

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands
CDC-RFA-OT16-16010401SUPP19
Application Due Date: 07/19/2019

Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands
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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:

Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands

Announcement Type:

Revision - Type 3

Agency Notice of Funding Opportunity Number:

CDC-RFA-OT16-16010401SUPP19

Assistance Listings (CFDA) Number:

93.874

Key Dates:

Due Date for Application: **07/19/2019**

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

Additional Overview Content:

This supplemental funding is only available to the organization that received funding under CDC-RFA-OT16-1601: Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands.

Executive Summary:

CDC announces supplemental funding for the organization, Pacific Island Health Officers' Association (PIHOA), that was previously awarded under the Notice of Funding Opportunity (NOFO), CDC-RFA-OT16-1601: Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands (USAPI) on July 1, 2016. This eligible applicant can apply for three new projects that provide capacity-building assistance (CBA) activities to: 1) Improve the capacity of the National Breast and Cervical Cancer Early Detection Programs in implementing and evaluating primary Human Papillomavirus (HPV) testing for cervical cancer screening in the U.S. Pacific Island jurisdictions. The evaluation will be conducted in Guam and the Common Wealth of the Northern Mariana Islands (CNMI) – lessons learned from these two jurisdictions will guide the implementation of primary HPV testing in other USAPI jurisdictions; 2) Conduct a gap analysis and develop a plan for sustainability and strengthening the infrastructure, systems and workforce with the ultimate goal of a quality sustained laboratory capacity in the USAPI. The benefit is to ensure consistent quality standards and practices are a key priority for the USAPI, including affiliated states that are not covered by the US laboratory regulations; and 3) Place USAPI high school students in local health departments for two years to provide training and mentorship to grow their public health skills. The program will help build the public health system's capacity and technical expertise in the USAPI, increase public health workforce capacity in the USAPI, and inspire USAPI students to pursue public health careers locally. This supplemental funding will provide additional opportunities to strengthen the USAPI public health system related to laboratory infrastructure, delivery of critical public health services, and increasing the workforce.

CBA is defined as activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve systems, and organizational, community, or individual processes and competencies. It can be delivered through technical assistance, training, information sharing, technology transfer, materials development, and funding that enable organizations to operate in a comprehensive, responsive and effective manner. The eligible applicant has the expertise, reach and history of providing capacity-building assistance relevant to implementing the program's key strategies and activities to achieve the expected outcomes. The program strategies include workforce development to enhance knowledge, skills, and competencies; organizational development to management structures, processes and procedures within and between organizations and the public and private sectors; and partnership development to build relationships to address community needs, manage resources, and communicate with the public. The eligible applicant will select program outcomes that align with the three new projects and demonstrate measurable progress during the budget year. Program outcomes include improvements in: 1) public health leadership; 2) public health systems and infrastructure; 3) public health workforce; 4) public health laws and policies related to health; 5) public health practices and services; and 6) public health monitoring and surveillance systems. These strategic investments in capacity building for the USAPI are expected to generate advances in the quality, efficiency, and effectiveness of public health services and related outcomes, thus, ultimately improving the population's health.

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

- Increase state, tribal, local and territorial public agencies' capacity to efficiently and effectively manage and deliver high quality programs and services to protect the public's health.
- Increase the infusion of public health information across governmental and nongovernmental components of the public health system.

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 Public Health Services Act (42USC, 247b(k)(2), as amended), section 1703 (42USC 200u-2).

Background

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 an increasing prevalence of non-communicable diseases (NCDs). In addition, the jurisdictions rank 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 health care and ensure continuity of care; and provide continuing education courses for public health professionals such as physicians, nurses and other health professionals.

For the purpose of this supplemental NOFO, the public health system refers to "activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals" (NASEM [formerly IOM], 1988). Specifically, the purpose of this program is to ensure the provision of capacity-building assistance (CBA) 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.

Capacity building is defined 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.

Purpose

The purpose of this supplemental funding initiative is to provide CBA through a regional, non-profit organization to strengthen the USAPI public health system and infrastructure related to: 1) improve the capacity of National Breast and Cervical Cancer Early Detection programs to implement and evaluate primary Human Papillomavirus (HPV) testing for cervical cancer screening in the USAPI jurisdictions; 2) to conduct a gap analysis and develop a plan for sustainability and strengthening the infrastructure, systems, and workforce with the goal of high quality laboratory capacity in the USAPI; 3) place USAPI high school students in positions in local health departments for two years with training and mentorship to grow their public health skills and, therefore, increase workforce capacity and increase their interest in public health careers.

This NOFO addresses the "Healthy People 2020" focus area of "Public Health Infrastructure". Infrastructure is the foundation for planning, delivering, and evaluating public health, which is why "Healthy People 2020" establishes goals to ensure that all governmental public health departments have the necessary infrastructure to provide essential public health services in an effective manner (U.S. Department of Health and Human Services, 2011). It also addresses the Topic Area, “Cancer", with a national objective to increase the proportion of women who receive a breast cervical cancer screening based on the most recent guidelines.

Program 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. In addition to the program's outcomes, the applicant must demonstrate progress toward specific outcomes proposed in each of the CIO Project Plans. The program's outcomes are as follows.

Strengthened leadership, governance and accountability:

1. Enhanced knowledge, skills and awareness of leaders to support current public health priorities.
2. Increased capacity of leadership to execute strategic plans, policy formulation and program implementation.
3. Improved multi-sector leadership action to strategically address population health needs.

Enhanced public health systems and infrastructure:

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

3. Improved operational efficiency and effectiveness.

Increased public health workforce capacity:

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

Improved public health laws and policies:

1. Increased awareness of how laws and policies impact the public's health.
2. Increased practical, legal- and policy-centered tools and resources for public health practitioners in health departments.
3. 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:

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

Enhanced monitoring and surveillance systems capacity:

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

Program Strategies

The strategies described below stem from national recommendations for CBA, the program's priorities and experiences, and evidence-based recommendations from the scientific literature and national reports published by federal councils and national organizations, such as the U.S. Department of Health and Human Services, Healthy People 2020, National Academies of Sciences, Engineering, and Medicine (formerly, Institute of Medicine), and the World Health Organization. These capacity building program strategies 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 six program strategies to carry out the following activities.

1. Public Health Leadership
2. Public Health System and Infrastructure
3. Public Health Workforce Segments
4. Public Health Laws and Policies

5. Evidence-based Public Health Practices and Services
6. Public Health Monitoring and Surveillance Systems

To the extent that activities lead to the development of tools, materials, collected data, and/or reports, the recipient should anticipate sharing project products with CDC. Progress toward the specific outcomes proposed in each of the CIO Project Plans.

Evaluation and Performance Measurement

The applicant should describe the evaluation measures for each CIO Project Plan. At a minimum, the applicant should describe:

- The development of performance measures, responses to the evaluation questions, and use of evaluation findings for continuous program quality improvement.
- Key program partners' participation in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information.
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection; what the data represents and data limitations; and archival and long-term data preservation plans. For more information, visit the Office of the Associate Director for Science (OADS) website on DMPs.

Program Implementation

Recipient Activities

The activities listed below are not exhaustive and should be augmented on the basis of the priority needs of the target population(s) indicated in each of the five CIO Project Plans. The CIO Project Plans are attached to the NOFO.

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 work groups.
- 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 needed 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.
- 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 the delivery of 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 tool kits 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.

The eligible applicant is advised that any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance.

*For the purpose of this NOFO, 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, health care-associated infections, the Ebola and Zika virus, and the newly emerging opioid crisis.

It is important to note that award recipients are prohibited from using CDC/HHS funds to engage in any lobbying activity. Specifically, no part of the federal award shall be used to pay the salary or expenses of any grant recipient, sub-recipient, or agent acting for such recipient or sub-recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

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

CDC Activities

1. Collaborate with recipient 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 recipient 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.
4. Serve as a conduit for information exchange.
5. Collaborate with recipient to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.
6. Collaborate with recipient, 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.
7. Collaborate with recipient on strategies to ensure the provision of CBA to territorial health departments/ministries and other components of the USAPI public health system.

Section II. Award Information

Type of Award: Cooperative Agreement

CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: U38

Uniform National Health Program Reporting System

Fiscal Year Funds: 2019

Approximate Total Supplemental Funding: $1,502,578

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

The table below lists the FY2019 CIO Project Plans for this supplemental NOFO, year four of the CDC-RFA-OT16-1601: "Strengthening the Public Health System in the U.S.-Affiliated Pacific Islands".

Please note that if any activities involving information collection (e.g., surveys, questionnaires, etc.) from 10 or more non-Federal individuals or entities are subject to OMB/PRA determination requirements and may also require the CDC to coordinate an OMB Information Collection Clearance.

Project Title	Proposed Funding	Target Population
Evaluating Primary HPV Testing in the US Pacific Islands	$802,578	Health Department/Health Ministry
A Strategic Initiative to Support	$500,000	Health Department/Health

Strengthening Laboratory Management through Development of a Gap Analysis and Sustainability of the Laboratory Capacity in the USAPI		Ministry
Pacific Pathways Program: Building Public Health Capacity in the USAPI	$200,000	Workforce Segment
Total	$1,502,578	

Approximate Number of Awards: 1

Approximate Average Award: $1,502,578
This amount is for the budget period only and includes direct costs and indirect costs as applicable.
Floor of Individual Award Range: $200,000
Ceiling of Individual Award Range: $1,502,578
This ceiling is for a 12-month budget period.

Anticipated Award Date: 08/19/2019
Budget Period Length: 11 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

This Notice of Funding Opportunity (NOFO) is a single eligibility opportunity. Only one applicant is eligible to apply for this supplemental Notice of Funding Opportunity (NOFO). The eligible applicant is the Pacific Island Health Officers' Association (PIHOA). PIHOA was initially awarded under the five-year cooperative agreement, CDC-RFA-OT16-1601, on July 1, 2016.

The supplemental NOFO is a single eligibility opportunity. Eligibility is limited to only the Pacific Island Health Officers' Association (PIHOA) due to its location in the Pacific and 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. PIHOA competed and was successfully awarded under the CDC-RFA-OT16-1601 NOFO in July 1, 2016. The organization is focused on improving the health and well-being of citizens in the USAPI and strengthening territorial health departments/ministries' infrastructure and systems, and the workforce. PIHOA is unique in its knowledge-base, skills, abilities, and relationships to provide the capacity-building assistance specified under this NOFO supplement. PIHOA has been funded under the OT16-1601 cooperative agreement for three years (2016-2019) delivering capacity-building assistance to America Samoa, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, Republic of Palau, and the Federated States of Micronesia. The following list represents characteristics that are unique to PIHOA.

- There is no other organization that is geographically located and intentionally designed to serve all of the six USAPI health departments/ministries/secretariats, thus, providing a regional voice for all.
- A non-profit organization that is led by and represents the collective interests of the Ministers, Secretaries, and Directors of Health.
- Board of Directors consists of the Ministers, Secretaries and Directors of health from the six USAPI. Other members include deputies, senior staff, and eight members from professional associations such as medicine, nursing, dentistry and cancer control, and education.
- Members represent a USAPI population of more than 500,000 people who live on hundreds of islands and atolls spanning millions of square miles, crossing five Pacific Time zones.
- Affiliate membership covers Pacific-based and Pacific-governed health professional organizations that have a role in establishing health policies, and workforce and health systems development.
- Its designated mission to improve the health of USAPI communities through a credible voice on health issues of regional significance.
- The only national or regional organization that has developed a 5-year Strategic Plan that specifically addresses public health needs in the USAPI.
- A 28-year history as the formal mechanism that regularly convenes the Pacific Region's health Directors, Ministers, and Secretaries to discuss the commonalities among and challenges to their individual health systems, and build a stronger collective voice that would enhance and energize sharing of resources, information, and human expertise leading to health improvements in the Pacific region.
- The World Health Organization (WHO) considers PIHOA as a key partner in health, not just for the U.S.-Affiliated Pacific Islands, but also as a partner for promoting health across the diverse, Pacific region. PIHOA and WHO have worked together to support the Member States since PIHOA was established 25 years ago.
- It has offices in three locations: Guam, the Republic of Palau, and Honolulu, demonstrating proximity to the health ministers and their leadership and workforce.

- Demonstrated experience and expertise in providing capacity building assistance related to emerging public health issues as Zika and the more common issues, such as noncommunicable diseases and infrastructure strengthening.

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 https://www.sam.gov/SAM/.
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 "Applicant Registration" 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 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:

Submission of Work Plans in Response to CIO Project Plans

Three CIO Project Plans are included as attachments to this supplemental NOFO. The eligible applicant must complete a Work Plan template for each CIO Project Plan for which it would like consideration. Once a Work Plan template is completed for each project plan, the eligible applicant must create and save one master PDF file of all Work Plans. The submitted Work Plans must include the proposed outcomes and accompanying strategies, activities, and outputs for an 11-month budget period. Additionally, each Work Plan must include a description of the recipient's organizational capacity and program experience as it relates to the work outlined in the corresponding CIO Project Plan. The master Work Plan PDF file must be uploaded and submitted as the Project Narrative on Grants.gov.

The applicant must also create a separate budget narrative to accompany each Work Plan in response to the CIO Project Plan. Once each budget narrative is completed, the eligible applicant must create and save one master PDF file of all individual Budget Narratives. The master budget file will be uploaded and submitted as the Budget Narrative on Grants.gov. A detailed budget narrative is required for each work plan.

The applicant is expected to carry out the program capacity-building strategies and activities to achieve the program outcomes, and to identify and document additional outcomes that may be

accomplished. The capacity building efforts performed under each project should work toward the short-term and intermediate outcomes outlined in the CIO Project Plan.

Provide the following information for each Program Strategy:

- Activities: List the proposed activities related to each program strategy selected. *Example activity: Planning and hosting a community round table offering strategies to convene partners. .*
- Process Measures: Propose at least one process measure for each strategy selected. Process measures are used to track implementation progress of the proposed activities. Effective measures indicate a unit of measurement (proportion, percentage, etc.) and direction of change (increase, decrease, maintain, etc.). *Example process measure: To maintain participation level of the previous year, at least 20 of 35 organizations invited will attend the community round table event.*
- Outputs: List the expected outputs related to each strategy selected. Outputs are the direct, tangible results of activities (e.g., resources, tools, and products to be developed). *Example output: Development of a peer-to-peer learning portal for round table participants.*
- Program Outcomes: For each selected strategy, choose the program outcome that relates to the expected budget period outcome(s) and proposed outcome measures(s). Outcomes are the changes that occur as a result of the work completed.
- Budget Period Outcomes: List the expected budget period outcomes. Budget period outcomes are the desired project results achieved by the end of the budget period (June 30, 2020). Program outcomes may be included as budget period outcomes. *Example budget period outcome: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health.*
- Outcome Measures: Propose at least one outcome measure for each program outcome selected. Outcome measures are used to track progress toward achieving the expected outcomes. Effective measures indicate a unit of measurement (proportion, percentage, etc.) and direction of change (increase, decrease, maintain, etc.). *Example outcome measure: At least 50% of attendees who complete the training evaluation indicate they will partner with at least one new community organization to address a public health need.*

General instructions for submitting application:

1. **Go to**: Grants.gov
2. **Select**: "Applicants"
3. **Select**: "Apply for Grants"
4. **Select**: "Get Application Package"
5. **Insert** the Notice of Funding Opportunity Number only, formatted as: CDC-RFA-OT16-16010401SUPP19
6. **Download** application package
7. **Complete** the Budget Information for Non-constructions Programs (SF424A) form
8. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF425)
9. **Upload** the master Project Narrative and the master Budget Narrative files

10. **Upload** the Indirect Cost Rate Agreement
11. **Follow** instructions to submit the application package to Grants.gov

Budget Summary Spreadsheet: Recipients must provide a budget summary spreadsheet as part of their Budget Narrative. The summary must be in excel format and should identify the budget line items per project. Recipients should use the spreadsheet template as provided by CDC. The completed document should be uploaded to Grants.gov under "Optional Attachments" in the "Mandatory Attachments" Section.

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.

For the purpose of this supplemental NOFO, the abstract should broadly include the purposes of the three CIO Project Plans.

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: 36. 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.

The eligible applicant will use the CSTLTS/National Partnership Branch's "Work Plan" template to create the Work Plans in response to CIO Project Plans. A copy of the work plan template is available as an attachment on Grants.gov. The work plans in response to the CIO Project Plans must include the proposed outcomes and the corresponding strategies, activities, outputs, and performance measures (i.e., process & outcome measures) for the 11-month budget period. The work plans must also include a project description, organization capacity, and program experience of the eligible applicant in relation to to the purposes of each CIO Project Plan.

The work plan narrative should address activities to be conducted over the budget period and must include the following items in the order listed.

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

1. Target Population Description: the individuals or system that will be the focus of the capacity building.

2. Project Description - Describe your overall plan for achieving the outcomes outlined in the CIO Project Plan.
3. Work Plan - Describe the activities, outputs, performance measures (process and outcome), and outcomes related to the selected NOFO strategies and outcomes.
4. Organizational Capacity - Describe your capacity to successfully complete the project outlined in the CIO Project Plan. Include your organization's relevant staffing, systems, and resources.
5. Organizational Experience - Describe your experience as it relates to the project outlined in the CIO Project Plan. Include products developed; services, training, and technical assistance provided; and relevant target populations supported.
6. Collaborative Work - Describe your plan for collaboration as it relates to the project outlined in the CIO Project Plan. Include specific organizations or entities as applicable.
7. Sub-contractual Work - Describe your plan for sub-contractual work. Include recommended criteria for identifying and selecting subcontractors.
8. Budget Information - Provide a line item budget for the allocation of funds.
9. Additional Attachments - Additional attachments include the Budget Narrative, Indirect Cost Rate Agreement, Budget Summary Spreadsheet (excel), and Consultant/Contractor Approval Request.

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:

- Project Abstract Summary
- Table of Contents for Entire Submission
- Budget Narrative (compiled as one master pdf file)
- Project Narrative (Work Plans compiled as one master pdf file)
- Non-profit organization IRS status forms, if applicable
- Indirect cost rate, if applicable
- CVs/Resumes for key staff

No more than 10 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.

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

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

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year.

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

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: **07/19/2019**

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.
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 by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option. Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (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.

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.

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-OT16-16010401SUPP19**. 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:

Work Plan — Maximum Points: 45

For each Work Plan submitted, the extent to which the eligible applicant:

1. Describes a plan to adequately achieve the CBA program outcomes and carry out the proposed activities.

2. Develops a complete and comprehensive plan for the budget period.

3. Demonstrates how the plan will focus on the CBA that addresses the needs of the target population.

- Describes the program strategies that will be used to address the needs of the target population and relate to the activities. (5 points)
- Describes activities that are achievable and likely to lead to the attainment of the identified outcomes. (10 points)
- Describes outputs or deliverables that are a representation of the direct result of project activities. (5 points)
- Describes outcomes that are achievable and address the purpose of the project plan. (5 points)
- Describes performance measures (process & outcome) to assess achievement toward program outcomes. (10 points)

Organization Capacity — Maximum Points: 25

For each Work Plan submitted, the extent to which the eligible applicant:

1. Describes the organization's staffing plans that will be used to support the project activities (8 points)
2. Describes systems that will be used to support the project activities (10 points)
3. Describes organizational resources that will be used to support the project activities (7 points)

Organizational Experience — Maximum Points: 25

For each Work Plan submitted, the extent to which the applicant:

1. Demonstrates content expertise as it relates to the project (10 points)
2. Describes prior CBA provided (products developed, services, training, and technical assistance provided) (10 points)
3. Demonstrates a relationship with the target population (5 points)

Collaboration, if applicable — Maximum Points: 5

For each Work Plan submitted, the extent to which the applicant:

1. Demonstrates an ability to build and/or access specific organizations or entities that are appropriate for accomplishing the proposed project outcomes--if required by the CIO Project Plan (5 points)

Budget	Maximum Points: 0

The Budget and Budget Narrative are reviewed, but not scored.

An itemized budget narrative is required as part of the applicant's submission. Although the budget is not scored, the applicant should consider the following in developing of their budget. Are the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives and planned program activities?

If indirect costs are requested in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

When developing the budget narrative, the applicant should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative (work plan). The budget must include the following headers:

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

For guidance on completing a detailed budget, visit https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf.

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by **OSTLTS** 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”.

The application will undergo a technical review by subject matter experts for each of the three work plans and the corresponding budget narratives. The technical review will be held in place of an objective review. When a technical review is used, the subject matter experts will provide scores and provide feedback and guidance regarding required revisions from the eligible recipient.

Selection

This supplemental NOFO is a single eligibility opportunity; eligibility is limited to only the Pacific Island Health Officers' Association (PIHOA).

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

Anticipated Announcement and Award Dates

August 16, 2019.

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: https://www.archives.gov/federal-register/cfr. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

Generally applicable ARs:

AR-1: Human Subjects Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

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: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-32: Appropriations Act, General Provisions

AR-34: Language Access for Persons with Limited English Proficiency

ARs Applicable to Conference Awards:

AR-20: Conference Support

AR-27: Conference Disclaimer and Use of Logos

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

AR 23: Compliance with 45 C.F.R. Part 87

ARs Applicable to Global Health Assistance Awards:

AR-35: Protecting Life in Global Health Assistance

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

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Gayle Weaver, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

For **application submission** questions, contact:

Technical Information Management Section (TIMS)

Department of Health and Human Services

CDC Office of Grants Services

2939 Flowers Road, MSTV-2

Atlanta, GA 30341

OGSTIMS@cdc.gov

For **financial, grants management, budget assistance, and general inquiries**, contact:

Telephone: (770) 488-1526
Email: gew6@cdc.gov
Emmanuella Lamothe, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Offfice of Financial Resouces/OCOO
Centers for Disease Control and Prevention
Atlanta, GA 30341
Email: omy9@cdc.gov

Section VIII. Other Information

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