residency Programs), those who oversee curricula development and implementation, and any others as relevant to the stated aims of this proposed project. The ultimate goal of this proposed work is to ensure that the work conducted by the recipient organization will benefit and inform the professional development of providers, including medical students, residents, and fellows. This increased knowledge of how to best integrate education on safer prescribing within medical education is a recognized as an upstream primary prevention strategy that will help reduce prescription opioid misuse, abuse, and overdose.

The recipient organization is expected to apply their existing knowledge, relationships, and

strategic expertise to identify and implement a process with the end goal of educating the clinical workforce about risks associated with prescribing of opioids for chronic pain and means through which providers may take steps to mitigate such risks. The expectation would be to identify means throughout the continuum of clinical education, training, and practice to educate and reinforce alignment of opioid prescribing with recommended evidence-based strategies that can help reduce opioid misuse, abuse, and overdose.

Key outcomes would include the following:

1. The development of a strategic process to highlight the importance of education and training of opioid prescribing in light of the current epidemic, amplification of effective strategies currently in place, articulation of successes and barriers to be addressed, and facilitation of peer-to-peer learning to encourage diffusion of promising strategies.
2. The development of a translational tool highlighting various strategies being employed across the continuum of education and clinical training that would be of value to the broader clinical workforce and medical education field. This type of peer to peer learning and dialog among leaders across the spectrum of medical education can help inform the education of a new generation of providers on safer prescribing practices.

Awardee Strategy and Approaches:

Awardee will inform the strategy, approach, and implementation of all activities necessary to execute the scope of this work.

In collaboration with CDC, the awardee will craft an action plan that highlights means for operationalizing evidence-based opioid prescribing guidance within education, training, and certification curricula, identifies medical schools and hospitals that already are achieving successes within this space, facilitate peer-to-peer learning/sharing on how entities can move forward and challenges that they may encounter, articulate next steps that participant entities can take, and also translate the outcomes from the convening to ensure that a broader cadre of schools and hospitals can benefit as well.

Awardee will leverage pre-existing relationships with the academic medicine community, specifically within the 151 accredited US medical schools.

Applicant Eligibility Requirements:

The applicant should demonstrate expertise in working with accredited medical schools, teaching hospitals, and academic medical societies. In particular, an Awardee who already possesses a strong understanding of evidence-based prescribing guidance (i.e., the CDC Guideline for Prescribing Opioids for Chronic Pain) would be of benefit. The awardee should have expertise in canvassing medical schools to identify those whose curricula are reflective of innovative means to incorporate public health strategies, especially those related to opioid overdose prevention.

The aim is for this proposed work to extend beyond medical education in schools and continue through residency and fellowship, because key stakeholders to engage with oversee these programs. Therefore, a strong relationship with the Accreditation Council for Graduate Medical Education would be preferred.

Approximate total project period funding: $250,000* [*All funds awarded for Project 3 must

be obligated within the period of performance, not to exceed two years from the date of award. Funds may not be used for work to be completed in a no-cost extension.]

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

CDC Activities

CDC has substantial involvement in its NOFO work with recipients. For Part B. Workforce Improvement Projects (WIPs), sponsoring CDC programs will propose and fund WIPs and work closely with awardees to provide technical assistance in their execution. For all WIPs, staff in CSELS will provide the following:

1. guidance on identifying appropriate content, scope, learning level, and topics to be covered, and
2. technical monitoring and assistance via regular project meetings with awardees.

Section II. Award Information

Type of Award:	Cooperative Agreement CDC substantial involvement in this program appears in the Activities Section above.
Award Mechanism:	U36
Fiscal Year Funds:	2018
Approximate Total Supplemental Funding:	$1,500,000

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

Approximate Number of Awards:	4
Approximate Average Award:	$500,000

This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range:	$50,000
Ceiling of Individual Award Range:	$1,250,000

This ceiling is for a 12-month budget period.

The total budget period length is expected to be 9 months.

Anticipated Award Date:	09/04/2018
Budget Period Length:	9 month(s)
Period of Performance Length:	1 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:	Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education Private institutions of higher education

Eligible applicants are already funded under Notice of Funding Opportunity (NOFO) CDC-RFA-OE-17-1701. These organizations are the Association of Schools and Programs of Public Health, the Association for Prevention Teaching and Research, the American Association of Colleges of Nursing, and the Association of American Medical Colleges. The intent of this NOFO is to fund national associations whose members represent institutions of higher education, specifically their domestic medical, nursing, and public health schools and programs. These schools and programs prepare students and emerging health professionals to improve public health and safety, thus building capacity of the public health workforce.

Required Registrations

System for Award Management and Universal Identifier Requirements
An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.
a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.
b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM,

and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

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

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The recipient will be notified that the application did not meet the eligibility requirements.

Special Requirements

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

Maintenance of Effort

Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer

service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

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

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

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

- Maximum number of pages: 20. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity(NOFO). Note that recipients should also use these tools when creating public communication materials supported by this FOA. Failure to follow the guidance and format may negatively impact scoring of the application.

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

I. Strategies and Activities (to implement each WIP for which the applicant is applying)

II. Work Plan (use same template provided in original NOFO)

III. Outcomes and Performance Measures

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note:

appendices will not be counted toward the narrative page limit. This additional information includes:

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

An organizational chart should be titled "Org Chart."

No more than 5 electronic attachments should be uploaded per application.

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

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

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

Duplication of Efforts

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

Submission Dates and Times

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

Application Deadline Date

Due Date for Applications: **08/14/2018**

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

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Pilot Program for Enhancement of Employee Whistleblower Protections

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

Copyright Interest Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright

agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

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

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

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

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

Funding Restrictions

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

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

an award to another party or provider who is ineligible.

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

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

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

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction.
Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.
In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

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

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

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

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

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

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

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-OE17-17010203SUPP18**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

i. Approach: Stategies and Activities	Maximum Points: 30

If applying for more than one Workforce Improvement Project (WIP), include the following:

- Applicant's proposed goals, strategies, and activities are consistent with those listed in the CDC project description
- Applicant shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes
- Applicant presents a work plan and project narrative that is aligned with the strategies, activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC

ii. Evaluation: Outcome and Performance Measurement	Maximum Points: 30

If applying for more than one Workforce Improvement Project (WIP), include the following:

- Applicant describes clear monitoring and evaluation procedures and how these will be incorporated into planning, implementation, and reporting of project activities
- Applicant describes performance measurements

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 40

If applying for more than one Workforce Improvement Project (WIP), include the following:

- Applicant provides evidence of relevant experience and capacity (management, administrative, and technical) to implement the Workforce Improvement Project activities and achieve the project outcomes
- Applicant provides evidence of having a broad national reach through its membership
- Applicant demonstrates experience and capacity to implement the evaluation plan
- Applicant provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles
- Applicant provides an organizational chart and evidence of having affiliations with other institutions important in achieving the described work

Budget	Maximum Points: 0

CDC programs must assess whether the budget aligns with the proposed work plan.

Review and Selection Process

Review

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

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

Selection

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

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

Anticipated Announcement and Award Dates

Section VI. Award Administration Information

Award Notices

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

Administrative and National Policy Requirements

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

Continuing Continuations -

AR-9: Paperwork Reduction Act Requirements

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-31: Research Definition

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at:

https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Reporting

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

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

Final Performance and Financial Status Reports are due 90 days after the end of the Period of Performance.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Susan McCarthy, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
2400 Century Center Boulevard

Atlanta, GA 30345

Telephone: 404.498.0518
Email: zcu0@cdc.gov

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

Atlanta, GA 30341
Telephone: 770-488-2700
Email: ogstims@cdc.gov

Wanda Tucker, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Telephone: (770) 488-5056
Email: kna9@cdc.gov

Section VIII. Other Information

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