Centers for Disease Control

National Center for Emerging and Zoonotic Infectious Diseases Extramural Research Program Office

Epicenters for the Prevention of Healthcare-Associated Infections (HAIs); Cycle II Multicenter Program Studies

RFA-CK-18-001

Application Due Date: 03/06/2018

Epicenters for the Prevention of Healthcare-Associated Infections (HAIs); Cycle II Multicenter Program Studies

RFA-CK-18-001

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Part 1. Overview Information

Participating Organization(s)

Centers for Disease Control

Components of Participating Organizations

National Center for Emerging and Zoonotic Infectious Diseases Extramural Research Program Office (NCEZID ERPO)

Notice of Funding Opportunity (NOFO) Title

Epicenters for the Prevention of Healthcare-Associated Infections (HAIs); Cycle II Multicenter Program Studies

Activity Code

U01 - Research Project - Cooperative Agreement

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-CK-18-001

Catalog of Federal Domestic Assistance (CFDA) Number(s)

93.084

Category of Funding Activity:

Health

NOFO Purpose

The purpose of this Notice of Funding Opportunity (NOFO) is to utilize a research Healthcare Associated Infection (HAI) prevention network to identify and validate novel strategies for HAI prevention. CDC is interested in building upon ongoing prevention research being conducted within the RFA-CK-15-004 Prevention Epicenter Program. The multicenter design of this program will be of great benefit by moving early-phase strategies down the translational pathway to generate the greatest public health impact. The objective of this NOFO is to develop, implement and evaluate the effectiveness of epidemiologically based strategies to improve healthcare quality and patient safety. This program seeks to translate basic, epidemiological and technological discoveries into new strategies for preventing transmission of infectious pathogens (viral, bacterial or fungal) in healthcare settings. This includes pathogens, such as antibiotic-resistant bacteria, that are transmitted among patients, healthcare workers and the environment.

Key Dates

Publication Date:	**To receive notification of any changes to RFA-CK-18-001, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.**
Letter of Intent Due Date:	**01/09/2018**

Application Due Date:	**03/06/2018**

On-time submission requires that electronic applications be error-free and made available to CDC for processing from eRA Commons on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov/eRA Commons no later than 5:00 PM U.S. Eastern Time. Note: HHS/CDC grant submission procedures do not provide a period of time beyond the application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review:	**05/03/2018**
Secondary Review:	**05/31/2018**
Estimated Start Date:	**09/30/2018**
Expiration Date:	**03/07/2018**
Due Dates for E.O. 12372:	**Due no later than 60 days after the application receipt date.**

Required Application Instructions

It is critical that applicants follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 12 pages.

Applications that do not comply with these instructions may be delayed or not accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

- **Purpose:** The purpose of this Notice of Funding Opportunity (NOFO) is to utilize a research Healthcare Associated Infection (HAI) prevention network to identify and validate novel strategies for HAI prevention. CDC is interested in building upon ongoing prevention research being conducted within the RFA-CK-15-004 Prevention Epicenter Program. The multicenter design of this program will be of great benefit by moving early-phase strategies down the translational pathway to generate the greatest public health impact. The objective of this NOFO is to develop, implement and evaluate the effectiveness of epidemiologically based strategies to improve healthcare quality and patient safety. This program seeks to translate basic, epidemiological and technological discoveries into new strategies for preventing transmission of infectious pathogens

(viral, bacterial or fungal) in healthcare settings. This includes pathogens, such as antibiotic-resistant bacteria, that are transmitted among patients, healthcare workers and the environment.

- **Mechanism of Support:** U01 Research Project - Cooperative Agreement
- **Funds Available and Anticipated Number of Awards:** The estimated total funding available, including direct and indirect costs, for the entire two (2)-year project period is $6,000,000. The number of awards will be up to three (3). Awards issued under this NOFO are contingent upon availability of funds and a sufficient number of meritorious applications. Because the nature and scope of the proposed research will vary from application to application, it is also anticipated that the size and duration of each award may vary. The total amount awarded and the number of awards will depend upon the number, quality, duration and cost of the applications received.
- **Budget and Project Period:** The budget period and project period will be 24-months (two years). The project period is anticipated to run from 09/30/2018- 09/29/2020. The estimated total funding (direct and indirect) for the entire project period will be $6,000,000, with awards ranging from $1,000,000 to $3,000,000, and an average award being $2,000,000 for the entire project period.
- **Application Research Strategy Length:** Page limits for the Research Strategy are clearly specified in Section IV. "Application and Submission Information" of this announcement.
- **Eligible Institutions/Organizations.** Institutions/organizations listed in Section III.1 of this announcement are eligible to apply. In brief, the six award recipients from CDC RFA-CK-15-004 are eligible to apply.
- **Eligible Project Directors/Principal Investigators (PDs/PIs).** Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. NOTE: CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.
- **Number of PDs/PIs.** There will only be one PD/PI for each application. Applications may include multiple PDs/PIs, and must include a Leadership Plan that describes the roles, the responsibilities, and the working relationship of the identified PD/PIs. Only one PD/PI may be the primary CDC contact for the award and this must be indicated in the application.
- **Number of Applications.** Only one application per institution/organization (normally identified by having a unique DUNS number) is allowed.
- **Application Type.** New
- **Application Materials.** See Section IV.1 for application materials. Please note that **Form E** is to be used when completing the application package.

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Public Health Service Act, Title 42, Section 317 [42 USC 247b(k)(2)]

1. Background and Purpose

Transmission of infectious pathogens in healthcare settings results in significant morbidity and mortality among patients treated in U.S. healthcare institutions and adds billions of dollars to healthcare costs. In addition, recent history has shown that infectious disease transmission within healthcare settings can help propagate major epidemics caused by pathogens such as Ebola virus, SARS coronavirus, MERS coronavirus, novel strains of influenza, bacterial pathogens such as *Clostridium difficile* and multidrug-resistant bacteria. Recent advances in preventing healthcare-associated infections have resulted from better implementation of existing recommendations for prevention practice in healthcare settings. However, recent experiences with rare and novel pathogens in U.S. healthcare settings suggest that existing prevention strategies for preventing device- and procedure-associated infections may have insufficient effectiveness in preventing transmission of high-consequence microorganisms in healthcare settings. In light of this gap, additional innovation is needed to advance the prevention of transmission of infectious diseases in healthcare settings.

The CDC Prevention Epicenters Program was established to develop, implement and evaluate the effectiveness of epidemiologically-based strategies to improve healthcare quality and patient safety. CDC has found the Prevention Epicenters Program to be an extremely productive model for aligning public health needs with the innovative research capacity of academic partners. Recent Prevention Epicenters work has focused on a translational research framework for HAI prevention research proposed by Pronovost *et al.*, 2011 (1), which characterizes five translational phases:

Phase T0, in which discoveries relevant to the prevention of adverse healthcare events are made through surveillance, outbreak investigation, epidemiologic studies, and technologic advances;

Phase T1, in which T0 discoveries are used to develop novel candidate interventions and perform early testing of their efficacy or effectiveness in a small sample of patients or in limited healthcare settings;

Phase T2, in which the evidence base for candidate interventions is broadened and strengthened sufficiently to include the novel intervention in evidence-based guidelines;

Phase T3, in which evidence-based guidelines are moved into practice, through delivery, dissemination, and diffusion research;

Phase T4, in which guidelines are implemented on a broad scale (e.g., nationally) and evaluated for evidence of improvement in population health.

Recent advances in the prevention of HAIs have been largely the result of Phase T3 research, which led to large-scale improvement in implementation of existing prevention recommendations in healthcare facilities. However, even when fully implemented, current prevention recommendations are limited in their ability to prevent transmission, and many are unproven or not well-suited for a wide range of healthcare settings and clinical situations (2-8). Therefore, the CDC Prevention Epicenters Program has focused on advancing early translational research (e.g., Phases T0-T2) through the translational phases to expedite identification and development of novel or enhanced strategies for preventing acquisition of infectious diseases in healthcare settings.

The CDC Prevention Epicenters Program operates as a collaborative multicenter research network of investigators who collaborate with CDC and with one another to address emerging or evolving public health research needs related to the prevention of transmission of pathogens that cause HAIs among patients and healthcare personnel. The intent of the program is to provide CDC with a resource for meeting public health research needs by creating close collaborative ties between investigators with interest in preventing infections acquired in healthcare. Each funded Epicenter is expected to provide regular reports on plans and progress pertaining to their individual projects, and provide opportunities for comment and technical support, if needed, from other Prevention Epicenter investigators and from CDC personnel. Applicants funded under this NOFO will serve as a member of the multicenter CDC Prevention Epicenters Program.

The CDC Prevention Epicenters collaborative research network is overseen by the Epicenters Program Steering Committee. This committee will be comprised of Principal Investigators from awarded applications and two CDC representatives who will serve as consultants to the committee. A well-developed Epicenters Program Steering Committee is integral to the program?s success. Participation on the steering committee includes, but is not limited to, active participation in conference calls, webinars and in-person meetings (i.e., grantee meetings and special projects meetings).

The purpose of this NOFO is to utilize the observations, insights, and hypotheses that have grown out of, or are otherwise related to, the collaborative efforts of the CDC Prevention Epicenter awardees from RFA-CK-15-004, although new multi-site studies are not limited to an expansion of existing studies. This program seeks to translate basic, epidemiologic and technologic discoveries into new strategies for preventing transmission of infectious pathogens (viral, bacterial or fungal) in healthcare settings. This includes pathogens, such as antibiotic-resistant bacteria, that are transmitted among patients, healthcare workers and the environment. Examples of projects may include, but are not limited to, improving the use of barrier precautions, diagnostic tests or antimicrobial agents, decreasing the risk of transmission from previously unrecognized sources (e.g., asymptomatically colonized patients), decreasing transmission in high-risk settings (e.g., long term care facilities), improving the surveillance of healthcare-associated infections, and decreasing the risk of infections related to medical procedures.

Healthy People 2020 and other National Strategic Priorities

The CDC National Center Emerging and Zoonotic Infectious Diseases (NCEZID), within HHS, is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2020" and to measuring program performance as stipulated by the Government Performance and Review Act (GPRA). This NOFO supports "Healthy People 2020" priority areas HAI-1, reduce central-line associated blood stream infections (CLABSI), and HAI-2, reduce invasive healthcare-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections and is in alignment with the HHS Strategic Plan Goal 1, Objective B: Improve health care quality and patient safety.

https://www.cdc.gov/drugresistance/federal-engagement-in-ar/national-strategy/index.html

http://www.healthypeople.gov/2020/topics-objectives/topic/healthcare-associated-infections

http://www.hhs.gov/strategic-plan/goal1.html

References

1. Pronovost PJ, Cardo DM, Goeschel CA, Berenholtz SM, Saint S, Jernigan JA. A research framework for reducing preventable patient harm. Clin Infect Dis. 2011 Feb 15; 52(4):507-13.

2. Centers for Disease Control and Prevention (CDC). Vital Signs: Carbapenem-Resistant *Enterobacteriaceae*. MMWR Morb Mortal Wkly Rep. 2013 March 8, 62(09): 165-170.

3. Centers for Disease Control and Prevention. Clinical Inquiries Regarding Ebola Virus Disease Received by CDC - United States, July 9-November 15, 2014. MMWR Morb Mortal Wkly Rep. 2014 December 12, 63(49); 1175-1179.

4. Centers for Disease Control and Prevention. Ebola Virus Disease Cluster in the United States - Dallas County, Texas, 2014. MMWR Morb Mortal Wkly Rep. 2014 November 21, 63(46); 1087-1088.

5. Centers for Disease Control and Prevention. Surveillance and Preparedness for Ebola Virus Disease - New York City, 2014. MMWR Morb Mortal Wkly Rep. 2014 October 17, 63(41); 934-936.

6. Sharif-Yakan A, Kanj SS. Emergence of MERS-CoV in the Middle East: Origins, Transmission, Treatment, and Perspectives. Spindler KR, ed. PLoS Pathogens 2014; 10(12):e1004457. doi:10.1371/journal.ppat.1004457.

7. Cheng VC. Chan JF, To KK, Yuen KY. Clinical management and infection control of SARS: lessons learned. Antiviral Res. 2013 Nov; 100(2):407-19.

8. Lessa FC, Gould CV, McDonald LC. Current status of *Clostridium difficile* infection epidemiology. Clin Infect Dis. 2012 Aug; 55 Suppl 2:S65-70.

Public Health Impact

Research funded by this NOFO will support innovative strategies to improve the capacity to prevent and control the spread of infectious pathogens in healthcare settings, thereby helping to prevent and control both current and future outbreaks. Several early translational phase strategies have shown promise but require additional multicenter study to determine effect size and generalizability of the early findings. The projects funded in this NOFO will only include multicenter studies that will evaluate strategies that build upon early translational stage work.

Relevant Work

For the past 20 years, the CDC Prevention Epicenter Program has been active in the field of HAI prevention research. Information on relevant work by the CDC Prevention Epicenter Program, including selected citations, can be found at: http://www.cdc.gov/HAI/epiCenters/.

Also please see: Centers for Disease Control and Prevention: National Strategy to Combat Antibiotic-Resistant Bacteria https://www.cdc.gov/drugresistance/federal-engagement-in-ar/national-strategy/index.html

Abbreviated list of recent CDC Prevention Epicenter publications:

Rock C, Cosgrove SE, Keller SC, Enos-Graves H, Andonian J, Maragakis LL, Gurses AP, Xie

A; CDC Prevention Epicenters. Using a Human Factors Engineering Approach to Improve Patient Room Cleaning and Disinfection. Infect Control Hosp Epidemiol. 2016 Dec; 37(12):1502-1506.

Khader K, Thomas A, Huskins WC, Leecaster M, Zhang Y, Greene T, Redd A, Samore MH. A Dynamic Transmission Model to Evaluate the Effectiveness of Infection Control Strategies. Open Forum Infect Dis. 2017 Feb 10; 4(1):ofw247. doi: 10.1093/ofid/ofw247. eCollection 2017 Winter. PMID: 28702465.

2. Approach

Research applications should include a two-year research program design that develops and tests innovative strategies for preventing transmission of infectious pathogens in healthcare settings. Applications should emphasize innovative research activities consistent with translational research phases T1 and early T2 (i.e., research that seeks to build upon existing T0 discoveries by moving them into first or early application of candidate interventions in healthcare settings and patient populations), but may also include foundational T0 work that expands understanding of the mechanisms of the spread of infectious pathogens in healthcare settings. Applications should demonstrate a plan to maintain ongoing collaboration between scientists with T0 expertise and those with T1/T2 expertise.

It is expected that a strong collaboration between basic, epidemiologic or laboratory scientists and clinical scientists will help ensure the ability to develop and sustain an iterative research program. Similarly, using existing data sources, isolates, and relationships with healthcare facilities, would enhance the impact of the research by capitalizing on the strengths of the Emerging Infection Program (EIP) surveillance and epidemiology infrastructure, local public health departments, regional healthcare networks, or other research partners.

It is anticipated that the proposed research over the course of the 24-month budget and project period will result in evidence for effective strategies and include results that are mature enough to merit either inclusion in CDC prevention recommendations or investment in larger confirmatory clinical studies.

Objectives/Outcomes

The CDC Prevention Epicenters identify and validate novel strategies that involve the new translation of epidemiologic, technologic, or basic science observations into effective HAI prevention approaches. The six CDC Prevention Epicenters eligible to apply to this NOFO have collaborated with CDC in the past as a consortium to address emerging or evolving public health research needs related to the prevention of HAIs, antibiotic resistance and other adverse healthcare-associated events.

Each eligible institution/organization may submit only one application and must include collaborators from at least two other Epicenter institutions that are eligible to apply to this NOFO.

Whenever possible, applications should include objectives written in the SMART format (e.g., Specific, Measurable, Achievable, Realistic and Time-bound).

The Research Objectives are:

- Development of a two-year multicenter HAI prevention research project that includes other Epicenters that are eligible to apply for this NOFO. One Epicenter will serve as the Lead and at least two other participating Epicenters shall collaborate on the project. Considerable collaborative planning to develop the study proposal and implementation, and to delineate the roles between eligible Epicenters, is expected.
- Collaborative projects will typically involve research transitional phases late T1 and T2 and will meet emerging or evolving HAI prevention research needs and involve multiple Epicenters.
- Build upon the observations, insights, and hypotheses that have grown out of, or are otherwise related to, the collaborative efforts of the Prevention Epicenters awarded under RFA-CK-15-004. Applications will propose additional multicenter studies to expand upon these efforts.
- This program seeks to translate basic, epidemiologic and technologic discoveries into new strategies for preventing transmission of infectious pathogens (viral, bacterial or fungal) in healthcare settings. This includes pathogens, such as antibiotic-resistant bacteria, that are transmitted among patients, healthcare workers and the environment.

Examples of projects may include, but are not limited to: antibiotic stewardship, diagnostic stewardship, transmission-based interventions, environmental cleaning, type of infection (e.g., *C. difficile*, MRSA, carbapenem-resistant *Enterobacteriaceae* [CRE], vancomycin-resistant enterococci [VRE], blood stream infections, central line-associated blood stream infection [CLABSI], catheter-associated urinary tract infection [CAUTI], surgical site infections, ventilator-associated events [VAE], and patient populations (e.g., patients in acute care hospitals, long-term care facilities, outpatient settings, etc.).

More specifically:

- Late T1 or T2 studies of promising candidate interventions for prevention and control of healthcare-associated bacterial or fungal pathogens. Specific examples include, but are not limited to, carbapenem-resistant *Enterobacteriaceae*, methicillin-resistant *Staphylococcus aureus*, multidrug-resistant *Acinetobacter*, organisms carrying extended spectrum beta lactamases, azole-resistant *Candida* spp., and *Clostridium difficile.*
- Improving the understanding of the major determinants of healthcare-associated transmission of infectious pathogens (viral or bacterial) that can be modified for prevention and T1-T2 testing of interventions. This may include, but is not limited to, improving the use of antibiotics or decreasing transmission related to asymptomatically colonized patients.
- T1-T2 HAI prevention research in non-hospital settings of interest (i.e., outpatient centers, independent dialysis centers, and long-term care facilities), including interventions that take into consideration the risk of inter-facility transmission among networks of facilities that share patients.
- In some cases, multicenter collaborative work may be appropriate and preferable for certain T0 or T1 research questions that support development of innovative strategies for preventing healthcare-associated infections. This may include, but is not limited to, improving the surveillance of healthcare-associated infections, evaluating the impact of appropriate diagnostic testing, and improving the estimates of epidemiologic parameters

for the development of mathematical models to assess the impact of various prevention strategies.

- Improving the understanding of the transmission determinants related to contamination of the healthcare environment that can be modified for prevention and T1-T2 testing of interventions.
- Protecting the health of the microbiome as a means of preventing healthcare-associated transmission of bacterial pathogens.
- Other late T0 or early T1 work on innovative strategies for preventing healthcare-associated infections.
- The development of research focused on prevention of one or more healthcare-associated infections, including those prioritized in the HHS Action Plan to Prevent Healthcare-Associated Infections (e.g., device and procedure-associated infection, infections associated with *Clostridium difficile*, and methicillin-resistant *Staphylococcus aureus* [MRSA], and other multi-drug resistant organisms [MDROs], viral, and other pathogens). For more information on the HHS Action Plan visit http://www.hhs.gov/ophs/initiatives/hai/infection.html.

The anticipated outcome of the proposed research will be T0-T2 evidence that is sufficient to warrant either inclusion in CDC HAI prevention recommendations or investment in additional confirmatory clinical studies.

Target Population

Patients and healthcare workers in healthcare settings.

Collaboration/Partnerships

Recipients of this NOFO will be organized into a consortium. Principal Investigators from each of the awarded Epicenters from this NOFO and CDC Project Officers will act as consortium representatives on the Epicenter Program Steering Committee. The steering committee will work collaboratively to serve in an advisory and consultative role to individual investigators as needed. A well-developed Program Steering Committee is integral to the program's success.

Evaluation/Performance Measurement

As part of the application, the PI should include measurable goals and aims based on a two-year research project period. The grantee will establish specific, measurable, achievable, realistic and time-phased (SMART) project objectives for each activity described in the application's project plan, and develop and implement project performance measures that are based on specific programmatic objectives.

Also, funded PIs must submit an annual progress report showing their activities and outcomes based on their overall research goals and timeline. For more information on required reporting, please see Section VI. of this NOFO.

The applicants should outline an evaluation plan in the application that includes the following:

1. Participation in the Prevention Epicenter Consortium which is overseen by the Epicenters Program Steering Committee. This includes, but is not limited to, active participation in conference calls, webinars, and in-person meetings (i.e., grantee

meetings and special projects meetings).
2. Participation in projects that take advantage of the combined expertise and diversity of the Prevention Epicenters in order to advance research or adoption of an HAI-related innovation.
3. Progress toward completion of proposed research projects that can be feasibly completed within the two-year project period.
4. Development of peer-reviewed articles that report on proposed research projects.
5. Presentation of findings as a result of the proposed research project at meetings and conferences.

Translation Plan

The anticipated outcome of the proposed research will result in evidence for novel interventions that are mature enough to merit either inclusion in CDC HAI prevention recommendations or investment in large confirmatory clinical studies.

The application will provide a plan for presentation of research findings at appropriate scientific meetings, and for publication in peer-reviewed literature. In addition, relevant findings will be made available to policy makers and, as appropriate, to federal advisory committees, including the Healthcare Infection Control Advisory Committee, and other entities and professional organizations that produce recommendations for HAI prevention. In addition, relevant findings will be made available to agencies that support T3 research designed to translate T2 evidence into practice.

Section II. Award Information

Funding Instrument Type: Cooperative Agreement

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:

New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding: $6,000,000

Year 1 and 2 total: $6,000,000.

Estimated total funding available, including direct and indirect costs, for the entire 24-month budget and project period, is $6,000,000.

Anticipated Number of Awards: 3

The estimated total funding available for the entire project period, including direct and indirect

costs: $6,000,000 for up to three (3) awards. The estimated average total funds per award is $2,000,000, with a range of $1,000,000 to $3,000,000 per award.

The ceiling and floor amounts listed below are for individual awards for the entire 24-month budget period.

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award Ceiling:	$3,000,000 Per Budget Period
Award Floor:	$1,000,000 Per Budget Period
Total Period of Performance Length:	2 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC’s determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this NOFO.

Section III. Eligibility Information

1. Eligible Applicants

Eligibility Category:	Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

2. Foreign Organizations

Foreign Organizations are not eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Special Eligibility Requirements

The following organizations currently funded under NOFO RFA-CK-15-004 are eligible to apply:

Emory University

University of Iowa

University of Utah

University of Illinois Board of Trustees

University of Maryland Baltimore Professional Schools

Johns Hopkins University

Applicant organizations that request funding above the ceiling amount of the award will not be forwarded to peer review or considered for funding.

4. Justification for Less than Maximum Competition

CDC has a need to emphasize collaborative, multi-site research projects in order to obtain the best return on invested research dollars. To optimize quality and efficiency of the projects, and to assure that the objectives are met, CDC plans to utilize the existing infrastructure and collaborative ties that were created through the activities of RFA-CK-15-004. Therefore, this NOFO will be limited to the awardees of RFA-CK-15-004 for the following reasons:

1. CDC expects applicants to use the collaborative infrastructure created through RFA-CK-15-004. The time and money saved by utilizing the existing infrastructure can be invested in implementation of studies, increasing the size and impact of studies, as well as ensuring on-time completion of projects. Examples of existing collaborative infrastructure that can be built upon include:

a. An electronic data sharing network/database created and used by the awardees of RFA-CK-15-004;

b. Multicenter Institutional Review Board (IRB) agreements and arrangements that are currently in place for awardees of RFA-CK-15-004 that can be easily updated for new projects;

c. An established and working Steering Committee, including one PI from each Epicenter and two Scientific Officers from CDC, that is well positioned to evaluate projects so that collaborations under RFA-CK-18-001 could begin immediately after funding without a period of adjustment or need to establish a *de novo* Steering Committee;

d. Established standardized methodology across collaborating institutions, such as that used to implement standardized swabbing and sampling methods and protocols;

e. A network of multiple healthcare facilities that have demonstrated the ability and willingness to collaboratively participate in HAI prevention research, collect necessary health information to determine relevant clinical outcomes, and process of care measures related to those outcomes, that:

i. have an existing capacity for electronic healthcare recordkeeping and/or electronic clinical and laboratory data exchanges;

ii. have demonstrated prior success in multi-facility collaboration in HAI prevention research;

iii. have established administrative capacity to coordinate and standardize intervention and data collection strategies across a large number of facilities representing the full spectrum of healthcare (e.g., academic medical centers,

community hospitals, long-term care facilities, long-term acute care centers, dialysis units, and ambulatory surgery centers).

2. This NOFO has a shorter than usual project period (24 months) for the Prevention Epicenters Program. Limiting eligibility to the six institutions awarded under RFA-CK-15-004, that have already established the necessary infrastructure, will compensate for the time that would be needed to build new infrastructure for collaborative projects by new awardees and would allow projects to be completed on time.
3. Ability to build upon the observations, insights, and hypotheses that have grown out of, or are related to, the collaborative efforts from the RFA-CK-15-004 Prevention Epicenters' current studies. Using strategies to expand upon the early phase work from RFA-CK-15-004 is essential for filling gaps in current infection control strategies.
4. A unique combination of investigator strengths suited to this NOFO, including three years' of experience under RFA-CK-15-004 in developing a collaborative rapport and infrastructure, and complementary expertise across the network, not only infection control and epidemiology expertise, but also human factor engineering, design, bio-aerosol science and computer software programming expertise which allows for the development of robust and novel interventions, being essential to the success of this project.

In summary, the awardees of RFA-CK-15-004 have collaboratively developed a research coalition and infrastructure that is optimally conducive to performing a wide variety of potential studies that evaluate the impact of interventions to prevent healthcare-associated infections, have a highly effective track record, and have already created an infrastructure that is necessary for the studies.

Impact of Disapproval

If this limited competition is disapproved, the proposed project would be subject to a significant delay in establishing data use agreements, data sharing capacity and information technology support, centralized institutional review board agreements, and identification of appropriately diverse healthcare facilities. New grantees would not be positioned to start immediately on high yield projects and would not be ready to utilize resources most efficiently. They also would not be prepared to build upon the hypotheses that have emerged as a result of the currently funded single-site or early translation research projects established under RFA-CK-15-004. If disapproved, the collaborative multi-site infrastructure that is crucial to the completion of this research would have to be re-created, resulting in extreme delays that would challenge meeting the objectives of the program, particularly within the 24-month project period. A unique opportunity to advance critical research and innovation would be missed, and potential for on-time completion of the projects would be jeopardized.

5. Responsiveness

Applications submitted under this NOFO must not include activities that overlap with simultaneously-funded projects awarded to grantees under other awards.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424

(R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://eportal.nspa.nato.int/AC135Public/Docs/US%20Instructions%2 0for%20NSPA%20NCAGE.pdf
- System for Award Management (**SAM**) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, https://www.sam.gov/portal/SAM/#1.
- Grants.gov
- eRA Commons

All applicant organizations must register with **Grants.gov**. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.
All Program Directors/Principal Investigators (PD/PIs) **must** also work with their institutional officials to register with the **eRA Commons** or ensure their existing eRA Commons account is affiliated with the eRA Commons account of the applicant organization. **All registrations must be successfully completed and active before the application due date**. Applicant organizations are strongly encouraged to start the registration process at least four (4) weeks prior to the application due date.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Web Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.
Additionally, all applicant organizations must register in the **System for Award Management (SAM)**. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/index.html.
If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its

DUNS number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

9. Cost Sharing

This FOA does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

10. Number of Applications

As defined in the HHS Grants Policy Statement,(https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Only one application per eligible institution/organization (normally identified by having a unique DUNS number) is allowed.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from www.Grants.gov.
If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 or ogstims@cdc.gov for further instructions. Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Time. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf, except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review.
The forms package associated with this NOFO includes all applicable components, mandatory

and optional. Please note that some components marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF 424 (R&R) Application Guide to ensure you complete all appropriate "optional" components.
In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled "PHS398." Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. While these are not identical to the PHS398 application form pages, the PHS398 reference is used to distinguish these additional data requirements from the data collected in the SF424 (R&R) components. A complete application to CDC will include SF424 (R&R) and PHS398 components. These forms can be downloaded from http://grants.nih.gov/grants/funding/424/index.htm.

Duplication of Efforts

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

3. Letter of Intent

Due Date for Letter of Intent: **01/09/2018**

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CIO staff to estimate the potential review workload and plan the review.

By the date listed in Part 1. "Overview Information", prospective applicants are asked to submit a letter of intent that includes the following information:

Name of the Applicant

Descriptive title of proposed research

Name, address, and telephone number of the PD(s)/PI(s)

Names of other key personnel

Participating institutions

Number and title of this funding opportunity announcement

The letter of intent should be sent to:

Gregory Anderson, MPH, MS

Extramural Research Program Office

Office of the Associate Director of Science

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

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

1600 Clifton Road, MS E-60

Atlanta, GA 30333

Telephone: 404-718-8833

Fax: 404-718-8822

Email: GAnderson@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of 16 components. Not all 16 components of the Research Plan apply to all Notices of Funding Opportunities(NOFOs). Specifically, some of the following 16 components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guidehttps://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).
Follow the page limits stated in the SF 424 (R&R) unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. Introduction to Application (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.

2. Specific Aims – state the problem the proposed research addresses and how it will result

in public health impact and improvements in population health.
3. Research Strategy – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed research plan, including staffing and timeline.
4. Inclusion Enrollment Report (Renewal and Revision applications ONLY)
5. Progress Report Publication List (for Continuation ONLY)

Human Subjects Section

6. Protection of Human Subjects
7. Inclusion of Women and Minorities
8. Targeted/Planned Enrollment Table (for New Application ONLY)
9. Inclusion of Children

Other Research Plan Sections

10. Vertebrate Animals
11. Select Agent Research
12. Multiple PD/PI Leadership Plan.
13. Consortium/Contractual Arrangements
14. Letters of Support
15. Resource Sharing Plan(s)
16. Appendix

Component 4 (Inclusion Enrollment Report) applies only to Renewal and Revision applications for clinical research. Clinical research is that which is conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies). Follow the page limits in the SF 424 (R&R) Application Guide unless otherwise specified in the NOFO. All instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf must be followed along with any additional instructions provided in the NOFO.
Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.
The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:
• Descriptions of the data to be produced in the proposed project
• How access will be provided to the data (including provisions for protection of privacy, confidentiality, security, intellectual property, or other rights)
• Use of data standards that ensure all released data have appropriate documentation that

describes the method of collection, what the data represent, and potential limitations for use
• Plans for archival and long-term preservation of the data, or explaining why long-term preservation and access cannot be justified
Examples of DMPs may be found here: University of California https://dmp.cdlib.org/, or USGS, http://www.usgs.gov/datamanagement/plan/dmplans.php

Please note the new requirement for a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application (see above).

Also, please note: Any data or information provided to CDC in accordance with this activity considered by awardees to be proprietary, trade secret and/or confidential/private must be clearly identified as such. Should disclosure of such data or information be requested or required by legal process, CDC will notify awardees and take all action, to the extent allowable by applicable federal law, to withhold the data or information from disclosure.

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 12 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 50 pages for all appendices.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.
CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf
and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are encouraged to submit in advance of the deadline to ensure they have time to make any application corrections that might be necessary for successful submission.
Organizations must submit applications via Grants.gov (https://www.grants.gov), the online portal to find and apply for grants across all Federal agencies. The eRA Commons systems retrieve the application from Grants.gov and check the application against CDC business rules. If no errors are found, the application will be assembled in the eRA Commons for viewing by the applicant before moving on for further CDC processing.
If errors are found, the applicant will be notified in the eRA Commons. They must make required changes to the local copy of their application and submit again through Grants.gov.
Applicants are responsible for viewing their application in the eRA Commons to ensure accurate and successful submission.
Once you can see your application in the Commons, be sure to review it carefully as this is what the reviewer will see. Applicants must then complete the submission process by tracking the status of the application in the eRA Commons (http:// grants.nih. gov/grants /guide/url_redirect .htm? id=11123).
Information on the submission process is provided in the SF424 (R&R) Application Guide.
Note: HHS/CDC grant submission procedures do not provide a period of time beyond the grant application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).
The application package is not complete until it has passed the Grants.gov/eRA Commons validation process. This process and email notifications of receipt, validation or rejection may take two (2) business days.
Applicants are strongly encouraged to allocate additional time prior to the submission deadline to submit their applications and to correct errors identified in the validation process. Applicants are encouraged also to check the status of their application submission to determine if the application packages are complete and error-free. Applicants who encounter system errors when submitting their applications must attempt to resolve them by contacting the Grants.gov Contact Center (1-800-518-4726; support@grants.gov). If the system errors cannot be resolved, applicants must contact TIMS at 770-488-2700; ogstims@cdc.gov for guidance at least 3 calendar days before the deadline date.
After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, ***the applicant*** must:
1. Track his/her submission and verify the submission status (tracking should be done initially regardless of rejection or success).

    a. If the status states "***rejected***," do #2a or #2b.

2. Check his/her emails from both Grants.gov and eRA Commons for rejection notices.

    a. If the deadline has passed, he/she should email the Grant Management Specialist listed in

the NOFO (ogstims@cdc.gov) explaining why the submission failed. b. If there is time before the deadline, he/she should correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **03/06/2018**

Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

10. Intergovernmental Review (E.O. 12372)

Your application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372 (http://www.archives.gov/federal-register/codification/executive-order/12372.html). This order sets up a system for state and local review of proposed federal assistance applications. You should contact your state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications, and to receive instructions on your state's process. Click on the following link to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

11. Funding Restrictions

All HHS/CDC awards are subject to the federal regulations, 45 CFR 75, terms and conditions,and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.
In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).
For more information on expanded authority and pre-award costs, go to: https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.
CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards. Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.
Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).
Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please

see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html for revised AR-25.

1. Funding for RFA-CK-18-001 should not overlap with the project period of RFA-CK-15-004.
2. Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.
3. Projects that involve the collection of information, identical record keeping or reporting from 10 or more individuals and are funded by a cooperative agreement and constitute a burden of time, effort, and/or resources expended to collect and/or disclose the information will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA).
4. On September 24, 2014, the Federal government issued a policy for the oversight of life sciences "Dual Use Research of Concern" (DURC) and required this policy to be implemented by September 24, 2015. This policy applies to all New and Renewal awards issued on applications submitted on or after September 24, 2015, and to all non-competing continuation awards issued on or after that date. CDC grantee institutions and their investigators conducting life sciences research subject to the Policy have a number of responsibilities that they must fulfill. Institutions should reference the policy, available at http://www.phe.gov/s3/dualuse, for a comprehensive listing of those requirements. Non-compliance with this Policy may result in suspension, limitation, or termination of USG funding, or loss of future US Government (USG) funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

12. Other Submission Requirements and Information

Application Submission
Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**
Applicants must complete all required registrations before the application due date.
Section III.6 "Required Registrations" contains information about registration.
For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide /url_ redirect.htm? id=11144).

Important reminders: All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application

Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.

If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.
See more resources to avoid common errors and submitting, tracking, and viewing applications: http:// grants.nih. gov/grants/ Electronic Receipt /avoiding _errors.htm or http:// grants. nih.gov/grants/ Electronic Receipt/submit _app.htm
Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (http:// www.cdc.gov/ about/ organization/ mission.htm), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact
Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria
Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field?

If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

- Does the research team include expertise in work that is relevant to the focus of the novel intervention strategies being studied and also include expertise in clinical research, particularly in the field of healthcare epidemiology?
- Does the research team include expertise in surveillance, outbreak investigation and epidemiologic study of adverse events in healthcare settings?
- Does the application demonstrate that investigators have academic leadership in healthcare epidemiology and infection control or HAI prevention research?
- Does the application include a plan to maintain interdisciplinary collaboration between scientists with this expertise and those developing novel candidate interventions, performing efficacy testing and developing evidence-based guidelines for healthcare over the entire two-year project period?
- Have the investigators documented a significant track record of publication in the area of healthcare infection control and healthcare epidemiology?
- Have the investigators demonstrated success in multicenter collaborative projects in the past?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

- Does the proposed study move basic, epidemiologic, or technological discoveries into first or early application of candidate interventions or surveillance strategies that could contribute to the prevention of transmission of infectious pathogens in healthcare settings and patient populations?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?
If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

- Does the application describe a process for overcoming barriers that might arise from gaining IRB approval for facilities that are eligible and willing to collaboratively participate in HAI prevention research as part of this award?
- Does the application include metrics for assessing goals for the entire funding period and approximate timelines for the entire two-year project period?
- Does the application include appropriate power calculations?
- Does the application describe a credible and feasible strategy for coordinating the work among multiple participating centers?
- Does the application describe a strategy for sharing data among multiple centers?
- Does the approach, over the 24-month budget and project period, address a CDC HAI research priority area identified in the section of this NOFO labeled "Objectives/Outcomes"?
- Does the application include a plan to maintain ongoing interdisciplinary collaboration between scientists with the above expertise and those developing novel candidate interventions, performing efficacy testing and developing evidence-based guidelines for healthcare over the entire 24-month budget and project period?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

- Does the application provide documentation that all participating Epicenters are committed and capable of completing the study?
- Does the Lead Epicenter application provide evidence of demonstrated ability to lead and coordinate research that involves multiple healthcare facilities?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46 , the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (http://www.cdc.gov/grants/additionalrequirements/index.html).
If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children
When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/maso/Policy/Policy_women.pdf and the policy on the Inclusion of Persons Under 21 in Research(https://www.cdc.gov/maso/Policy/policy496.pdf).

Vertebrate Animals
The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following five points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) adequacy of veterinary care; 4) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 5) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (https://grants.nih.gov/grants/olaw/VAChecklist.pdf).

Biohazards
Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of

Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.
For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but *will not give scores* for these items, and should not consider them in providing an overall impact/priority score.

Resource Sharing Plan(s)
HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html
New additional requirement: CDC requires recipients for projects and programs that involve data collection or generation of data with federal funds to develop and submit a Data Management Plan (DMP) for each collection of public health data.
Investigators responding to this notice of funding opportunity should include a detailed DMP in the Resource Sharing Plan(s) section of the PHS 398 Research Plan Component of the application. The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.
The DMP should be developed during the project planning phase prior to the initiation of collecting or generating public health data and will be submitted with the application. The submitted DMP will be evaluated for completeness and quality at the time of submission.
The DMP should include, at a minimum, a description of the following:
• Type of data to be produced in the proposed project;
• Mechanisms for providing access to and sharing of the data (including provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights);
• Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
• Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified.
Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

Budget and Period of Support
Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance

for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html
The budget can include both direct costs and indirect costs as allowed.
Indirect costs could include the cost of collecting, managing, sharing and preserving data.
Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.
If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.
The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.docx

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.
As part of the scientific peer review, all applications:

- Will undergo a selection process in which all responsive applications will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office.
Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

Each eligible institution/organization may submit only one application and must include collaborators from at least two other Epicenter institutions that are eligible to apply to this

NOFO.

Funding recommendations may consider the diversity of research topics and/or patient populations being studied. In order to avoid redundant lines of research and to maximize the number of research topics being addressed by the programs, applications that increase the diversity of research topics for the program may be given funding preference as long as each research topic addresses a research priority area identified in Part 2, Section I.2. "Objectives/Outcomes" of this NOFO.

Diversity of research topic areas will be considered based on type of intervention (e.g., antibiotic stewardship, diagnostic stewardship, transmission-based interventions, environmental cleaning), type of infection (e.g., *C. difficile*, MRSA, CRE, VRE, blood stream infections, CLABSI, CAUTI, surgical site infections, VAE, etc.) and patient population (e.g., patients in acute care hospitals, long-term care facilities, outpatient settings, etc.).

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

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

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the DUNS, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the recipient's business official.

Recipients must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

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

Specific requirements that apply to this NOFO are the following:

AR-1: Human Subjects Requirements

AR-2: Inclusion of Women and Racial and Ethnic Minorities in Research

AR-3: Animal Subjects Requirements

AR-6: Patient Care

AR-7: Executive Order 12372 Review

AR-8: Public Health System Reporting Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-22: Research Integrity

AR-25: Policy on Public Health Research and Non-research Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR 31 - Distinguishing Public Health Research and Public Health Nonresearch

AR 32 – FY 2012 Enacted General Provisions

AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern

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

For more information on the Code of Federal Regulations, visit http://www.ecfr.gov/ or the National Archives and Records Administration at: http://www.archives.gov/

To view brief descriptions of relevant CDC requirements visit www.cdc.gov/grants/additionalrequirements/index.html

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy apply to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

Federal Funding Accountability and Transparency Act of 2006 Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252, requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: https://www.fsrs.gov/.

Plain Writing Act The Plain Writing Act of 2010, Public Law 111-274 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: http://www.plainlanguage.gov/plLaw/index.cfm.

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

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the

CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Language Access for Persons with Limited English Proficiency Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take the reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Recipients (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.
Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.
If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.
Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s)
CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, "public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.
This new requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled "Open Data Policy–Managing Information as an Asset" (OMB M-13-13); Executive Order 13642 titled "Making Open and Machine Readable the New Default for Government Information"; and the Office of Science and Technology Policy (OSTP) memorandum titled "Increasing Access to the Results of Federally Funded Scientific Research" (OSTP Memo).
The AR-25 https://www.cdc.gov/grants/additionalrequirements/ar-25.html outlines the

components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

4. Cooperative Agreement Terms and Conditions

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and CDC grant administration policies. The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; CDC Project Officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardees for the project as a whole, although specific tasks and activities may be shared among the awardees and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:

- Collaborating with other Epicenter investigators awarded under RFA-CK-18-001 in developing and implementing multicenter Collaborative Projects.
- Conducting a two-year research program designed to develop and test novel prevention strategies related to the prevention of HAIs.
- Ensuring that each program year budget includes costs for travel to support one to two staff (i.e., the Principal Investigator, a Co-Investigator or Project Manager) to attend two, 2-day planning and steering committee meetings over the two-year project period in Atlanta, Georgia with CDC staff and other awardees.
- Actively participating as a member of the Epicenter Steering Committee. This includes attending annual grantee meetings in Atlanta, GA, convened by CDC staff, and participating in regular communication with other members of the steering committee through regular teleconferences (potentially weekly).
- Ensuring high quality data collection, quality assurance, and quality control procedures are in place for epidemiological and laboratory data.
- Communicating with the CDC Project/ Science Officers about research progress, budgetary issues, and upcoming deadlines for ethical review and abstract submission for national/international conferences.
- Ensuring the protection of human subjects through ethical review of all protocols involving human subjects at the local institution/organization and at CDC, as appropriate, and obtaining the appropriate Institutional Review Board approvals for all institutions or individuals engaged in the research project.
- Assisting in determining the scope and magnitude of newly emerging infectious disease threats by conducting rapid surveys of their patient and provider populations, as needed, during the funding period - the purpose of this activity is to collaborate with CDC to provide a mechanism for rapid assessment across a wide variety of U.S. healthcare

institutions of conditions as they relate to newly emerging infectious disease threats.

- Developing study protocols, implementation plans and standard operating protocols to accomplish the objectives of the research plan.
- Conducting the appropriate training of partners whose knowledge of the study and/or direct participation will be needed.
- Describing research findings at regular intervals in project reports and publishing the results in the peer-reviewed literature with CDC collaborators, as warranted.
- Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Non-research Data Management and Access.
- Working with CDC scientists to obtain OMB-PRA approvals, as needed.
- PUBLICATIONS/PRESENTATIONS: Publications, journal articles, presentations, etc. produced under a CDC grant or cooperative agreement must bear an acknowledgment and disclaimer, as appropriate, for example: “This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention”. In addition, the PI/PD must provide to CDC abstracts or manuscripts prior to any publication related to this funding. The PI/PD will allow adequate time for CDC clearance of all publications/presentations. The grantee will not seek to publish or present results or findings from this project without prior clearance and approval from CDC.
- Complying with the responsibilities for the PI as described in the United States Government Policy for Institutional Oversight of Life Science Dual Use Research of Concern (DURC) http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf).
- Awardees will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.

CDC staff have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- Participating in data analysis, interpretation of results, dissemination and publication of results, if CDC contribution so merits. Data provided to CDC in accordance with this activity considered by awardees to be proprietary, trade secret and/or confidential/private must be clearly identified as such. Should disclosure of such data be requested or required by legal process, CDC will notify awardees and take all action, to the extent allowable by applicable federal law, to withhold the data from disclosure.
- Attending committee meetings and participating in conference calls for the purpose of assessing overall progress and for program evaluation purposes.
- Carrying out continuous review of all activities to ensure project objectives are being met.
- Collaborating, as appropriate, with the recipient in all stages of the program, and providing programmatic and technical assistance, in the areas of epidemiological methods, clinical research, statistical analysis, and laboratory diagnostics.
- Offering assistance to the recipient in all aspects of the science, including active participation in protocol development, implementation and evaluation of research and program activities.
- Serving as an advisor to the Epicenter Program Steering Committee.

- Facilitating and assisting in the development of a research protocol for IRB review by collaborating institutions participating in the research project - a CDC engagement determination will determine if the CDC IRB will also need to approve the protocol.
- Preparing the paperwork necessary for submission of research protocols to the CDC Institutional Review Board for review, as needed.
- Obtaining Office of Management and Budget approval per the Paperwork Reduction Act, if necessary.
- Collaborating with grantees to disseminate study results at national or international meetings and publishing research findings in peer-reviewed scientific literature, if contribution so merits.
- Providing background information on other relevant studies conducted at HHS/CDC or HHS/National Institutes of Health.
- Providing training for project staff on technical and biosafety issues.
- Assisting the PI, as needed, in complying with the Extramural Investigator responsibilities described in the Policy on Public Health Research and Non-research Data Management and Access
- Assisting the PI, as needed, in complying with the PI responsibilities described in the United States Government Policy for Institutional Oversight of Life Science Dual Use Research of Concern (DURC) http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf

For applicants that are successfully funded under this NOFO, the recipient agrees that upon award, their application and the summary of reviewers' comments will be shared with the CDC staff who will serve as collaborators on this research project and who provide technical assistance, as described above. The recipient organization will retain custody of and have primary rights to the information, data and software developed under this award, subject to U.S. Government rights of access, consistent with current HHS/CDC policies.

Areas of Joint Responsibility include:

- None; all responsibilities are divided between awardees and CDC staff as described above.

Additionally, a Scientific Program Officer in the NCHHSTP Extramural Research Program Office (ERPO) will be responsible for the normal scientific and programmatic stewardship of the award as described below:

- Named in the Notice of Award as the Program Official to provide overall scientific and programmatic stewardship of the award;
- Serve as the primary point of contact on official award-related activities including an annual review of the grantee's performance as part of the request for continuation application;
- Make recommendations on requests for changes in scope, objectives, and or budgets that deviate from the approved peer-reviewed application;
- Carry out continuous review of all activities to ensure objectives are being met;
- Attend committee meetings and participate in conference calls for the purpose of assessing overall progress, and for program evaluation purposes; and

- Monitor performance against approved project objectives.

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

The **Federal Funding Accountability and Transparency Act of 2006 (Transparency Act),** includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:

1) Information on executive compensation when not already reported through the SAM Registration; and

2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000**.** It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

Note: Non-competing continuation grant progress reports are not applicable under this NOFO. Grantees awarded under this NOFO will be required to submit a semi-annual performance report during the 24-month project period. The frequency of required performance and financial reporting and the required format will be provided with the award documents and will supersede the “Yearly Non-Competing Grant Progress Report” submission instructions outlined in this NOFO.

A. Submission of Reports

The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

1. **Yearly Non-Competing Grant Progress Report** is due 90 to 120 days before the end of the current budget period. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on

the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

2. **Annual Federal Financial Report (FFR)** SF 425 https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm required and must be submitted through eRA Commons **within 90 days after the end of the calendar quarter in which the budget period ends.**

3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required **90 days after the end of the Period of Performance.**

B. Content of Reports

1. Yearly Non-Competing Grant Progress Report: The recipient's continuation application/progress should include

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (https://grants.nih.gov/grants/rppr/index.htm). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.

- Research Aims: list each research aim/project

a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. *Questions to consider*

in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. *Questions to consider in preparing this section include*:

- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contributed to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:

- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate “Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your

narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project's data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.
Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.
The due date for final FFRs will continue to be 90 days after the Period of Performance end date. Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).
FFR (SF 425) instructions for CDC recipients are now available at https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: https://grants.nih.gov/support/index.html
FFR Submission: The submission of FFRs to CDC will require organizations to register with eRA Commons (Commons) (https://commons.era.nih.gov/commons/). CDC recommends that this one time registration process be completed at least 2 weeks prior to the submittal date of a FFR submission.
Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm.

Organizations not yet registered can go to https://commons.era.nih.gov/commons/ for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.
The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.
3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The recipient's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the Period of Performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity. Please include any additional dissemination efforts that did or will result from the project.

- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

CDC Technical Information Management Section (TIMS)
Telephone 770-488-2700
Email: ogstims@cdc.gov
Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Time

Scientific/Research Contact

Amy Yang, Ph.D.

Office of the Associate Director for Science

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

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

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Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.
All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations
Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code Federal Regulations.

Public Health Service Act, Title 42, Section 317 [U.S.C. Section 247b(k)(2)].