Continuation Project Plans

FY22 CIO Project Plan
Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Addressing Needs of People with Disabilities in COVID19 Local Preparedness Part2

Do not use all capital letters.

10/10 words maximum

CIO *

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category A

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

Local Health Departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 2,569,500

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

TBD

Funding Statutory Authority (e.g., P.L. 116-260) *

TBD

Expected Project Length *

- (●) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement — Yes ( )

CBA Program Outcomes (Check one or more)*

Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems — Yes ( )

Yes ( )

Intermediate: Increased capability of public health systems to achieve nationally established standards

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention — No

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making — No

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions — No

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — No

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — No

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this award is to ensure that city/county health departments address the needs of people with disabilities (PWD) in COVID-19 planning, mitigation, and recovery efforts by: (1) awarding funds to a maximum of 10 city/county health departments to better address disability issues; (2) embedding disability champions, who will serve as subject matter experts, in city/local public health emergency preparedness planning and response programs; and (3) updating local emergency response plans to better serve the needs of PWD during outbreaks, pandemics, and other national emergencies.

85/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

A portion of the funds must be used to support disability subject matter experts within the city/county Health Departments receiving funding under this program, to focus on COVID-19 needs for People with

Disabilities. Recipients are encouraged to consider people with disabilities for the role of disability champions.

The awardee shall monitor progress of implementation in the cities/counties and support coordination between CDC and state advocates, coordinate with key partners to achieve program activities, and design and carry out both process and outcome evaluations to assess the overall impact of this program.

Disability Champions will:

- Partner with their city/county Public Health Emergency Preparedness (PHEP) programs and emergency management systems to ensure that issues impacting PWDs are considered in planning and response efforts (e.g., update preparedness plans to ensure inclusion of PWD and lessons learned from current pandemic; contribute to table-top exercises; document promising practices)
- Hold listening sessions with disability organizations; synthesize information and make recommendations for solving issues within the context of the local response. Aims include but not limited to:

- Understanding the specific needs of rural populations during stay at home orders
- Understanding issues faced by PWD during social distancing and other mitigation efforts in population dense, urban areas

- Engage and coordinate with Federal Emergency Management Agency (FEMA) Regional Disability Integration Specialists and other FEMA staff for disability service organizations to determine local needs
- Collaborate with HHS/ASPR, CDC, FEMA, community-based organizations, local government, nonprofit agencies, and other relevant local entities to coordinate efforts at the local level in meeting the needs of people with disabilities related to health care access and monitoring, employment security, safety, physical activity and nutrition, mental health, and addictive disease. Depending on local needs, aims may include ensuring:

- Inclusion of appropriate variables in city/county-based surveillance, testing, and treatment strategies to capture and utilize information on PWD in the target region
- Accessibility to testing sites
- PPE for direct support providers of PWDs
- Availability of interpreter services for testing and appointments
- Risk communications and health information is accessible and available in alternative formats.
- Availability of alternative transportation options when primary resources are unavailable during stay at home orders
- Incorporation of informal in-person wellbeing checks into routine contacts during stay at home orders where appropriate
- Monitoring/checking-in on mental health and emotional wellbeing of PWD and referral to appropriate community resources
- Promoting adherence to recommended monitoring and treatments for people with disabilities who have chronic physical or mental health conditions

The awardee shall ensure that that sustainable (i.e., continue beyond the two-year period of performance) informational products, networks, partnerships or other deliverables be produced through the work of the disability champion in conjunction with partner organizations.

Process Measures *

-

Outputs *

- Award funding to 10 City/County health departments to support one Disability Champion

- Implementation plan
- Process and outcome evaluation plans, to include impact and lessons learned

- Sustainability plan
- Evaluation summary reports
- Success stories/updates/promising practices/quarterly Champion report, dissemination of lessons learned through presentations to local partners or national conferences, etc.

End of project reporting

Budget Period Outcomes *

-

Outcome Measures *

- Inclusion of disability perspective and needs within COVID-19 city/county-wide preparedness plans, strategies, processes, operations, and response efforts
- Inclusion of people with disabilities in city/county-based COVID-19 surveillance, testing, and treatment plans to capture serious underlying chronic medical conditions that might put people with disabilities at higher risk for infection or severe illness
- Long-term uptake of disability inclusive preparedness planning and risk reduction in city/county preparedness and response policies, checklists, and emergency plans

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

TBD

0/200 words maximum

Recipient Program Experience

TBD

0/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

TBD

0/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

TBD

0/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

TBD

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Enter your user ID to acknowledge the CIO Certification. *

mrj0

Form Status *

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button. If clicking the “Submit” button prompts no action, scroll up to update fields marked with a red error message.

ADMINISTRATIVE

Funding Decision

○ Funded ○ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Local HDs Informing the Evolution of PH Emergency Preparedness Part2

Do not use all capital letters.

9/10 words maximum

CIO *

CENTER FOR PREPAREDNESS AND RESPONSE

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category A

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

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Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

Local health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 1,249,999

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

TBD

Funding Statutory Authority (e.g., P.L. 116-260) *

TBD

Expected Project Length *

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Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement — Yes ☐

CBA Program Outcomes (Check one or more)*

Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved operational capacity to evaluate, manage, and improve public health systems — Yes ☐

Yes ☐

Intermediate: Increased capability of public health systems to achieve nationally established standards

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention — No

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making — No

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions — No

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health — No

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically — Yes

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — No

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The “next generation" of public health emergency preparedness (PHEP) program should be shaped by the COVID experience.
Health departments and CDC will benefit from lessons learned from states and local health departments' experiences during the COVID response that will encourage tailoring and adoption of promising practices. This information will also influence the Public Health Emergency Preparedness program, including the public health preparedness and response capability standards.

Concept: Fund local HD serving organization partnering collaboratively with its State counterpart to identify COVID response insights and lessons learned from their constituents over the next 8-10 months.Topic areas may include, but not be limited to:
o Should PHEP funding requirements be realigned or changed (e.g., are past preparedness efforts paying off, what requirements of preparedness need updating)
o Perceptions of guidance gaps and prioritized state, local, and territorial preparedness gaps
o Implications for ORR requirements/implementation, action plans, and technical assistance going forward
o Exposed critical functions that were not anticipated, etc.

150/150 words maximum

Program Strategy: Public Health Systems Infrastructure

Activities *

Support member engagement through facilitated discussions through various means (face-to-face meetings, hosting calls/webinars etc.) with local health departments to gather lessons learned, share information, discuss promising practices, identify needs, tools/resources from the COVID response experience, and compile consensus and recommendations on proposed changes impacting PHEP.

Develop plan outlining strategic tasks and implementation of project in collaboration with state health department organizational counterpart.

Create set of concrete lessons learned, promising practices, and actionable recommendations from constituents.

Process Measures *

Number of convenings and calls/webinars to align with project goals
Number of participants

Outputs *

Report on project and implementation plan outlining the strategic goals, tasks and deliverables of project

Report on lessons learned, promising practices, and actionable recommendations from constituents.

Budget Period Outcomes *

Increased capacity at local health departments to prepare and respond to infectious disease threats.

Outcome Measures *

Change in agencies reporting increased capacity to prepare and respond to infectious disease threats

Program Strategy: Partnerships

Activities *

Collaborate with state health department organizational counterpart to facilitate discussions around leveraging partnerships to address preparedness planning and response needs as informed by COVID response.

Process Measures *

Number of convenings and calls/webinars to align with project goals
Number of participants engaged in discussions on using partnerships to improve preparedness and response efforts

Outputs *

Report strategies, implementation and outcomes of project
Detailed catalogue of lessons learned and promising practices ready for state and local health departments to adapt and adopt. Consensus recommendations on evolution of PHEP. Catalogue and recommendations will include using partnerships to prepare and respond to infectious disease threats.

Budget Period Outcomes *

Strengthened partnerships to address preparedness planning and response at the local PHEP level as informed by the COVID-19 response

Outcome Measures *

Change in local health departments reporting strengthened partnerships for preparedness planning and response

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

The organization must have capacity to connect and communicate with local health departments and local public health officials.

17/200 words maximum

Recipient Program Experience

The organization must have a track record of communicating and implementing effective intervention to strengthen the response posture of local health departments

21/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

N/A

0/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Partnering organization to be funded at the same level with expectations to share project workload.

14/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

N/A

0/200 words maximum

CIO CERTIFICATION*

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Enter your user ID to acknowledge the CIO Certification. *

VWR7

Form Status *

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button. If clicking the "Submit" button prompts no action, scroll up to update fields marked with a red error message.

ADMINISTRATIVE

Funding Decision

○ Funded ○ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Strengthening local PH for refugee, immigrant and migrant communities Part 2

Do not use all capital letters.

10/10 words maximum

CIO *

NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category A

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

Local health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 2,500,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

TBD

Funding Statutory Authority (e.g., P.L. 116-260) *

TBD

Expected Project Length *

- (•) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement	No
Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention	No
Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making	No
Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions	Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively — Yes

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions — Yes

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health — Yes

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically — Yes

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs — Yes

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs — Yes

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Support local health departments in developing, implementing and evaluating best and promising practices in working with refugee, immigrant and migrant communities in communicable disease and pandemic response, including COVID-19 prevention and mitigation strategies, testing, case investigation and contact tracing, and/or vaccination, including vaccine hesitancy and acceptance, for refugee, immigrant and migrant communities

51/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

- Develop and/or disseminate linguistically and culturally-appropriate health communications and health education materials for refugee, immigrant and migrant communities, including for persons of low literacy and low English proficiency.
- Use various media venues for dissemination of health communication and health communications messaging about COVID-19 prevention and mitigation strategies, testing, case investigation/contact tracing, and/or vaccination, including vaccine hesitancy and acceptance, for refugee, immigrant and migrant communities.

Process Measures *

- % of funded local health departments have access to a variety of health communication and health education materials for refugee, immigrant and migrant communities.
- % of funded local health departments have determined which languages are spoken in their refugee, immigrant and migrant communities.

Outputs *

Health communications and health education materials in multiple languages in a variety of formats (written, video, public service announcements, etc) developed and/or disseminated

Budget Period Outcomes *

Improved capacity among funded local health departments to reach refugee, immigrants, and migrant communities with culturally and linguistically tailored health communications and health education materials in appropriate formats (written, video, PSAs, etc.) in response to COVID-19

Outcome Measures *

- % of local health departments distributing developed materials

Program Strategy: Partnerships

Activities *

Build LHD capacity to plan and implement partnerships with community-based organizations, grassroots organizations, community groups, faith-based organizations and/or trusted community leaders serving refugee, immigrant and migrant communities. Examples may include community health boards, community advisory committees, listening sessions with community members, groups and/or trusted leaders.

Process Measures *

- % of LHDs that identify community groups and partners serving refugees, immigrants and migrants in their jurisdictions
- % of LHDs doing outreach to identified partners

Outputs *

- Local health departments and community-based organizations establish peer-to-peer information exchange about serving different refugee, immigrant and migrant commuities

Budget Period Outcomes *

- Enhanced community engagement with refugee, immigrant and migrant communities

Outcome Measures *

% of local health departments establishing or enhancing partnerships to increase community engagement with refugee, immigrant and migrant communities

Program Strategy: Programs and Services

Activities *

- Support local health departments to establish projects to develop, implement and/or evaluate best and promising practices related to COVID-19 health education, testing, case investigation/contact tracing, and/or vaccination, including vaccine hesitancy and acceptance, and other activities in refugee, immigrant and communities

Process Measures *

% of local health departments with access to information and resources to support best and promising practices related to COVID-19 mitigation and prevention in refugee, immigrant and migrant communities

Outputs *

- Development and/or dissemination of resource toolkits and a compendium of best and promising practices for local health departments for working with refugee, immigrant and migrant communiites

Budget Period Outcomes *

- Increased understanding and establishment of best and promising practices projects for COVID-19 prevention and mitigation in refugee, immigrant and migrant communities

Outcome Measures *

- % of local health departments that develop, implement and/or evaluate best and promising practices projects for COVID-19 prevention and mitigation in refugee, immigrant and migrant communities

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

The recipient should have technical skill and organizational structure to lead, assist and coordinate public health response programs with local health departments, including activities benefiting the same and different populations across multiple jurisdictions.

32/200 words maximum

Recipient Program Experience

The recipient should have expertise in working with local health departments in community engagement, capacity building, project development and evaluation.

19/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The recipient should collaborate with partners with expertise in serving refugees, immgrants and migrants, including those with knowledge of best and promising practices in refugee, immigrant and migrant communities. Collaborations for local health departments should include organizations and partners serving refugees, immigrants and migrants. Possibilities include but are not limited to state refugee health coordinators, refugee resettlement agencies, non-governmental organizations, community-based organizations, grassroots organizations, faith-based organization and other community groups. Information about best and promising practices is available through the National Resource Center for COVID-19 Contact Tracing, Mitigation and Prevention Activities in Refugees, Immigrants and Migrants (NRC-RIM). Recognizing

that migrant communities may be served by more than 1 local health department, some health departments may choose to work together to effectively serve 1 or more communities, such as migrants living and working in multiple jurdictions, or specific refugee communities living across multiple jurisdictions in the US.

145/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Maybe subcontract directly with community-based organizations to collaborate with local health departments

11/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

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MPW5

Form Status *

Final

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ADMINISTRATIVE

Funding Decision

○ Funded ○ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Technical Assistance For Local and State Communication During Public Health Emergencies_Part2

Do not use all capital letters.

10/10 words maximum

CIO *

CENTER FOR PREPAREDNESS AND RESPONSE

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category A

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OT18-1802 Recipients and Target Populations

Target Population Description *

State health departments

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 2,000,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

75-2024-0943 Cares Act

Funding Statutory Authority (e.g., P.L. 116-260) *

Coronavirus Response and Relief Supplement App

Expected Project Length *

- (●) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement	No
Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention	No
Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making	No
Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions	Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively — Yes

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions — No

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — No

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — No

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This project seeks to continue gathering information on the understanding/knowledge, values, attitudes, and experiences with COVID-19. Such data continues to be used to help public health communicators and other officials appropriately respond to this and future outbreaks of other catastrophic infectious diseases through strategic health protection messaging for the general public and people who might be at risk. Additionally, building upon the success of this type of activity in previous years, CDC seeks to expand the learning community collaboration to additional states to support emergency risk communication capacity building among state officials and public health communicators. Project will include a focus on long-term sustainability.

103/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

- Summarize existing public polling on novel coronavirus
- Determine whether additional data is needed
- If additional data is needed
  - Develop instruments

  - Conduct data collection
  - Analyze data
- Provide summaries of findings to state communicators and partners
- Develop press releases
- Publish findings in peer-reviewed journals

Process Measures *

- Summary of existing polls on public reaction to the nCoV outbreak
- # of recommendations developed and shared for additional data collection needs
- # of state health department and other gov't communicators working on nCoV consulted for data gathering
- # of planned data collection activities
- # of appropriate data collection instruments developed that are scientifically sound and adhere to accepted practices for public opinion polling
- # of summaries of findings provided to state health communicators and other partners
- # of materials distributed to state health communicators and other partners with guidance on how to implement recommendations

Outputs *

- Summaries of existing public opinion assessment data related to novel coronavirus, especially findings pertaining to the general population of the U.S.
- Where the applicant determines additional data is needed, the recipient will develop instruments in accordance with accepted scientific practices
- Public opinion data collected using standard methodology
- Summaries of data ("toplines"), interpretation of results and recommendations for risk communication messaging to public health communicators at all levels of government as well as the public
- Press releases and media interviews with experts who can explain findings
- Published findings in influential public health journals, with CDC and other collaborators as appropriate

Budget Period Outcomes *

- Improved understanding among public health communicators of the recommendations to be used for refining current messages and identifying information gaps
- Increased availability of evidence-informed recommendations for improving the provision of nCoV-related health protection information

Outcome Measures *

- % of local and state public health communicators reporting increased confidence that they can provide public health protection messages that are likely to encourage effective health protection behaviors
- % of public health communicators and educators reporting increased access to resources for developing a messaging strategy

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

- Coordinate with CDC and state public health communicators during public health emergencies
- Convene conference calls with CDC emergency communication subject matter experts
- Solicit and manage input from state public health communicators about the type of public opinion assistance required to address the information needs of the public and affected groups
- Convene and coordinate conference calls to share findings and recommendations emerging from public opinion information with state public health communicators
- Demonstrate organizational connections to and collaboration with the target audience of state-level public health communicators
- Have extensive scientific knowledge about determining appropriate methods to provide information about how the public and specific risk groups have, are, or will likely respond to public health emergencies
- Have thorough knowledge of processes for developing public health emergency public opinion data collection tools that are appropriate to the specific audiences and threats
- A deep and thorough understanding of instrument development
- Substantial expertise and experience conducting public opinion polls adhering to national scientific standards of public opinion research in the public health context
- Collecting information from the public or affected groups using scientifically valid interview methods
- Analyzing public opinion data
- Providing public health communicators with actionable information and recommendations for health protection messages

186/200 words maximum

Recipient Program Experience

The applicant must have an established history of collaboration with state and federal (including CDC) communicators responding to large-scale public health emergencies; knowledge of how public health messaging is developed and disseminated during times of high uncertainty and concern; extensive expertise and experience with public polling gap analysis and the conduct of rapid-turnaround public polling for public health emergencies.

58/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Given the technical complexity of parts of the project, CDC expects that the applicant may need to subcontract some of the activities, specifically those related to

· Analysis of existing public opinion data

· Development of instruments, sampling frames, and respondent samples in accordance with standards developed by the American Association of Public Opinion Research

· Collection, analysis, and storage of additional public opinion information

· Expertise in explaining complex data to the public and the media

Publishing findings in influential public health journals, as outlined in Applicant Organizational Capacity section

85/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Potential subcontractors must demonstrate extensive scientific expertise and experience reviewing, developing, implementing, and analyzing public opinion data to support risk communication messaging during public health emergencies using standards that are consistent with nationally accepted guidelines of public opinion research. Subcontractors must also have a proven ability to share findings with public health

communicators across multiple levels of government and publishing results in influential public health journals. Qualified subcontractors meeting all the required criteria may be found, for example, in academic schools of public health.

83/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Enter your user ID to acknowledge the CIO Certification. *

kgl0

Form Status *

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button. If clicking the "Submit" button prompts no action, scroll up to update fields marked with a red error message.

ADMINISTRATIVE

Funding Decision

Funded Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Overdose Data to Action (OD2A) Epidemiology Fellowship Program Part 2

Do not use all capital letters.

9/10 words maximum

CIO *

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category B

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

Epidemiologists in state, territorial, and local health departments designing, conducting, or analyzing epidemiologic and surveillance data related to drug overdoses.

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

19/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 1,500,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

75-22-0952

Funding Statutory Authority (e.g., P.L. 116-260) *

Sections 317(k)(2) and 307 of the Public Health Se

Expected Project Length *

- (●) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement — No

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention — Yes

CBA Program Outcomes (Check one or more)*

Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved leadership capacity to identify and prioritize public health needs — No

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance — Yes

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically — No

Intermediate: Strengthened capability of public health workforce to deliver essential public health services — Yes

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making — No

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions — No

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — No

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — No

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this project is to enhance the infrastructure and capacity of state, territorial, and local health departments to investigate, interpret, and disseminate epidemiologic and surveillance data related to overdoses in their particular jurisdiction, in support of drug overdose surveillance and prevention activities conducting through Overdose Data to Action (OD2A).

48/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

Placement of Epidemiology Fellows in high-need states to support overdose surveillance and prevention activities through Overdose Data to Action (OD2A)."

Process Measures *

1. Number of applications received and reviewed
2. Number of interviews scheduled
3. Number of fellows selected and placed in states
4. Number fellow performance reviews received

Outputs *

1. Selection and matching process connecting fellows with high-need states specific to drug overdose surveillance and prevention work. Work with Technical Monitor on process.
2. Epidemiology fellows placed in high-need jurisdictions
3. Epidemiology fellows engage in regular OD2A activities
4. Epidemiology fellows produce and collaborate on analysis and products directly related to OD2A activities

Budget Period Outcomes *

1. Identified that high-needs states have improved capacity to meet surveillance and data analysis needs to address overdose prevention and response activities.

Outcome Measures *

1. 50% improved change in state-reported capacity of high needs states to meet surveillance and data analysis needs to address overdose prevention and response activities

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

The applicant should have demonstrated capacity, expertise, and infrastructure to identify and meet technical assistance needs of epidemiology programs in state, territorial, and local health departments associated with the proposed activities of the project plan. The applicant should have the capacity to solicit, direct, and coordinate a variety of subject matter expets, national public health partners and other resources in provision of comprehensive tailored technical assistance. The applicant's organization should also include strong leadership that can connect with state and territory health department leadership and surveillance department leadership to better understand state needs, issues, and successes. Similarly, the applicant should demonstrate capacity to reach into networks of highly skilled epidemiologists.

108/200 words maximum

Recipient Program Experience

The applicant should have demonstrated knowledge and experience to address technical assistance needs of epidemiology programs in state, territorial, and local health departments associated with the proposed activities of the project plan. Specifically, applicant should have the demonstrated experience implementing a fellowship program that builds capacity and infrastructure for state health department epidemiology programs. Applicant should have the demonstrated capacity and experience to convene experts to design case definitions, guidance, tools, resources (including online resources) templates, and protocols and provide technical assistance on their usage. Expertise in epidemiology and surveillance methods is required.

92/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The selected applicant will function as part of a network of partners funded to support Overdose Data to Action (OD2A). As such, the selected applicant is expected to collaborate and coordinate with other CDC-funded partners and SMEs, where applicable, that promotes successful implementation of Overdose Data to Action (OD2A). Additionally, it is expected for the applicant to collaborate with your Technical Monitor on the process for selecting and matching fellows with high-need states and to meet consistently and update your TM on the work of the fellows.

86/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Fellowship program might require subcontract with fellows.

6/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

N/A

0/200 words maximum

CIO CERTIFICATION*

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Enter your user ID to acknowledge the CIO Certification. *

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Form Status *

Final

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ADMINISTRATIVE

Funding Decision

○ Funded ○ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Partnerships to Increase Capacity in Evidence-Based Public Health: Phase II

Do not use all capital letters.

9/10 words maximum

CIO *

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category B

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

State, territorial, and local public health chronic disease directors

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

8/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 150,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

75-21-0948

Funding Statutory Authority (e.g., P.L. 116-260) *

317(k)(2) of the Public Health Service Act (PHS AC

Expected Project Length *

- (•) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement — No

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention — Yes

CBA Program Outcomes (Check one or more)*

Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved leadership capacity to identify and prioritize public health needs — Yes

Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance — No

Intermediate: Increased leadership decision-making to address public health needs strategically and systematically — Yes

Intermediate: Strengthened capability of public health workforce to deliver essential public health services — Yes

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making — No

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions — No

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health — Yes

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically — Yes

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — No

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

- This project expands upon work completed for the Thought Leader Round Table discussions between chronic disease directors and Prevention Research Center (PRC) directors. The applicant will implement at least four (4) ongoing opportunities, events, forums, etc. to gather chronic disease directors and the PRC directors in their states for meaningful collaboration, networking, and information-sharing regarding evidence-based public health, applied prevention research, or chronic disease prevention/health promotion. The ongoing opportunities will:
  - Increase collaboration and information-sharing between chronic disease directors and academic researchers across various topics featuring tools, research, and best practices to build public health evidence in the field,
  - Increase awareness of evidence-based public health programs and research, and increase the effectiveness of the public health workforce in implementing chronic disease prevention/health promotion programs/research, and
  - Foster the creation and maintenance of valuable partnerships between chronic disease directors and PRC directors with an ultimate goal of developing joint projects, tools, and interventions.

145/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

- Plan content and scope of at least four (4) ongoing opportunities, events, forums, etc. for collaboration on evidence-based public health.
- Develop materials
- Recruit and register participants
- Conduct series of collaboration opportunities/projects
- Develop evaluation materials and conduct evaluations

Process Measures *

To increase participation from the previous round-table event of 9 PRC directors to 26 PRC directors across four ongoing virtual events (e.g., webinars), forums, learning series, opportunities for collaboration, etc. To facilitate bidirectional flow of information of chronic disease prevention leadership expertise in evidence-based public health and their ability to identify and develop effective evidence-based public health programs, the chronic disease director from each state with a PRC will also participate in the ongoing opportunities, events, forums, etc.

Outputs *

Collaboration programming and projects, meeting agendas, meeting materials, webcasts and recordings, evaluation report of the collaborative events.

Budget Period Outcomes *

- Participants/stakeholders have improved opportunity, capacity, and skills to partner with public health leadership in their states to advance evidence-based decision-making in public health settings.
- Participants/stakeholders have improved capacity to identify, prioritize, and customize relevant chronic disease prevention and health promotion programs and services to address the public health needs of people in their communities and states.

Outcome Measures *

At least 65% of participants report that the events, forums, learning series, other opportunities for collaboration, etc. have increased their skills in evidence-based decision-making for public health programs and their ability to implement evidence-based public health programs to address public health needs.

Program Strategy: Partnerships

Activities *

- Plan and develop at least four (4) virtual opportunities for collaboration (e.g. events, forums, programs, projects, etc.) on chronic disease prevention and applied prevention research topics
- Develop and coordinate session materials
- Recruit and register participants
- Host and record virtual learning sessions
- Develop evaluation materials and conduct session evaluations

Process Measures *

To increase collaboration, networking, partnerships, and information sharing among chronic disease prevention practitioners, the number of events held in the project year will increase from one to at least four ongoing virtual events (e.g. webinars), forums, learning series, other opportunities for collaboration, etc. These opportunities will feature tools, resources, research, and best practices in the field related to chronic disease prevention and health promotion and applied prevention research.

Outputs *

Virtual events calendar, session materials, webinar recordings, evaluation report

Budget Period Outcomes *

Session participants share information, tools, and resources related to chronic disease prevention and health promotion and applied prevention research with each other and have expanded their collaborative network.

Outcome Measures *

At least 65% of participants report that the virtual events, forums, learning series, other opportunities for collaboration, etc. have increased their capability to partner with other decisionmakers and stakeholders to address chronic disease prevention more collaboratively and strategically.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

The applicant must demonstrate the capacity to:

- designate staff with relevant experience and expertise to manage the project
- demonstrate experience collaborating with the Prevention Research Centers
- implement and evaluate project activities
- collaborate with chronic disease directors and academic researchers to provide technical assistance, partnership development, training, and webinar sessions
- coordinate virtual training/session logistics
- collaborate with national partners and CDC National Center for Chronic Disease Prevention and Health Promotion divisions

62/200 words maximum

Recipient Program Experience

The applicant must demonstrate the ability to:

- build and strengthen the leadership capacity of chronic disease directors, practitioners, and partners
- secure subject matter experts
- design and deliver technical assistance, partnership development, training curricula, etc. on a virtual platform.

33/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Applicants should describe how they will collaborate with partners, CDC National Center for Chronic Disease Prevention and Health Promotion divisions, CDC chronic disease prevention and health promotion programs, and the Prevention Research Centers. The applicant should describe how these collaborations build and strengthen the leadership capacity of chronic disease directors.

48/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The applicant should provide the following information for organizations providing contractual or in-kind services:

- the name(s) of the organization(s)
- method of selection
- period of performance
- their capacity and roles in carrying out the proposed activities
- how progress will be monitored
- total budget

34/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The applicant must submit an itemized budget that is reasonable and consistent with the purpose of the project. The budget must include:

- salaries and wages
- fringe benefits
- consultant costs
- equipment
- supplies
- travel
- other costs
- contractual costs
- total direct costs
- total indirect costs

31/200 words maximum

CIO CERTIFICATION*

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Enter your user ID to acknowledge the CIO Certification. *

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Form Status *

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button. If clicking the “Submit” button prompts no action, scroll up to update fields marked with a red error message.

ADMINISTRATIVE

Funding Decision

○ Funded ○ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Engaging Preventive Medicine Providers for Effective COVID-19 Vaccine Conversations Part 2

Do not use all capital letters.

10/10 words maximum

CIO *

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

Preventive medicine physicians

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 550,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

75-2124-0943

Funding Statutory Authority (e.g., P.L. 116-260) *

Coronavirus Response and Relief Supplemental Ap

Expected Project Length *

- (●) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement	No
Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention	No
Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making	No
Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions	No

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — No

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs — Yes

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs — Yes

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

Healthcare providers are a critical and trusted source for information about adult and child immunizations. To build trust and empower healthcare personnel, healthcare providers play an essential role in boosting COVID-19 vaccine confidence. This project aims to engage preventive medicine physicians to empower members and their patients to have effective COVID-19 vaccine conversations, activate members to make vaccine confidence visible, increase the capacity of members to share credible COVID-19 vaccination information and response to misinformation on social media, and share success stories and lessons learned.

84/150 words maximum

Program Strategy: Programs and Services

Activities *

1. Empower members to have effective COVID-19 vaccine conversations, including the use of motivational interviewing and strategies to address mis- and disinformation.
2. Activate and support members to make COVID-19 vaccine confidence visible. Examples could include gathering and sharing testimonials of members who have been vaccinated, training members as ambassadors and media spokespeople on the topic of vaccine confidence and pitching media outlets to

secure earned opportunities, and work with members to author op-ed articles about the importance of COVID-19 vaccination.
3. Increase the capacity of members to serve as trusted sources of credible COVID-19 vaccine information and respond to misinformation by identifying and training influential members as local and national spokespeople.

4. Convene members in a learning collaborative to address challenges and share effective strategies to promote vaccine confidence.

5. Prioritize outreach and vaccine confidence promotion in communities and populations with high rates of unvaccinated members and/or where barriers to vaccination remain.

6. Evaluate progress by gathering vaccine confidence “success stories” and feedback from membership in a variety of formats. Conducting evaluation in a transparent manner; sharing with members.

Process Measures *

- Number of members attending webinars/trainings,
- Number of trainings and webinars offered to members,
- Number of resources shared with members,
- Number of member testimonials shared,
- Number of members actively participating in learning collaborative,
- Number of member spokespeople trained,
- Number of member spokespeople identifying as a member of a community facing challenges to or low rates of COVID-19 vaccination,
- Number of success stories and feedback gathered

Outputs *

- Trainings and webinars for members about effective vaccine conversations and combatting mis- and disinformation,
- Communication strategy to make vaccine confidence visible and address misinformation, including success stories,
- Member-spokespeople trained and leading efforts to share vaccine confidence messages and respond to misinformation,
- Diverse membership engaged in learning collaborative and trained as spokespeople,
- Learning collaborative fosters sharing and collaboration between members,
- Direct engagement with key audiences about vaccine confidence

Budget Period Outcomes *

Improved member capacity to build COVID-19 vaccine confidence among healthcare providers and their patients.

Outcome Measures *

- Increased number of resources to help providers engage in effective COVID-19 vaccine conversations
- Increased number of strategies developed and shared to build trust and confidence in the COVID-19 vaccine
- Increased collaboration amongst membership and with other healthcare provider organizations on COVID-19 vaccine confidence
- Increased access to credible information for communities with low COVID-19 vaccination rates.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

Applicant must

- represent preventive medicine physicians,
- Have a strong membership throughout the country,
- Have qualitied and experienced personnel with well-defined roles and responsibilities,
- Have the ability to partner with other healthcare providers that relate to adult and child immunization.

34/200 words maximum

Recipient Program Experience

Applicant must demonstrate success working with preventive medicine physicians and the ability to reach their membership with appropriate educational and training materials to strengthen vaccine confidence.

25/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient is expected to work collaboratively with public health partners and healthcare provider organizations.

13/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualitifications and to effective collaborate with these groups.

33/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per die, travel, conference facility, and related expenses are allowed.

54/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Enter your user ID to acknowledge the CIO Certification. *

NXI8

Form Status *

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button. If clicking the “Submit” button prompts no action, scroll up to update fields marked with a red error message.

ADMINISTRATIVE

Funding Decision

○ Funded ○ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Improving Mental, Behavioral and Academic Supports to Students and Families_Part 2

Do not use all capital letters.

10/10 words maximum

CIO *

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

Community-based organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 720,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

TBD

Funding Statutory Authority (e.g., P.L. 116-260) *

TBD

Expected Project Length *

- (●) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement	No
Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention	No
Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making	No
Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions	Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved communication and information technology capacity to inform the public efficiently and effectively — Yes

Intermediate: Strengthened capability to use communication and information technology to affect health decisions and actions — Yes

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health — Yes

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically — Yes

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs — Yes

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs — Yes

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

The purpose of this request is to improve mental, behavioral, and academic supports to students, families, and school staff to support school systems in recovery from long-term, physical school closures resulting from the COVID-19 pandemic.

34/150 words maximum

Program Strategy: Communication and Information Technology

Activities *

1. Leverage current communications assets, including e-newsletters, social media, and other channels, to share CDC's COVID-19 related and general school emergency preparedness guidelines and resources for schools, parents, and families.
2. Host a tele-town hall that will: share a summary of COVID-19 related lessons learned during the 2021-2022 academic school year; and identify best practices for how schools will respond to and communicate about future waves of COVID-19 or other similar situations.
3. Develop communications resources for parents and families (podcasts, mini-PSAs for distribution through multiple social media outlets, school/district webpage information) on how to differentiate between facts, misinformation, and disinformation related to their child's/children's health and well-being.

Process Measures *

1. Identify and ensure at least 75% of all major education, parent, and family-related agencies and organizations nationwide are added to current communications channels to ensure delivery of CDC's COVID-19 related guidelines and resources by September 30, 2022.
2. Date and time of COVID-19 tele-town hall created by September 30, 2022; invitations sent to at least 75% of all major education, parent, and family-related agencies and organizations nationwide for the tele-town hall by October 31, 2022.
3. At least five new communications resources for parents and families on facts, misinformation, and disinformation are developed and distributed via school district and / or national social media platforms.

Outputs *

1. Documentation of CDC's COVID-19 and school emergency preparedness related guidelines and resources specific to schools, parents, and familes via social media, e-newsletters, and other communication channels.
2. Formal report of tele-town hall that includes a summary of key findings and a participant evaluation.

3. Documentation of new communications resources for parents and families on facts, misinformation, and disinformation (links provided to resources).

Budget Period Outcomes *

For all Activities above:

- Increased support of school districts for implementing CDC-recommended COVID-19 mitigation and school emergency preparedness strategies in schools.
- Improved communication and information technology capacity to inform the public efficiently and effectively.
- Strengthened capability to use communication and information technology to affect parents' decisions and actions on their child's/children's physical and mental health and well-being.

Outcome Measures *

For all Budget Period Outcomes above:

- At least 75% of schools, parents, and families identified and reached will increase their knowledge of COVID-19 and school emergency preparedness related information.
- At least 75% of schools parents, and families identified and reached will identify at least one CDC-recommended guideline or strategy to apply during or post-COVID-19 pandemic (and/or school emergency preparedness in general).
- At least 75% of parents and families reached will be able to differentiate between misinformation and disinformation, and how those concepts can affect the actions they take to support their child's/children's physical and mental health and well-being.

Program Strategy: Partnerships

Activities *

1. Engage with school districts nationwide to provide real time updates on school emergency preparedness based on the lessons learned from the COVID-19 pandemic, including how to ensure parent and family engagement in decision-making.
2. By December 31, 2022, identify and reach at least 30 school districts in each state (and one in each territory and tribal nation) to work with to provide real-time updates on school emergency preparedness; by March 31, 2023, create a feedback loop with identified school districts to effectively communicate the activities described above.
3. Address the challenge of misinformation and disinformation related to adolescent mental and physical health and well-being, particularly as a result of the COVID-19 pandemic, through increased school and community partnerships.

Process Measures *

1. Number of updates provided to school districts
2. Number of states, territories, and tribal nations identified
3. Number of school districts identified
4. Number of school and community partnerships identified.

Outputs *

- By April 30, 2022, summary document of districts' options for engaging parents/families in decision-making related to COVID-19 mitigation and school emergency preparedness.
- By April 30, 2022, summary document of school/community partnership best practices for addressing misinformation and disinformation.

Budget Period Outcomes *

Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health; increased support of school districts for implementing CDC-recommended COVID-19 mitigation and school emergency preparedness strategies in schools; increase in formal partnerships between school districts and community or non-profit organizations providing mental health and other health services.

Outcome Measures *

At least 75% of school districts identified and reached will apply successes, challenges, and lessons learned from the COVID-19 pandemic to institute better school emergency preparedness protocols.

At least 50% of school/community partnerships identified will provide at least one best practice for combatting misinformation and disinformation among parents and families.

Program Strategy: Programs and Services

Activities *

1. Strengthen school/community solutions to address the mental and social health of families, teachers, and school communities during COVID-19 through resource development, grant opportunities, and elevating best practices.
2. Address the needs of children with special health care needs/disabilities and their families, who may be more at-risk/in vulnerable situations as a result of the COVID-19 pandemic, through resource development, grant opportunities, and elevating best practices.
3. Address the challenge of misinformation and disinformation related to adolescent mental and physical health and well-being, particularly as a result of the COVID-19 pandemic, through grant opportunities.

Process Measures *

For all Activities above:

- By July 31, 2022, provide at least 15 school districts with grant opportunities to address one or more of the following: mental/social health of families, teachers, and school communities as a result of COVID-19; adolescents with special needs, in vulnerable situations, etc., as a result of the COVID-19 pandemic; and addressing misinformation and disinformation related to adolescent physical and mental health and well-being.

Outputs *

For all Activities above:

- Implementation of school- and/or community-based models for addressing the mental and social health of a school community.
- Implementation of school- and/or community-based grant opportunities for addressing the mental and social health of a school community.
- Development and implementation of school- and/or community-based grant opportunities for addressing misinformation and disinformation related to adolescent physical and mental health and well-being

Budget Period Outcomes *

For all Activities above:

- Increase in formal partnerships between school districts and community or non-profit organizations providing mental health and other health services.
- Increase in district-wide mental health and other health promotion activities (e.g., infectious disease prevention and control, positive school climate, mental health education/literacy).
- Increase in district- and community-wide support of factual information on adolescent physical and mental health and well-being

Outcome Measures *

For both Budget Period Outcomes above:

- At least 75% of identified and reached school districts and surrounding communities will increase their ability to provide appropriate mental health and other health services to children and families, especially needs resulting from the COVID-19 pandemic.

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

Preferred organizational capacity includes: the ability to support states and locals to respond to and contain COVID-19; ability to synthesize large volumes of data, particularly innovations around data integration; and communications, including but not limited to, outreach to both at-risk and vulnerable populations as well as populations that may benefit from innovation or intense campaigns (i.e. young populations).

57/200 words maximum

Recipient Program Experience

Preferred program experience includes: prior history of working with DASH, particular DASH's Program Development and Services Branch; experience working with multi-sector, community-based organizations to improve public health outcomes; experience in implementing public health activities in rural as well as urban settings; and documented engagement in community-based participatory research efforts.

47/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Both the Division of Adolescent and School Health in NCHHSTP and the Division of Population Health in NCCDPHP (via its Healthy Schools Branch) directly fund local school districts and state departments of education respectively. As such, this recipient may collaborate with these two Divisions and their funded education agencies as appropriate.

50/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

There may be a need to subcontract with an organization with the reach and experience to work with schools and their public health efforts. A subcontractor should have at minimum the following qualifications: ability to easily reach key leadership in schools/school districts in all 50 states and US territories; ability to connect with (or are themselves) parent/family organizations with specific interests in schools; and knowledge of how to work with schools from a public health perspective.

73/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

In general, funds should be used for personnel, fringe benefits, travel, supplies, contractual, other, and indirect. The funds should not be used for direct health services.

25/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Enter your user ID to acknowledge the CIO Certification. *

CDY3

Form Status *

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button. If clicking the “Submit” button prompts no action, scroll up to update fields marked with a red error message.

ADMINISTRATIVE

Funding Decision

Funded Unfunded

Project Plan Round

Admin Update

Yes

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Improving Minority Physician Capacity to Address COVID-19 Disparities Part 2

Do not use all capital letters.

9/10 words maximum

CIO *

OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY AND STRATEGY

Other Division *

Other

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

Preventive medicine physicians

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 3,500,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

TBD

Funding Statutory Authority (e.g., P.L. 116-260) *

TBD

Expected Project Length *

- (●) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement — No

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved leadership capacity to identify and prioritize public health needs	No
Short-term: Strengthened core and discipline-specific public health competencies among the workforce to improve job performance	Yes
Intermediate: Increased leadership decision-making to address public health needs strategically and systematically	Yes
Intermediate: Strengthened capability of public health workforce to deliver essential public health services	Yes

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making	No
Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions	No
Partnerships: Activities to improve establishment and maintenance of results-driven partnerships	Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health	Yes
Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically	Yes

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health	Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Increased capacity to evaluate laws and policies to affect health	Yes
Intermediate: Strengthened capability to systematically apply and use laws and policies to improve health	Yes

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs — Yes

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs — Yes

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

This project is targeted to create scalable care coordination pilots involving solo or small group racial and ethnic minority (African American/Black, Hispanic, Asian American, Native American, Pacific Islander) physician practices that can accelerate their capacity to implement COVID-19 prevention, testing, and vaccination strategies within racial or ethnic minority communities. The intent of these models is to increase physicians' ability to make COVID-19 resources available to their patients. These models will be targeted to 1) improve health outcomes from COVID-19 in racial and ethnic communities disproportionally affected by COVID-19, 2) identify policies to support care coordination of social needs and social determinants 3) improve care coordination that may lead to improved health and cost outcomes within value-based payment models. The physician practices will be expected to work with local health organizations to ensure the collection and reporting of timely, complete, and representative racial and ethnic population data to inform their interventions.

149/150 words maximum

Program Strategy: Leadership and Workforce Development

Activities *

Applicant will engage with jurisdictional public health partners and identified physician practices to identify mutual opportunities for the care team and public health partners to improve equity in healthcare delivery.

Process Measures *

Number of physician practice-public health systems that develop opportunities for collecting representive racial and ethnic patient data as well as using community-level public health data to inform clinical decision making and to address community public health needs

Outputs *

Compendium of clinical-community-public health services identified that are focused on reducing health disparities and addressing negative consequences of mitigation strategies

Budget Period Outcomes *

Increased ability of clinical providers to engage with public health partners to ensure the delivery of public health essential services to support COVID-19 mitigation efforts for racial and ethnic minority communities

Outcome Measures *

Number of physicians reporting increased engagement with public health partners in collaboration to mitigate COVID-19 in racial and ethnic minority communities

Program Strategy: Partnerships

Activities *

1. Applicant will identify and actively partner with minority-serving physician medical associations that reflect the physician and patient demographics of jurisdictions identified most at risk for COVID-19. These minority physician organizations will partner with the applicant to inform the Applicant's sub-contract selection of 20 care coordination pilots between physician groups, jurisdictional community health collaboratives, quality improvement organizations, and public health partners.
2. Applicant will utilize the expertise and input of state and local chapters of these minority-serving physician organizations to accelerate the capacity of pilot practices to implement CDC standardized guidance and protocols to address underlying medical conditions that put minority communities at risk for more severe outcomes from COVID-19.
3. Applicant will also engage and utilize the expertise and assistance of jurisdictional public health agencies and jurisdictional quality improvement organizations to support data collection and social needs navigation as part of the Applicant’s effort to support the identified practices and concomitant patient needs. The Applicant and these partners are to create scalable models in accordance with CDC guidance and quality improvement initiatives, especially for the use by independent or small group physician practices that serve large minority populations.

Process Measures *

1. Number of minority-serving physician medical associations identified to partner with
2. Number of subcontract executed with physician groups, jurisdictional community health collaboratives, quality improvement organizations, and public health partners
3. Number of innovative practices identified, as well as barriers to pilot implementation, outcomes for monitoring progress and other key elements as identified by the applicant and CDC

Outputs *

1. Innovative pilot practices in COVID-19 prevention, testing, mitigation care coordination management that can be scaled for further implementation.
2. In-depth case studies of clinical-community models implemented that improved population health care coordination strategies, and including health and cost outcomes in racial and ethnic communities disproportionately affected by COVID-19.
3. Recommendations for implementing or scaling practices, policy recommendations, change management strategies and resources.
4. Identification of a roadmap or framework that includes the identification of findings from national physician organizations that have as their operating mission the recognition of the COVID-19 and health disparities that exist among the broad population of ethnic and racial minorities.
5. Identification of innovative practice quality improvement practices as well as policies to mitigate barriers to pilot implementation, outcomes for monitoring progress, and other key elements as identified by the pilot sites, the applicant and CDC.
6. Submission of a summary report to CDC that will include recommendations for public health agencies partnership activities that are designed to accelerate investments into population health care coordination activities that will mitigate health disparities from COVID-19
7. Summary recommendations to inform public health, community health service partners, and physician practices to improve COVID-19 mitigation, testing, and reporting efforts to address racial and ethnic disparities related to COVID-19 as part of a health equity strategy.
8. An emergency response care coordination roadmap or framework including recommendations that can help inform public health, community health service partners, and physician practices to improve data collection efforts to address racial and ethnic disparities related to COVID-19.

Budget Period Outcomes *

1. Participating minority physician organizations and associated physician practices, especially by independent or small group minority physicians that serve large minority populations will have increased capacity to implement standardized COVID-19 prevention, testing, and mitigation protocols in accordance with CDC guidance and quality improvement initiatives.
2. Increased capacity by minority physician practices to use data to connect patients with public health and community resources that can help populations with underlying medical conditions adhere to their care plans , including help addressing social needs and social risk factors such as getting extra supplies, medications, and support for adherence to COVID-19 mitigation actions.
3. Increased capacity by minority physician practices to participate in data collection systems that monitor race, ethnicity, social risk and social needs information in order to inform care management strategies within value-based payment models.
4. Increased participation and acceptance of COVID-19 mitigation and care strategies by patients within the jurisdictional minority population community.

Outcome Measures *

1. Number of SARS-CoV-2 testing sites in communities at moderate (yellow), significant (orange), and high (red) levels of community transmission.
2. Percent increase in testing to identify individuals with SARS-CoV-2 infection and limit transmission and outbreaks.
3. Percent increase in access to SARS-CoV-2 vaccination sites in communities at moderate (yellow), significant (orange), and high (red) levels of community transmission.
4. Percent increase in vaccination in communities at moderate (yellow), significant (orange), and high (red) levels of community transmission

5. Percent of physicians who serve racial and ethnic minority patients reporting an increased capacity to effectively implement mitigation strategies among populations at increased risk for severe COVID-19 illlness.
6. Percentage of clinical partners reporting an increased ability to work with the public health system, with a priority on state, tribal, local, and territorial health departments, to deliver evidence-based strategies for preventing COVID-19 among populations at highest risk

Program Strategy: Laws and Policies

Activities *

1. Review existing CDC health and cost impact models e.g. Community Navigator, Social Vulnerability Index and applicable Centers for Medicare and Medicaid Services model projects such as Accountable Health Communities, VBID or value based care coordination models to identify inputs for health and cost mitigation strategies.
2. Conduct brief literature review of recent innovative policies and practices in care coordination addressing social needs and social determinants implemented by minority physician serving organizations, community collaboratives and/or provider organizations.

Process Measures *

1. Percent increase in the number of physician practices identified as engaging in implementation of policies and systems change strategies to improve care coordination and value based care.
2. Percent increase in the number of physician practices that are able to reach disproportionately impacted populations with effective culturally and linguistically tailored programs and practices for COVID-19 prevention, testing, contact tracing, mitigation, vaccination and other healthcare strategies across populations placed at increased risk and in place-based settings.
3. Percent increase in the number of physician practices that are able to establish partnerships with state and local public health policy organizations affiliated with minority populations of focus to develop both 1) evidence-based strategies for preventing COVID-19 among populations at highest risk and 2) policies and practices that improved the management of underlying health conditions that contribute to severe COVID-19 illness.

Outputs *

Completion of an analysis of policy and systems change strategies identified in the environmental scan and the request for information on innovative strategies.

Budget Period Outcomes *

1. Strengthened capability to systematically apply and use laws, policies, and systems change strategies to improve care coordination and decreased total cost of care
2. Improved ability to articulate the effect of these policy issues on community health and community health costs that will influence the health competitiveness and health equity of that community.
3. Increased capacity to evaluate laws and policies to affect health improvement and health equity.

Outcome Measures *

1. Number of physician practices reporting the implementation of policies to improve care coordination and the cost of care
2. Percent increase in the number of physician practices having policies that support improved population

health, health equity and improved COVID 19 outcomes
3. Percentage of physicians reporting an increased ability to identify policies that influence the health competitiveness and health equity of the community

Program Strategy: Programs and Services

Activities *

1. Conduct environmental scan of minority physician organizations' existing programs and provide technical assistance to identify considerations for COVID-19 prevention, testing, mitigation support strategies that decrease transmission of COVID-19 in minority physician practices and communities.
2. Identify practices that implemented innovative practices designed to address social needs and risk factors that impact total costs of care in value based payment models while still providing equitable care.

Process Measures *

1. Number of model community pilots created (20)
2. Number of technical assistance resources developed or tailored
3. Number of innovative practives designed/adopted

Outputs *

Creation and dissemination of resources covering a multi-sector approach to engaging public health and physician organizations, to invest in population health approaches for care coordination.

Budget Period Outcomes *

1. Target physician practices will report an increase in their capacity to engage with identified best practices.
2. Targeted physician practices will be able to demonstrate 1) improved health outcomes from COVID-19 in racial and ethnic communities disproportionally affected by COVID-19,
3. Physician practices will be able to improve care coordination models with a health equity focus that may lead to improved health and cost outcomes within value-based payment models.
4. Ability to identify with CDC's assistance, specific chronic conditions and health behaviors from within CDC population health portfolio and aligned to the COVID-19 Health Equity Strategy, that result in care coordination models that address how social needs and social determinants need to be addressed to positively impact the implementation of care coordination within value based payment models

Outcome Measures *

1. Percent of physicians who can identify best practices for COVID-19 prevention, testing, and mitigation in minority physician practices and communities
2. Percent change in key health outcome statistics for COVID-19 in racial and ethnic minority populations

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

The applicant should have the demonstrated capacity and experience to engage with, and coordinate project activities with racial and ethnic minority physician organizations and community-based organizations who utilize CDC evidence-based prevention interventions that positively impact health and cost outcomes for underlying medical conditions disproportionally affecting racial and ethnic minority communities. Applicant should have demonstrated capacity to provide technical assistance regarding COVID-19 prevention, testing, and other mitigation strategies within racial and ethnic minority communities with a health equity focus. Applicant should have demonstrated experience and capacity in collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and outcomes by detailed race and ethnicity categories, taking into account age and sex differences between groups. Applicant should have documented and demonstrated experience providing technical assistance to physician practices regarding health behaviors and chronic disease conditions as part of a care coordination approach within value-based healthcare payment models. This capacity should be internal to the Applicant and the Applicant should have existing documented partnerships with other entities that reach these minority physician practices. Applicant should have documented and demonstrated experience developing key resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency.

200/200 words maximum

Recipient Program Experience

The applicant should have experience that demonstrates the requisite organizational capacities outlined above—as well as should have a clear plan for engaging partners/ quality improvement and data collection sub-contractors who have demonstrated experience/expertise in working with minority physician and other community services focused on racial and ethnic minority community health-related social needs. Specifically, the applicant should have experience coordinating and managing projects that involve iterative engagements with physician practices and producing models within short-term project periods.

The applicant (and/or any proposed partners and subcontractors) should also have demonstrated experience translating and packaging public health science and promising practices for minority service health providers, and community based service provider stakeholder groups eg regional or local community health coalitions. Finally, the applicant should have experience providing technical assistance to entities (e.g, health providers, and community based service provider stakeholder groups), pursuing population health and health equity efforts, particularly those directed towards identifying innovative ways to address population health determinants that affect improved health and cost outcomes of population health.

167/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

It is expected that the awardee will collaborate with CDC to plan multiple models with minority physician providers and minority serving physician stakeholder groups. Applicant is expected to collaborate with CDC and minority-serving physician medical associations that reflect the physician and patient demographics of jurisdictions identified most at risk for COVID-19 to create CDC's identified deliverable materials to meet the needs of these groups.

63/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The applicant is encouraged to subcontract with minority-serving physician organizations to address applicant gaps in experience or capacity, or for added value to further project activities. The applicant should consider the following when selecting subcontractors for technical assistance as well as for pilot participation: subcontractors' experience in providing technical assistance regarding evidence-based clinical treatment guidance; subcontractor's experience in serving minority physicians; subcontractor's clinical experience in serving racial and ethnic minority populations; subcontractor's experience with the use of clinical-community interventions in value-based payment models; and subcontractor's experience providing technical assistance to minority physician practices supporting the practices' collection of disaggregated data to support clinical decision making and quality measures/performance measurement.

108/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Applicant is encouraged to allot funds towards the subcontracting process for minority serving physician organizations to address gaps in the Applicant's ability to provide technical assistance regarding project activities, as well as to allot subcontracting funds for the 20 pilot practices to support accelerating these practices' capacity to implement COVID-19 prevention, testing, and vaccination strategies within racial or ethnic minority communities.

59/200 words maximum

CIO CERTIFICATION*

By submitting this project plan, I certify that my CIO currently does not maintain a comparable NOFO related to a CBA. I understand my CIO is responsible for adhering to all applicable scientific policies and securing requisite clearances in the Scientific Tracking and Reporting System (STARS). I will discuss the project with my Associate Director for Science (ADS) and obtain the appropriate scientific clearances prior to initiating project activities that involve the collection, generation, or analysis of public health data.

Enter your user ID to acknowledge the CIO Certification. *

zbi9

Form Status *

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button. If clicking the "Submit" button prompts no action, scroll up to update fields marked with a red error message.

ADMINISTRATIVE

Funding Decision

○ Funded ○ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Increasing HIV testing using EHR information and automated labs Part2

Do not use all capital letters.

9/10 words maximum

CIO *

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

Health centers (& primary care providers) and the patients and communities in which they serve

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

14/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 300,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

TBD

Funding Statutory Authority (e.g., P.L. 116-260) *

TBD

Expected Project Length *

- (●) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement	No
Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention	No
Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making	No
Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions	No

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — No

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs — Yes

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs — Yes

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

HIV testing identifies undiagnosed persons with HIV and increases opportunities for HIV preexposure prophylaxis for those without HIV. The project will support healthcare systems to increase HIV testing of racial/ethnic minority populations disproportionately affected by HIV. The project will support the development, implementation, and evaluation of clinical decision support (CDS) tools for routine opt-out HIV testing and risk-based HIV testing based on clinical information in EHRs in clinical settings that serve minority populations in jurisdictions included in the *Ending the HIV Epidemic: A Plan for America* (EHE) initiative. During implementation of the CDS tool, persons who need an HIV test will be identified based on information in their EHR. If either routine opt-out HIV testing or risk-based testing HIV testing is indicated, the EHR system will generate an automatic lab order for an HIV test. This system approach will increase HIV testing without requiring action by busy clinicians.

145/150 words maximum

Program Strategy: Programs and Services

Activities *

- From at least large 3 healthcare systems whose patient populations includes at least 50% black and Hispanic persons, extract and deliver to CDC at least 2 years of retrospective EHR data that includes information for persons who were tested for HIV; diagnosed with HIV; initiated PrEP or nPEP; were

diagnosed with an STD or HCV; were tested for an STD or HCV; had a diagnosis of opioid use disorder
- Provide retrospective EHR data to CDC to develop an algorithm for a CDS tool (analysis completed by CDC)
- Based on CDC algorithm, develop CDS tools that identify persons who need a (1) routine opt-out HIV test or (2) risk-based HIV test using EHR information
- Implement the CDS tools with links to an automatically generated lab order for an HIV testIn at least 3 healthcare systems
- One year post-implementation, extract and deliver to CDC EHR data from the healthcare systems that implemented CDS tools
- Analyze post-implementation data to evaluate the effectiveness of the CDS tools for routine opt-out and risk-based HIV testing (completed by CDC)
- Conduct healthcare system leadership and workforce training activities to support development and implementation of CDS tools for HIV testing
- Develop toolkit for scale-up of HIV testing using CDS tools

Process Measures *

- At least 3 health systems provide EHR data to CDC/DHAP
- At least 3 health systems implement HIV testing that used EHR data linked to automated orders for HIV testing
- At least one training session conducted to support healthcare system leadership to implement CDS tools
- At least one training session conducted to support healthcare system workforce to implement CDS tools

Outputs *

- CDS tool for routine opt-out HIV testing
- CDS tool for risk-based HIV testing
- Training materials for healthcare system leadership and workforce
- Toolkit to guide healthcare systems to develop and implement HIV testing with CDS tools and automated lab orders

Budget Period Outcomes *

- Improved Retrospective EHR data for persons with newly diagnosed HIV, PrEP use, or nPEP use delivered to CDC/DHAP
- Improved CDS tools
- CDS tools implemented with link to automated lab orders
- Evaluation data from EHRs delivered to CDC/DHAP
- Increased training materials and conduct training for healthcare system leadership and workforce

Outcome Measures *

- At least a 50% increase in the proportion of persons with an HIV test among persons with EHR indications for
  - Routine opt-out HIV testing
  - Risk-based HIV testing
- Diagnostic yield of HIV testing

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

The organization should provide capacity to develop, implement, and evaluate CDS tools that can be integrated in EHR systems and linked to lab orders in real time. Expertise in extracting EHR data from healthcare systems and creating an analyzable dataset is required. Expertise in programming CDS tools that can be integrated in a healthcare system's EHR is also required, as well as expertise in programming the healthcare system to generate automated lab orders in response to information in an individual patient's EHR in real time. The organization should also have experience supporting healthcare system leadership and its workforce to implement new operating procedures that increase provision of recommended services.

108/200 words maximum

Recipient Program Experience

The recipient should have experience developing CDS tools that can be integrated in EHR data systems and that can generate automated lab orders in real time. The recipient should have experience working with healthcare systems that serve persons in minority populations, such as community health centers (CHCs) or other primary care providers. The recipient must have a history of successful collaboration with healthcare system leadership teams to achieve support for changes in operating procedures that would allow the use CDS tools in the EHR with automated lab orders for HIV testing.

90/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The project will involve a collaborative partnership with CDC/DHAP to develop, implement, and evaluate CDS tools for routine opt-out HIV testing and risk-based HIV testing. The recipient will extract data from the EHR both pre- and post-CDS implementation, prepare a dataset with standardized variables, and transmit the dataset to CDC/DHAP. CDC/DHAP will conduct all analyses of extracted data and will develop algorithms to identify persons who require a routine opt-out HIV test or a risk-based HIV test. The recipient will develop programming for the CDS tools and automated HIV testing orders in each health system's EHRs. The recipient will identify and sub-contract with healthcare systems that will implement H`IV testing that uses CDS tools. The recipient will program the CDS and linked lab orders for an HIV test in the healthcare systems' EHRs, based on the algorithms developed by CDC/DHAP.

139/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

The recipient will execute subcontracts as needed to complete all activities of this project, including with organizations that have expertise with system level approaches to delivery of recommended health services, and expertise with EHR programing and CDS tool programming. The recipient will also execute contracts with healthcare systems that will implement the CDS tools developed in this project.

57/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

Funds will be used by the recipient to

- Pre-implementation, extract at least 2 years of retrospective EHR data from at least 3 healthcare systems and deliver to CDC/DHAP for analyses
- Work collaboratively to develop a sensitive and specific algorithm that will be used as a CDS tool
- Develop CDS tools for
  - Routine opt-out HIV testing
  - Risk-based HIV testing
- Implement the CDS in at least 3 healthcare systems with links to automated orders for HIV testing
- One year post-implementation, extract one year of EHR data to deliver to CDC/DHAP for CDS tool evaluation
- Develop training materials and conduct training for healthcare system leadership and workforce

94/200 words maximum

CIO CERTIFICATION*

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Enter your user ID to acknowledge the CIO Certification. *

FFW6

Form Status *

Final

Submit form as "Draft" until you are ready to submit the final version. Then change this field to "Final" and click the "Submit" button. If clicking the “Submit” button prompts no action, scroll up to update fields marked with a red error message.

ADMINISTRATIVE

Funding Decision

◯ Funded ◯ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Strengthened Community Partnerships for More Holistic Approaches to Interoperability Part 2

Do not use all capital letters.

10/10 words maximum

CIO *

OFFICE OF PUBLIC HEALTH SCIENCE AND SURVEILLANCE

Other Division *

DDPHSS/OD

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

Community Based Organizations

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

2/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 3,600,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

75-2024-0943 CARES Act

Funding Statutory Authority (e.g., P.L. 116-260) *

42 USC Sections 247b

Expected Project Length *

- (●) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement — No

Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention — No

Yes

Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity of data and information systems to conduct public health monitoring and surveillance — Yes

Intermediate: Increased capability to use data to inform decision-making and support evidence-based practices and policies — Yes

Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions — No

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health — Yes

Intermediate: Strengthened capability to respond to public health priorities collaboratively and strategically — Yes

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — No

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

A main objective of the Public Health Data Modernization Initiative is to ensure that many stakeholders across the public health ecosystem can be more proactive with data. Community-based organizations play an important role in this work in that they often deliver human services central to prevention and control measures, and in doing so they help ensure every American has equal opportunity to attain the highlest level of health possible. Accomplishing this desired future state will require responsible and secure information-exchange that leverage national data exchange and transport standards and requirements that can add value to data providers, public health partners, and ultimately the community. This project will help to lay the foundation wherein enhanced information sharing, integration, and infrastructure can help strengthen clinical-community linkages, which can help promote evidence-based behaviors, interventions, and solutions that protect health.

135/150 words maximum

Program Strategy: Data and Information Systems

Activities *

The magnitude, complexity and sophistication of healthcare has driven the rapid development and adoption of the HL7 Fast Healthcare Interoperability Resources (FHIR) standards. FHIR simplifies healthcare information exchange by focusing on the most widely used healthcare resources, satisfying 80 percent of the healthcare information exchange use cases. In doing so, FHIR dramatically reduces the cost of developing and deploying standards-based healthcare information exchange for most users. This also makes healthcare information theoretically more available to non-clinical domains, such as community based organizations and public health. There is an urgent need to leverage the standardization that is already happening outside of public health (specifically around SMART®-on-FHIR® and BulkFHIR®) so that public health and community partners can use the same infrastructure that is beginning to be widely adopted due to health IT certification requirements required by Federal legislation and regulations. With this in mind, the awardee will work in close concert with CDC and other stakeholders to:

- Conduct human-centered design sprints to develop use cases in close concert with community organizations alongside technical, policy, and public health experts
- Convene stakeholders via listening sessions and working group meetings to provide input on proposed use cases.
- Prepare, moderate, and produce proceedings for listening sessions and working group meetings.
- Develop wireframes, prototypes, and associated open-source specifications and components that extend SMART®-on-FHIR® and BulkFHIR® -based solutions that can be tested in real-world settings and can mature through an open-community approach.

Process Measures *

- # of listening sessions, workgroup meetings, and design sprints scheduled and completed

Outputs *

- Written proceedings similar to **https://www.cdc.gov/surveillance/pdfs/20_319521-D_DataMod-Initiative_901420.pdf**.
- User stories and other design-artifacts that clearly identify the needs of relevant stakeholders, including potential obstacles or facilitators to achieving the intended outcomes.
- Specifications for a minimum viable product.
- Methods for receiving ongoing and iterative feedback from target audiences.
- Containerized, open-source specifications and components that extend the existing SMART®-on-FHIR® and BulkFHIR® reference implementations. Source code will be made freely available through open.CDC.gov, the ONC Interopearbility Proving Ground, SMART®-on-FHIR® website, or similar online venues as appropriate.

Budget Period Outcomes *

- Agreement on priority use cases and which data elements would be mutually benficial to extract from health systems, including clinical notes.
- Improved readiness among CBOs and other stakeholders to conduct testing of standardized, secure, and sustainable approaches to interoperability.
- Improved access to accurate, complete, and actionable data needed to drive decision making and inform the public more quickly and with greater precision.

Outcome Measures *

- # of CBOs and other stakeholders expressing support of priority use cases developed
- # of listening session attendees reporting an increased readiness to conduct testing of standardized, secure, and sustainable approaches to interoperability
- # of success stories demonstrating improved access to health data and its impact

Program Strategy: Partnerships

Activities *

The awardee will work in close concert with CDC and other stakeholders to:

- Build partnerships that allow CBOs and other stakeholders to work with one another in new ways beyond the traditional boundaries of public health; strenghten relationships with exisiting partners.
- Identify priorities and needs , while being flexible in how those needs are to be met.
- Establish feedback mechanisms to assess what's working (based on real-world testing) and determine what improvements should be prioritized.
- Specify functional requirements, design elements, and general architectural principles, while pinpointing how data and IT investments will add value for community organizations, data providers, STLT partners, the public, CDC, and other important stakeholders.

Process Measures *

- # of new partnerships established
- # of convenings held with new or existing partners

Outputs *

- Signed agreements with partners.
- Priority use cases, functional requirements, and value propositions
- Feedback mechanisms for improved understanding of real-world experiences

Budget Period Outcomes *

- Coordinated, enterprise-wide approaches for working across multi-stakeholer coalitions and scaling viable technical solutions.
- Consensus among partners on priority use cases, functional requirements, and value propositions.

Outcome Measures *

- # of partners/types of partners included in discussions to determine priority use cases, functional requirements, and value propositions.
- # of CBOs reporting improved connectedness with traditional and non-traditional components of the public health system for data modernization

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

The applicant should be an independent non-profit that serves public health by building public-private partnerships across the US and around the world. The applicant should have experience in the arenas of COVID-19, Zika, and Ebola emergency responses to major initiatives on both infectious and non-infectious disease. The applicant must have the ability to establish and maintain community partnerships that further pubic health and support the development and testing of new, more holistic approaches to interoperability that can scale across domains and across the United States.

85/200 words maximum

Recipient Program Experience

The applicant must demonstrate a committment to data modernization and leveraging public-private partnerships to accelerate data modernization. Examples of successful partnerships that accelerate data modernization include convening the Digital Bridge Initiative and a successful public-private partnership with the Lehigh Valley Health Network, a local philanthropy (Pool Trust) and the Allentown Health Bureau, which are coming together to create a Pool Center for Health Analytics and a Pool Institute for Health – both focused on collating/gathering, analyzing and using clinical and community/public health/Social Determinat of Health data to broadly improve health in Allentown. Through this cooperative agreement, we seek to build on these successes and catalyze new, standards-based approaches that can be tested in real-world settings and scale nationwide as the BulkFHIR® and SMART®-on-FHIR® standards mature.

124/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

The awardee is expected to collaborate closely with CDC, its designees, and leadership from the Public Health Data Modernization Initiative. A regular cadence will be established for project management and

communication. Through this cooperative agreement, CDC will adopt an agile, hypothesis-driven design approach which will empower us to move quickly, demonstrate impact, and pivot where mutually beneficial.

56/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

We anticipate that the awardee will subcontract work in three main areas, including evaluation of these efforts:

1. Conduct human-centered design sprints to develop use cases in close concert with community organizations alongside technical, policy, and public health experts: Have demonstrated expertise in successfully facilitating human-centered design sprints that lead to development of functional requirements, design elements, and architectural principles. The approach to human-centered design should be consistent with best-practices articulated in the US Digital Services Playbook (https://playbook.cio.gov/) and the National Academy of Medicine's report titled *Procuring Interoperability: Achieving High-Quality, Connected, and Person-Centered Care* (https://nam.edu/procuring-interoperability-achieving-high-quality-connected-and-person-centered-care/).
2. Prepare, moderate, and produce proceedings for listening sessions and working group meetings: Have demonstrated expertise in successfully moderating listening sessions and workgroups across multi-stakeholder settings. Expertise in moderating sessions with stakeholders from healthcare and community organizations is desired.
3. Develop wireframes, prototypes, and associated open-source specifications and components that extend SMART®-on-FHIR® and BulkFHIR® -based solutions that can be tested in real-world settings: Expertise with the US Core Data Elements for Interoperability, HL7® FHIR®, SMART®-on-FHIR®, BulkFHIR®, the 21st Century Cures Act and implementing regulations. Extend where appropriate and NOT re-build the existing SMART®-on-FHIR® and BulkFHIR® reference implementations as well as any other associated tooling.

193/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

0/200 words maximum

CIO CERTIFICATION*

Enter your user ID to acknowledge the CIO Certification. *

vkq0

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Form Status *

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ADMINISTRATIVE

Funding Decision

○ Funded ○ Unfunded

Project Plan Round

Admin Update

No

Recipient Name

Center for State, Tribal, Local, and Territorial Support

National Partnership Branch

Final

FY22 CIO Project Plan

Guidelines for Drafting CIO Project Plans

CDC-RFA-OT18-1802

Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health

GENERAL INFORMATION

Project Title *

Supporting YMCAs to strengthen vaccine confidence_Part 2

Do not use all capital letters.

6/10 words maximum

CIO *

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

Target Population Category to Receive Capacity-Building Assistance (CBA) *

Category C

Category A: Governmental Public Health Departments – This category is focused on meeting the priority organizational-level CBA needs of one of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.

Category B: Workforce Segments Across Governmental Public Health Departments – This category is focused on meeting the priority CBA needs of one workforce segment across two or more health department types (state, tribal, local, or territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C: Nongovernmental Public Health Components – This category is focused on meeting the priority CBA needs of one type of nongovernmental component of the public health system. Nongovernmental components represent, but are not limited to, community-based organizations, community health centers, primary care providers, governors, hospitals, economists, legislators, education organizations, social action organizations, and public safety agencies.

OT18-1802 Recipients and Target Populations

Target Population Description *

YMCAs nationwide

Note: Proposals should not build capacity for CDC or other federal agencies. (25 word limit)

1/25 words maximum

PROJECT FUNDING

OT18-1802 Period of Performance Length: August 1, 2018 – July 31, 2023

Budget Period Length: September 1, 2022 –July 31, 2023

Proposed Project Funding for FY22 Activities *

$ 1,000,000

Whole numbers only

Funding Appropriation (75-2024-0943 CARES Act) *

75-X-0943

Funding Statutory Authority (e.g., P.L. 116-260) *

America Rescue Plan, 2021

Expected Project Length *

- (●) The CIO will fund the project for one year

Due to Year 5 being the final year of the cooperative agreement, the project may be funded for one year only. Please propose a funding level that can be spent within the budget period. This decreases the chances of funding needing to be returned to the treasury.

CBA PROGRAM APPROACH – NOFO LOGIC MODEL

Select the program strategies and the associated program outcomes the project should work toward for the length of the project

CBA Program Strategies (Check one or more): *

Public Health Systems Infrastructure: Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement	No
Leadership and Workforce Development: Activities to improve leadership and workforce competencies, recruitment, and retention	No
Data and Information Systems: Activities to improve collection, management, interpretation, and dissemination of data to guide decision-making	No
Communication and Information Technology: Activities to improve use of communication and information technology to affect health decisions and actions	No

Partnerships: Activities to improve establishment and maintenance of results-driven partnerships — No

Laws and Policies: Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health — No

Programs and Services: Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services — Yes

CBA Program Outcomes (Check one or more)*
Select one or more program outcomes the recipient will work toward for the length of the project. SharePoint will limit your selection options to the program outcomes associated with the strategies selected above.

Short-term: Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs — Yes

Intermediate: Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs — Yes

PROJECT DETAILS

State the purpose of the project and provide project details for the length of the budget period (11 months).

For the selected program strategies:

1. Describe proposed activities and provide sample process measures to track progress implementing the activities
2. Describe the expected outputs (resources, tools, products, etc.) and outcomes (change to occur), and provide sample outcome measures to track progress achieving the outcomes.

Project Purpose

COVID-19 vaccines are now widely available across the United States but many communities still remain at risk from low vaccine coverage and the spread of COVID-19 vaccine misinformation. Reaching these communities requires effective engagement with local YMCAs, who can serve as credible, trusted messengers on the safety and effectiveness of COVID-19 vaccines in a way that state and national organizations cannot. This project aims to support YMCAs nationwide to strengthen vaccine confidence and equip local trusted messengers to reach at-risk communities and form effective community level partnerships to promote, improve, and sustain COVID-19 vaccine converage.

94/150 words maximum

Program Strategy: Programs and Services

Activities *

1. Support local YMCAs to strengthen vaccine confidence.
2. Identify and implement innovative approaches to countering COVID-19 vaccine misinformation.
3. Educate and assist local community organizations to serve as trusted messengers and promote COVID-19 immunizations in communities with low uptake.
4. Develop and leverage partnerships to bolster vaccine confidence and co-develop strategies which

address immunization in tandem with other community needs.
5. Support creative, science-based, trusted, community-based initiatives to educate communities about the benefits of COVID-19 vaccination, facilitate transformative sustainable partnerships resulting in vaccine equity, and increase access to COVID-19 vaccines.
6. Evaluate progress, develop lessons learned, and share success stories that improve engagement between local YMCAs and communities with low COVID-19 vaccine uptake.

Process Measures *

- Trainings and vaccine education sessions held for local YMCAs.
- Number of activities implemented in YMCA branches promoting vaccination and bolstering vaccine confidence.
- Development of community-based partner engagement plans to support COVID-19 vaccination in tandem with other community needs.
- Number of cross-sector partnerships formed to support COVID-19 vaccination and engagements within local communities.
- Identification and support for specific YMCAs or their community partners in areas of high need and/or reach with key groups.

Outputs *

- Completed partner engagement plans suppoting COVID-19 vaccination in tandem with other community needs.
- Development of criteria for identifying YMCAs and community partners that can impact COVID-19 vaccine confidence.
- Direct support of key YMCAs or their community partners.
- Development of tools to support education, communication about COVID-19 vaccination, and access to COVID-19 vaccines.
- Development and implementation of culturally appropriate tailored resources or materials by key organizations to groups at higher risk of COVID-19 disease, vaccine hesitancy, or vaccine misinformation.

Budget Period Outcomes *

- New community-specific resources or materials for groups at risk
- Completed strategy for engagement at the community level to support vaccine confidence

Outcome Measures *

- Engagements resulting in an increased number of health and community-based partnerships supporting immunization and other community needs
- Increase in COVID-19 vaccine confidence among YMCA members
- Completion of evaluation of activities

ORGANIZATIONAL CAPACITY AND PROGRAM EXPERIENCE

Note: Please do not specify recipient.

Recipient Organizational Capacity

Recipient must have the capacity to complete the required activities, engage with diverse stakeholders, and support a broad range of innovative community-based projects.

21/200 words maximum

Recipient Program Experience

Recipient must have extensive experience engaging with community partners, supporting diverse projects in support of public health and immunization activities, and strong relationships with traditional and non-traditional public health partners.

29/200 words maximum

COLLABORATIVE WORK

Expectations for Collaboration, as applicable

Recipient is expected to work collaboratively with traditional and non-traditional public health partners and communities.

14/200 words maximum

Expected Subcontractual Work and Recommended Criteria for Selecting Subcontractors, as applicable

Any proposed sub-contract work should address gaps in experience, capacity, or added value. The applicant should demonstrate the ability to identify sub-awardees or sub-contractors with appropriate qualifications and to effectively collaborate with these groups.

33/200 words maximum

BUDGET INSTRUCTIONS

General Instructions for Use of Funds, as applicable

The funding allocated are authorized for general budget categories such as personnel, fringe benefits, consultants, travel, equipment, contractual, and other indirect costs. Funds may not be used for capital expenditures such as construction, renovations, or refurbishment. Funds for conference and training costs such as registration, per diem, travel, conference facility, and related expenses are allowed.

54/200 words maximum

CIO CERTIFICATION*

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