


**Centers for Disease Control**

National Center for Emerging and Zoonotic Infectious Diseases

Pan American Health Organization (PAHO) Building Capacity and Networks to Address Emerging Infectious Diseases in the Americas

CDC-RFA-CK18-1801

Application Due Date: 05/09/2018

Signature _____ Date _____

Pan American Health Organization (PAHO) Building Capacity and Networks to Address Emerging Infectious Diseases in the Americas

CDC-RFA-CK18-1801

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## Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-CK18-1801. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

### A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

### B. Notice of Funding Opportunity (NOFO) Title:

Pan American Health Organization (PAHO) Building Capacity and Networks to Address Emerging Infectious Diseases in the Americas

### C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

### D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CK18-1801

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

93.099

### F. Dates:

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

**2. Due Date for Applications:** **05/09/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

**Only the Pan American Health Organization (PAHO) may apply. No other applications are being solicited.**

**3. Date for Informational Conference Call:**

N/A

### G. Executive Summary:

**1. Summary Paragraph:**

The Centers for Disease Control and Prevention announces the availability of funds for collaboration with the Pan American Health Organization (PAHO), an international public health agency that serves as the Regional Office for the Americas of the World Health Organization (WHO) as part of the United Nations system. The purpose of this NOFO is to continue assistance to PAHO in the development and implementation of coordinated plans and networks that enable national governments and regional authorities in the Americas to implement the International Health Regulations (IHR) and better address infectious diseases, particularly emerging infections, and other public health emergencies. Specific strategies and activities of this NOFO will continue to focus on improving infectious disease surveillance and

response, building public health infrastructure and systems, strengthening national capacities for safe patient care and clinical management, sharing knowledge, tools and other resources in support of applied epidemiology, and developing improved infectious disease prevention and control strategies.

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| **a. Eligible Applicants:** | Single |
| **b. NOFO Type:** | Cooperative Agreement |
| **c. Approximate Number of Awards:** | 1 |
| **d. Total Period of Performance Funding:** | $20,000,000 |
| **e. Average One Year Award Amount:** | $3,000,000 |
| **f. Total Period of Performance Length:** | 5 |
| **g. Estimated Award Date:** | 08/01/2018 |
| **h. Cost Sharing and / or Matching Requirements:** | N |

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

## Part II. Full Text

### A. Funding Opportunity Description

### Part II. Full Text

### 1. Background

#### a. Overview

The spread of infectious disease epidemics from country to country has become a major global health threat (e.g., SARS, H1N1, Polio, Ebola, Zika virus, etc.). As a legally binding international treaty, the International Health Regulations (IHR 2005) require the World Health Organization (WHO) Member States to detect, assess, report and respond to acute public health risks that have the potential to cross borders and threaten people worldwide. WHO states on its website, "The implementation and monitoring of core capacities continues to present a challenge in many technical areas, including legislation, points of entry, surveillance and response, laboratory capacity, human resource development and chemical radio nuclear safety. Effective multisectoral collaboration remains a priority. WHO, its partners and States Parties need to continue working collectively to bridge identified gaps in IHR core capacities in the most efficient and effective way, using existing strategic approaches, networks and resources." (Ref: http://www.emro.who.int/international-health-regulations/about/ihr-core-capacities.html).

On September 19, 2011, the Government of the United States of America and the World Health Organization (WHO) signed a memorandum of understanding (MOU) to help WHO Member States strengthen their capabilities to support the International Health Regulations (IHR). The

MOU includes specific statements that authorize WHO and its regional offices (including PAHO) to pursue activities that improve the ability of all nations to detect, assess, report, and respond to infectious diseases quickly and accurately. WHO and its Regional Offices are at the apex of global public health organizations and thus have an exclusive status as the United States government's key partners for global public health. The U.S. Government and WHO share a commitment to strengthen cooperation in the area of global health security to ensure that the international community effectively manages public health risks. Improving the ability of all nations to detect, assess, report, and respond to infectious diseases quickly and accurately lies at the heart of the global community's ability to address all infectious disease threats, as reflected in the IHR.

PAHO is an international public health agency (established in 1902), and serves as the Regional Office for the Americas of the WHO as part of the United Nations system. As such, PAHO has a unique position among the world's health agencies as the lead technical agency for health within the Americas. The Centers for Disease Control and Prevention entered into a five-year cooperative agreement with the Pan American Health Organization (PAHO) on June 15, 2008 to assist PAHO in implementing the MOU regarding the International Health Regulations. That agreement ended September on June 14, 2013, and CDC entered another five-year agreement with PAHO on September 3, 2013. The current agreement ends September 2, 2018. This funding opportunity will continue this mutually beneficial partnership.

CDC program managers, PAHO administrators, and national health authorities in the Americas agree that the activities funded under the previous and current agreement have supported the requirements of the MOU, strengthened overall infectious disease surveillance and response in the Americas, improved national and regional public health infrastructure and systems, and provided critical technical assistance in support of applied epidemiology and the development of infectious disease prevention and control strategies.

**b. Statutory Authorities**

This program is authorized under sections 301 and 307 of the Public Health Service Act, as amended [42 U.S.C. §§ 241 and 2421].

**c. Healthy People 2020**

HP 2020 Topic Areas: https://www.cdc.gov/nchs/healthy_people/hp2020.htm

- Global Health
- HIV
- Immunization and Infectious Diseases
- Food Safety
- Healthcare Associated Infections
- Preparedness

**d. Other National Public Health Priorities and Strategies**

*The International Health Regulations (IHR) http://www.who.int/topics/international_health_regu*

*lations/en/*

*CDC Global Health - Spotlight: International Health Regulations (2005) https://www.cdc.gov /globalhealth/ihr/index.html*

Global Health Security: International Health Regulations (IHR): https://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/index.html

**e. Relevant Work**

The CDC National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) has a critical role in helping countries in the Americas to comply with the International Health Regulations (IHR) for preventing the spread of infectious agents that threaten the U.S. and global health. NCEZID Global Strategic Objectives that are addressed by this NOFO include:

Goal 1: Health Impact - Develop and implement high-impact interventions: Objective 1: Reduce the burden of foodborne and waterborne diseases: Objective 2: Reduce the spread of antimicrobial resistant (AR) pathogens and promote safe health care

> The National Center for Emerging and Zoonotic Infectious Diseases **Strategic** Plan, 2012-2017: https://www.cdc.gov/ncezid/pdf/strategicplan_ncezid.pdf

Goal 2: Health Security - Enhance preparedness

> Global Health Security: International Health Regulations (IHR): https://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/index.html

Goal 3: Health Capacity - Strengthen public health fundamentals

> A CDC Framework for Preventing Infectious Diseases https://www.cdc.gov/oid/docs/id-framework-2pageoverview.pdf

This NOFO will continue CDC collaboration with PAHO to build upon the past and current NOFO (CK13-1301.NU50). CDC-supported activities in the Americas include, but are not limited to the following:

- Enhancing laboratory and surveillance capacities for the prevention and control of arbovirus and other emerging/re-emerging viruses *(e.g., Zika, Dengue, Yellow Fever, WNV, ):*
    - Improve and enhance the capacities in the national laboratories:
    - Technical support for national laboratories and regional epidemiology surveillance
    - Collaboration on the development and reinforcement of a regional Arbovirus Diagnostic Laboratory Network.
- Strengthening the detection, monitoring and response to Foodborne-related events through integrated surveillance in the Americas.
- Supporting the implementation and expansion of HIV prevention, surveillance, care and treatment policies and interventions in the Caribbean.
- Strengthening surveillance, diagnosis and clinical management capacities.
    - Training of health care workers to implement PAHO guidelines on infection prevention and control in health care facilities in selected/priority countries in the Americas.
- Ensuring the coordination, monitoring and reporting of CDC-funded projects and the

integration of IHR core capacities in health systems in the Americas.

PAHO's progress in implementing IHR was reported 09/16/2016 at 55th Directing Council, 68th Session of the Regional Committee of WHO for the Americas. Reference Working Documents:

CD55/12,Rev.1: *Implementation of the International Health Regulations (IHR),* http://www.paho.org/hq/index.php?option=com_content&;;view=article&;;id=1279&;;Itemid=1159&;;lang=en

CD55/5: *Report of the End-of-biennium Assessment of the Program and Budget 2014- 2015/First Interim Report on the PAHO Strategic Plan 2014-2019,* http://iris.paho.org/xmlui/bitstream/handle/123456789/31418/CD55-5-e.pdf?sequence=1&;;isAllowed=y

## 2. CDC Project Description

### a. Approach

**Bold** indicates period of performance outcome.

| Strategies / Activities | **Short-term Outcomes** | **Intermediate Outcomes** | **Long-term Outcomes** |
|---|---|---|---|
| Strengthen the national capacity of countries in the Americas, (including regional and sub-regional networks) in the Americas to detect, verify, assess and respond to outbreaks and other public health emergencies of national and international concern (PHEICs). | **Continued regional and national public health leadership and collaborations. Coordinated planning, monitoring and reporting of countries' progress on IHR Core Capacities, CDC Global Health Security Agenda (GHSA) and other PHEICs.** | **Countries' improved surveillance and early warning capabilities for public health events.** Planning, coordination, infrastructure and resource mechanisms in place and committed to achieve and sustain IHR compliance. | All countries' public health systems in the Americas have sustained IHR core capacities for surveillance of and response to infectious diseases outbreaks and other PHEICs. |
| Enhance national public health laboratories' capacities to improve infectious disease detection, diagnosis, and results interpretation for arboviruses.<br>Enhance country capacity to conduct high-quality laboratory based surveillance for arboviruses particularly for chikungunya, dengue, | **More rapid and accurate laboratory testing, diagnosis and characterization of infectious diseases.**<br>**Better networking of laboratories. More countries participate in external quality control programs.** | **More laboratories able to provide differential testing for arboviruses. A larger number of public health laboratories are able to test for more pathogens.**<br>**More timely identification of arboviral outbreaks.**<br>More countries implement accreditation programs for | Laboratory capacities strengthened for diagnosis and clinical management of infectious diseases in the Americas.<br>Countries demonstrate IHR core capacities and GHSA priority pathogens/core diagnostics. |

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| yellow fever and Zika. | | public health laboratories. | |
| Strengthen and enhance surveillance for the prevention and control of infectious diseases in the Americas, including enteric and foodborne, HIV, HAIs and AMR. | **Outbreak detection and response will be more timely. Increased ability to describe the geographic distribution, social determinants of health, and health disparities related to infectious diseases. Improved quality of surveillance indicator data.** | **Early detection of emerging infectious diseases.** Established public health capacity, infrastructure and systems that adequately address infectious diseases. | Effective surveillance in all public health systems that result in decreased morbidity due to infectious disease. |
| Strengthen national capacities for safe patient care and clinical management. | **Improved compliance with patient safety policies and guidelines. Reduced adverse patient exposures or risks to clinical facility acquired infectious diseases.** | **More institutions implement best practices for patient safety in clinical care settings.** | Reduction in infectious diseases acquired in health care facilities in the Americas. |
| Monitor and evaluate overall program performance and the progress of individual projects or activities. | **Project activities address IHR core capacities. GHSA priorities and key strategic areas.** | **Strategies and activities are continued, modified or discontinued based on evaluation results.** More effective reporting and monitoring system. | Effective infectious disease prevention and control strategies are advanced. |
| Publish and disseminate findings, program | **Research findings and best practices are available and** | Countries apply findings | Enhanced knowledge |

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| evaluations, and lessons learned. | **accessible to countries in the Americas.** | and best practices. | generation, innovation, and tools for improved surveillance and response. |

**i. Purpose**

This NOFO aims to protect Americans from infectious diseases by supporting implementation of the International Health Regulations in the Americas. The recipient will help strengthen the capacity of public health systems and laboratories in countries in the Americas to prevent, detect, and respond to infectious diseases and other public health emergencies.

**ii. Outcomes**

The recipient is expected to achieve the following outcomes during the period of performance that will be in alignment with a performance goal for the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID): Protect Americans from Infectious Diseases; and in alignment with PAHO/WHO strategic cooperative framework; and the International Health Regulations (2005):

Short-term Outcomes:

- Continued regional and national public health leadership and collaborations.
- Coordinated planning, monitoring and reporting of countries' progress on IHR Core Capacities, CDC Global Health Security Agenda (GHSA) and other PHEICs.
- More rapid and accurate laboratory testing, diagnosis and characterization of infectious diseases.
- Better networking of laboratories.
- More countries participate in external quality control programs.
- Outbreak detection and response will be more timely.
- Increased ability to describe the geographic distribution, social determinants of health, and health disparities related to infectious diseases.
- Improved quality of surveillance indicator data.
- Improved compliance with patient safety policies and guidelines.
- Reduced adverse patient exposures or risks to clinical facility-acquired infectious diseases.
- Project activities address IHR core capacities. GHSA priorities and key strategic areas.
- Research findings and best practices are available and accessible to countries in the Americas.

Intermediate Outcomes:

- Countries' improved surveillance and early warning capabilities for public health events.
- More laboratories able to provide differential testing for arboviruses, and a larger number

of public health laboratories are able to test for more pathogens.
- More timely identification of arboviral outbreaks.
- Early detection of emerging infectious diseases.
- More institutions implement best practices for patient safety in clinical care settings.
- Strategies and activities are continued, modified or discontinued based on evaluation results.
- Countries apply findings and best practices.

**iii. Strategies and Activities**

Strategies and activities of this NOFO will focus on strengthening the national capacity of public health systems and laboratories in countries (including regional and sub-regional networks) in the Americas to: 1) detect, verify, assess and respond to outbreaks and other public health emergencies of national and international concern (PHEICs); 2) improve infectious disease detection, diagnosis, and results interpretation for arboviruses; and conduct high-quality laboratory based surveillance for arboviruses particularly for chikungunya, dengue, yellow fever and Zika; 3) enhance surveillance for the prevention and control of infectious diseases in the Americas, including enteric and foodborne, AMR and HIV; 4) strengthen national capacities for safe patient care and clinical management; 5) Monitor and evaluate overall program performance and the progress of individual projects or activities; and 6) publish and disseminate findings, program evaluations, and lessons learned. These strategies and activities align with NCEZID Global Strategic Objectives:

Goal 1: Health Impact - Develop and implement high-impact interventions:

- Develop, implement, and conduct projects to enhance infectious disease surveillance, response, prevention, and control.
- Strengthen the detection, monitoring and response to Foodborne-related events through integrated surveillance in the Americas.
- Train health care workers to implement PAHO guidelines on infection prevention and control in health care facilities in selected/priority countries in the Americas.
- Support the implementation and expansion of HIV prevention, surveillance, care and treatment policies and interventions in the Caribbean.
- Enhance laboratory and surveillance capacities for the prevention and control of arbovirus and other emerging/re-emerging viruses *(e.g., Zika, Chikungunya, Dengue, Yellow Fever, WNV, AMR, HAIs, etc.):*
    - Improve and enhance the capacities in the National laboratories.
    - Strengthen surveillance, diagnosis and clinical management capacities.
    - Technical support for national laboratories and regional epidemiology surveillance
    - Collaboration on the development and reinforcement of a regional Arbovirus Diagnostic Laboratory Network.

Goal 2: Health Security - Enhance preparedness

- Early assessment and notification of urgent public health events through appropriate response and IHR channels.
- Ensuring the coordination, monitoring and reporting of CDC-funded projects and the

integration of IHR core capacities and CDC Global Health Security Agenda (GHSA) in health systems in the Americas.

Goal 3: Health Capacity - Strengthen public health fundamental

- Strengthen regional and national public health networks and inter-sectorial co- operation; also collaborate with other health organizations, academic institutions, and community groups as appropriate to accomplish program activities.
- Strengthen regional and national public health leadership and collaboration.
- Monitor and evaluate overall program performance and the progress of individual projects or activities.
- Publish and disseminate findings, program evaluations, and lessons learned.
- Strengthening surveillance, diagnosis and clinical management capacities.

**1. Collaborations**

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

The applicant must describe how it will collaborate with CDC programs and other key CDC-funded agencies and organizations to address the strategies and activities described in the CDC Project Description.

The recipient is required to collaborate with CDC (including its established in-country offices/programs in the Americas) to plan, budget, implement and evaluate all program activities. CDC will provide general guidance for planning, funding, implementing and evaluating program strategies and activities. The recipient is encouraged to collaborate with other CDC-funded organizations with expertise in proposed program activities as needed.

**b. With organizations not funded by CDC:**

The applicant must provide a list of organizations (including regional and sub regional partnerships) it plans to collaborate with and an explanation of how each collaboration will aid in implementing activities. The applicant must describe the history of working and collaborating with governmental, non-governmental, UN and other international organizations as it relates to the proposed program strategies and activities. The applicant must have Memoranda of Agreements (MOA), Memoranda of Understanding (MOU), letters of commitment, or service agreements as required by United States of America and the World Health Organization as part of the United Nations System. Applicants must name the file “MOUs/MOAs” and upload it as a PDF file at www.grants.gov

The recipient is required to collaborate with WHO Member States, Ministries of Health. It is encouraged to collaborate with social security agencies, other government institutions, non-governmental organizations, academic institutions, community groups, and others to to accomplish program activities that strengthen national and local health systems and improve the health of the peoples of the Americas. Documentation of agreements should describe the scope of work, intensity, duration, specific activities, and which parties are responsible for each specific

activities.

**2. Target Populations**

People living in and traveling to and from the Americas.

**a. Health Disparities**

The strategies and activities of this NOFO respect the dignity and diversity of individuals, groups and countries; and promote fairness and justice by eliminating differences that are unnecessary and avoidable. Funded programs should include people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, target populations, etc.). Applicants should include and, where appropriate/applicable, specifically address the needs of tribal organizations; vulnerable populations (pregnant/lactating women, unaccompanied children, and the elderly); non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; and people with limited health literacy.

*For additional information about disability inclusion, go to:* http://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html.

**iv. Funding Strategy**

There is no funding formula, ceiling or floor on particular activities for each of the budget years.

**b. Evaluation and Performance Measurement**

**i. CDC Evaluation and Performance Measurement Strategy**

The overall CDC Evaluation and Performance Measurement Strategy will focus on both process and outcome evaluation. Process evaluation is conducted to monitor activities during the implementation and operation of a program. Outcome evaluation examines the longer-term successes and accomplishments of a program.

CDC will work the recipient to ensure each project has performance measures that are feasible and consistent with NOFO strategies/activities, outputs and outcomes. Process evaluation will include CDC conducting the following activities:

- Collaborate on proposed project work plans and budgets prior to submission to CDC for funding, and recommend adjustments as needed.
- Periodically monitor progress to ensure projects are being implemented as planned to achieve expected outcomes.
- Conduct technical reviews of annual progress reports based on performance measures,

and recommend grantee actions as needed.

CDC will use the following measures to track implementation of recipient strategies and activities, and progress on outcomes:

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| **Strategy 1:** Strengthen the national capacity of countries in the Americas, (including regional and sub-regional networks) in the Americas to detect, verify, assess and respond to outbreaks and other public health emergencies of national and international concern (PHEICs). | | |
| **Outcomes** (within the 5-year period of performance)**:** Continued regional and national public health leadership and collaborations. Coordinated planning, monitoring and reporting of countries? progress on IHR Core Capacities, CDC Global Health Security Agenda (GHSA) and other PHEICs. Countries? improved surveillance and early warning capabilities for public health events. | | |
| **Strategy-1 Activities** | **Performance Measures** | **Outcome Measures** |
| Ensure coordination, monitoring and reporting of activities proposed in the project | Number of staff supporting the project throughout its entire duration (target =1) | Project related technical and administrative requirements duly fulfilled according to deadlines |
| Enhance the regional coordinated capacity to support response to public health events of national or potential international concern and to assess specific risks | Number of countries that are implementing Epidemic Intelligence from Open Sources (EIOS) to strengthen early warning surveillance capacities (target = 5) | Number of countries implementing EIOS that show demonstrated improvements in detecting outbreaks earlier |
| Promote the integration and sustainability of essential public health functions (core capacities defined in the IHR) within the health systems | Number of countries with existing planning and financing mechanisms that enabled them to apply and comply with IHR provisions (target =8) | Increased number of countries applying and complying with IHR provisions |
| Revisit the institutional positioning and functioning of the National IHR Focal Point Offices | Number of countries with national IHR Focal Points reflected in emergency response plans (target =8) | Number of National IHR Focal Point response teams setup and actively engaged in a PAHO-instituted regional response network |
| Support regional and sub-regional partnerships and contribute to global activities | Number of resolutions related to IHR approved by the PAHO Directing Council (target =4) | Number of PAHO public health related agreements with member states that align with IHR priorities. |
| **Strategy 2:** Enhance national public health laboratories? capacities to improve infectious disease detection, diagnosis, and results interpretation for arboviruses. Enhance country capacity to conduct high-quality | | |

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| laboratory based surveillance for arboviruses particularly for chikungunya, dengue, yellow fever and Zika. | | |
| **Outcomes (**within the 5-year period of performance)**:** More rapid and accurate laboratory testing, diagnosis and characterization of infectious diseases. Better networking of laboratories. More countries participate in external quality control programs. More timely identification of arboviral outbreaks. More laboratories able to provide differential testing for arboviruses, and a larger number of public health laboratories are able to test for more pathogens. More timely identification of arboviral outbreaks. | | |
| **Strategy-2 Activities** | **Performance Measures** | **Outcome Measures** |
| Support countries and member states to enhance the timely detection of emergent and re-emergent arboviruses | Number of comprehensive reviews of laboratory capacity conducted in national public health laboratories, related to arboviral molecular and serological testing, including documentation management, biosafety, biosecurity, equipment and other components of the quality assurance systems (target=6)<br>Number of laboratories receiving critical reagents and supplies for yellow fever testing (target=20)<br>Number of countries receiving critical reagents and supplies for chikungunya, dengue and Zika testing (target=25)<br>Number of laboratories that participate in annual External Quality Assurance Programs (EQAP) for molecular and serological detection of arboviruses (target=25)<br>Number of laboratories implementing a new (for the laboratory) molecular or serological assay for arboviral surveillance or differential diagnosis (target=10)<br>Number of laboratories trained in the detection of potentially emerging and re-emerging arboviruses, including dengue, Zika, chikungunya, and yellow fever viruses (target=20) | % of countries reporting arboviral data to PAHO on time for at least 90% of epi weeks (target 80%)<br>Number of laboratories with capacity to detect Mayaro or Oropouche virus (target 15) |
| Foster the integration and | Tool for the integration of laboratory | Increased number of national public |

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| active participation of national public health laboratories to the Arbovirus Diagnosis Laboratory Network (RELDA) | detection and epidemiological data from the national surveillance systems generated and implemented in selected countries (target=3)<br>Number of RELDA members receiving training and reagents for sequencing and phylogenetic analysis under the VIGENDA project.<br>Number of technology transfers performed between RELDA members for the production of key in-house reagents for arboviral diagnostics (target=2)<br>Number of countries attending RELDA annual meeting (target 20) | health laboratories fully integrated to RELDA (target 25): # testing for YF in human samples. (target 20)<br># testing for Chik, Zika and dengue (target 25)<br>Number of countries providing arboviral genetic sequences to Vigenda (target 10)<br>Participating RELDA laboratories correctly identify >90% of each sample in EQA proficiency test for arboviruses |
| **Strategy 3:** Strengthen and enhance surveillance for the prevention and control of infectious diseases in the Americas, including enteric and foodborne, HIV, HAIs and AMR.<br>**Outcomes (**within the 5-year period of performance)**:** Outbreak detection and response will be more timely. Increased ability to describe the geographic distribution, social determinants of health, and health disparities related to infectious diseases. Improved quality of surveillance indicator data. Early detection of emerging infectious diseases. | | |
| **Strategy-3 Activities** | **Performance Measures** | **Outcome Measures** |
| Activity 3.1: Strengthen detection, monitoring and response to Foodborne related events: Implementation of Integrated Surveillance in Enteric and Foodborne Disease | | |
| Support PulseNet Latin America and the Caribbean participating countries to establish and develop programs of integrated surveillance for foodborne and other enteric diseases: Support countries prioritizing pathogens under surveillance; conduct training in integrated surveillance | Number of participating countries implementing at least one intervention with the shared data (target 4)<br>Number of countries trained in integrated surveillance systems (target tbd) | Earlier detection and response to foodborne and waterborne events.<br>Earlier implementation of control measures that reduce the burden of enteric diseases in human populations.<br>Better monitoring of trends to understand the epidemiology of enteric diseases |
| Strengthen laboratory network in PulseNet Latin America and the Caribbean to build capacity for the detection of foodborne disease using high resolution molecular | A growing number of laboratories in the PulseNet Latin America Network are applying WGS for routine public health surveillance (target 8 with LoAs)<br>Multiple PulseNet LAC participants | Increase in number of laboratories implementing integrated surveillance of foodborne diseases and antimicrobial resistance through WGS<br>All members of PNLAC have |

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| subtyping. | have received training on the analysis of WGS by using a gene-by-gene analysis approach- whole genome multi-locus sequence typing (wgMLST) (target 5) | equipment to perform whole genome sequencing and trained staff. |
| Activity 3.2: Strengthen Detection, Monitoring and Response to Antimicrobial Resistance in Latin America and the Caribbean | | |
| Strengthen country capacity for an integrated AMR surveillance, including emerging resistance mechanisms, notification and reporting<br><br>Develop and implement training programs for data collection and reporting of AMR at national and regional levels | Number of countries with National Action Plans (NAPs) in place to contain antimicrobial resistance, integrating laboratory and epidemiological data, including AMR along the food chain (target 7)<br><br>Number and % of laboratory facilities, designated in the national action plan for AMR or through a government-led surveillance system that conducts antibiotic susceptibility testing (AST) and reports susceptibility data to a designated national body in the last 6 months (# tbd)<br><br>Annual Reports of RELAVRA containing data from Latin America and Caribbean countries prepared | Declines in AMR incidence among infections caused by specific pathogens (e.g., proportion of BSIs caused by CRE)<br><br>Declines in proportion of AMR infections among specific populations (e.g., neonatal sepsis<br><br>Increase the number of countries that monitor and report data on antimicrobial resistance in isolates collected from animal and food. (Annual report available) |
| Develop and establish a regional AMR surveillance network for invasive fungal diseases that provides data for decision making, which will contribute to the global network. | Develop concept paper on the principles of AMR surveillance in fungal diseases<br><br>Number of laboratories assessed in their capacity for fungal detection, characterization and antifungal susceptibility determination (target 5) | Principles of AMR surveillance in fungal diseases incorporated into countries National Action Plans<br><br>Plans developed to address gaps in laboratory capacity for fungal detection and characterization |
| Strengthen country capacity for rational use of antimicrobials, including the implementation of operational, multidisciplinary, antimicrobial stewardship | Number of countries with an AMR-specific communication strategy in place, the use of evidence generated from AMR surveillance to inform antibiotic use practices<br><br>Number of countries with specific | Report of the Implementation of antimicrobial stewardship policies within targeted countries.<br><br>Number of countries that develop national antimicrobial stewardship program and policies |

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| programs. | targets for antibiotic prescribing, including systems or incentives to encourage appropriate behaviors (target 3)<br>Number of countries creating standard treatment guidelines informed by local data (tbd) | |
| Activity 3.3: Strengthen HIV Surveillance and Strategic Information | | |
| Provide regional leadership and support for the implementation and expansion of HIV prevention, surveillance, care and treatment policies and interventions in the Caribbean | HIV administrative specialist audits and develops financial reports for the CDC cooperative agreement<br>Staff/consultants support implementation and ongoing monitoring of PEPFAR indicators | Number of supported countries with national care and treatment policies aligned with WHO 2016 Guidelines (e.g. that include differentiated models of care and treatment for all PLHIV). |
| Provide support for the update and implementation of national policies and protocols aligned with WHO guidelines including differentiated models of care and key population friendly services | Jamaica, Trinidad and Tobago national plans revised and updated<br>Follow meetings with stakeholders on the HIV/STI response in Trinidad and Tobago and key regional partners, to review the progress<br>Review/training to improve the differentiated models of care at treatment sites for key populations | Number of supported countries with national care and treatment policies aligned with WHO 2016 Guidelines (e.g. that include differentiated models of care and treatment for all PLHIV). |
| Provide direct support to strengthen national capacity for HIV strategic information to monitor progress of Fast Track targets | Number of supported countries with up-to-date (<1 year old) care and treatment cascade<br>Number of CDC priority countries conducting annual review of progress against fast track/2020 targets | Number of CDC priority countries that meet 90-90-90 targets by 2020 |
| Ensure linkages and alignment to the WHO/UNAIDS global and regional strategies and plans, in particular priorities for the PEPFAR Caribbean Regional Program. | Number of countries including new prevention targets in their national strategic plans<br>Number of countries implementing HIVDR surveillance according to WHO recommendations | Number of supported countries including new prevention targets in national strategic plans or program monitoring reports. |
| Support countries in | Number of countries advancing toward | Number of supported countries |

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| strengthening their national capacity to support the WHO ?treat all? policy, improving efficiency and sustainability of the HIV response and improving strategic information. | the implementation of ?treat all?<br>Key indicators reported by CDC priority countries align with GAM, Caribbean Regional Strategic Framework for HIV, PEPFAR and National Strategic Plans | developing Road Maps for Implementation of Treat All. |
| **Strategy 4:** Strengthen national capacities for safe patient care and clinical management. | | |
| **Outcomes (**within the 5-year period of performance)**:** Improved compliance with patient safety policies and guidelines. Reduced adverse patient exposures or risks to clinical facility-acquired infectious diseases. More institutions implement best practices for patient safety in clinical care settings. | | |
| **Strategy-4 Activities** | **Performance Measures** | **Outcome Measures** |
| Ensure the coordination, monitoring and reporting of activities proposed in the project | Number of staff supporting the project throughout its entire duration (target 2) | Project?s related technical and administrative requirements duly fulfilled according to deadlines |
| Support regional and sub-regional partnerships to enhance infection control through elaboration and implementation of regional recommendations for safe care and isolation of patients and decrease the HAI disease burden including AMR | Number of new institutions supporting the Latin American and Caribbean IPC expert?s network (target 10) | Formal LAC IPC experts network established and/or formal institutional agreement signed |
| Support Countries to build and implement of national policy, guidelines and tools for strengthening IPC capacities for decrease of HAI burden including AMR and containment of communicable disease when it presents at health care facility | Number of countries supported in strengthening national, multidisciplinary IPC programs in developing national policies, guidelines for IPC programs (target 18)<br>Number of facilities supported in implementing multi-modal strategies for facility-specific IPC programs (tbd)<br>Number of IPC professionals certified or trained by a recognized university/ institutions in the region with PAHO Support (target 170) | Final policy published and available at country level<br>Number of health care workers trained |
| Support countries to build capacity of surveillance and | Number of countries in the region through PAHO support with active, | National reports of HAI Surveillance available |

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| outbreak investigation and containment of health care associated infection | standardized national systems to track and improve priority healthcare-associated metrics, including HAIs (target 15) | |
| **Strategy 5:** Monitor and evaluate overall program performance and the progress of individual projects or activities. | | |
| **Outcomes (**within the 5-year period of performance): Project activities address IHR core capacities. GHSA priorities and key strategic areas. Strategies and activities are continued, modified or discontinued based on evaluation results. | | |
| **Strategy-5 Activities** | **Performance Measures** | **Outcome Measures** |
| Provide technical assistance in the design, conduct, and evaluation of projects and activities.<br>Ensure all projects use effective performance measures. | Staff assigned to monitor and report progress project activities throughout performance period. (target =1)<br>All project activities that have specific indicators and time lines for achievement. | Annual Progress Reports include performance-based data and measurable progress.<br>Continuation of activities and funding decisions based on analyzable data and documented need. |
| **Strategy 6:.Publish and disseminate findings, program evaluations, and lessons learned.**<br>**Outcomes (**within the 5-year period of performance)**:** Progress reports produced and disseminated. Findings and best practices shared. | | |
| **Strategy-6 Activities** | **Performance Measures** | **Outcome Measures** |
| Publish/disseminate reports on improved infectious disease surveillance, prevention and control strategies. | Number of project activity findings published and disseminated (target tbd).<br>Number of reports presented on project activity findings. | Number of targeted countries showing improvements in infectious disease surveillance, prevention and control strategies. |

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

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

applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

**c. Organizational Capacity of Recipients to Implement the Approach**

The applicant must have demonstrated capacity in the following areas:

- Experience in advancing public health and the detection, control and prevention infectious diseases in the Americas.
- Formal relationship with WHO member countries and territories in the Americas to advance International Health Regulations.
- Organizational strategic plan, including achieving and sustaining IHR core capacities in the Americas.
- Infrastructure with established regional branches/country offices in the Americas.
- Established organizational capacity and networks to address infectious diseases in the Americas.
- Collaborating and cooperating with Ministries of Health and other public health partners to address infectious disease control and prevention in the Americas.
- Administrative management of multiple complex funding sources with stringent tracking/monitoring and reporting requirements.
- Established public health policies, priorities and action plans to address regional health problems in the Americas.
- Promotion of health equity and human rights, and reduction of health disparities.

**d. Work Plan**

Work plans will be developed by PAHO in-country partners in collaboration with CDC partners.

**e. CDC Monitoring and Accountability Approach**
Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

**f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)**
To support implementation of the IHR, CDC will conduct the following activities:

- Assist in analysis of regional, national, and local resources in the Americas devoted to infectious diseases.
- Identify areas for implementation of infectious disease activities consistent with the purpose of this cooperative agreement.
- Cooperate with and provide technical assistance to country partners to design, develop, implement, and conduct projects to enhance infectious disease surveillance, response, prevention, and control.
- Collaborate to establish performance measurements for assessing and documenting progress on strategic activities and outcomes.
- Provide technical support and training in the development of national policies, guidelines and tools.
- Collaborate with other health organizations, academic institutions, and community groups as appropriate to accomplish program activities.
- Assist in the analysis and interpretation of data generated from projects.

- Participate in the dissemination of program information and data.
- Collaborate to compile and publish accomplishments, best practices, and lessons learned.

## B. Award Information

| | |
|---|---|
| **1. Funding Instrument Type:** | Cooperative Agreement<br>CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section. |
| **2. Award Mechanism:** | 93.099 |
| **3. Fiscal Year:** | 2018 |
| **4. Approximate Total Fiscal Year Funding:** | $3,903,312 |
| **5. Approximate Period of Performance Funding:** | $20,000,000 |

This amount is subject to the availability of funds.

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| Estimated Total Funding: | $20,000,000 |
| **6. Approximate Period of Performance Length:** | 5 year(s) |
| **7. Expected Number of Awards:** | 1 |
| **8. Approximate Average Award:** | $3,000,000 Per Budget Period |
| **9. Award Ceiling:** | $0 Per Project Period |

This amount is subject to the availability of funds.

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| **10. Award Floor:** | $0 Per Budget Period |
| **11. Estimated Award Date:** | 08/01/2018 |
| **12. Budget Period Length:** | 12 month(s) |

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

**13. Direct Assistance**

Direct Assistance (DA) is not available through this FOA.

## C. Eligibility Information

### 1. Eligible Applicants

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

Additional Eligibility Category:

### 2. Additional Information on Eligibility

Assistance will be provided only to the Pan American Health Organization (PAHO). No other applications are being solicited. PAHO is the only international and intergovernmental agency qualified to conduct activities under this cooperative agreement. (See justification below.)

### 3. Justification for Less than Maximum Competition

The Pan American Health Organization (PAHO), headquartered in Washington DC, is an international public health agency that works to improve health and living standards in the Americas. It serves as the Regional Office for the Americas of the World Health Organization (WHO) as part of the United Nations system. As such, PAHO has a unique position among the world's health agencies as the lead technical agency for health within the Americas. For additional information, please see http://www.paho.org

WHO and its Regional Offices (including PAHO) are at the apex of global public health organizations and thus have an exclusive status as the United States government's key partners for global public health.

On September 19, 2011, the Government of the United States of America and the World Health Organization signed a memorandum of understanding (MOU) to help developing nations strengthen their capabilities to support the International Health Regulations (IHR). The IHR (2005) is an international agreement that requires WHO Member States to prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide. The U.S. Government and WHO share a commitment to strengthen cooperation in the area of global health security to ensure that the international community effectively manages public health risks. Improving the ability of all nations to detect, report, and respond to infectious diseases quickly and accurately lies at the heart of the global community's ability to address all infectious disease threats, as reflected in the IHR. The MOU establishes a framework for collaboration in line with the provisions set forth in the IHR, which provides a construct for coordinating the management of actions in the event of a public health emergency of international concern. The MOU was signed by Secretary Kathleen Sebelius, Department of Health and Human Services, and Director-General Margaret Chan, World Health Organization, and subsequently by Ambassador Betty E. King, United States Permanent Representative to the United Nations in Geneva. The full text of the MOU can be accessed at: http://www.globalheal

th.gov/global-health-topics/health-diplomacy/agreements-and-regulations/20110922-mem.html.

The MOU includes the following specific statements that support single-source consideration of WHO and its regional offices (including PAHO) for funding activities that fall under the scope of the MOU:

Section 8.a.: "The United States Department of Health and Human Services (DHHS) continues to serve as the primary substantive interface with WHO on global health and health security. DHHS plans to ensure coordination with other U.S. Government departments, agencies, and entities that collaborate on health matters within the scope of this Memorandum to enhance the effectiveness of such activities. The U.S. Government agencies intend to develop programs and provide funds through mechanisms that may be determined jointly by the U.S. Government agency and WHO."

Section 8.b.: "Specific funding mechanisms are intended to be developed and U.S. Government agencies intend to collaborate with WHO to define specific work to be undertaken by the Participants and the division of responsibilities."

As the WHO Regional Office for the Americas, PAHO is the operative arm of WHO for U.S. Government collaboration under the MOU and thus the appropriate partner for DHHS and its Operating Divisions (including CDC) to execute activities under the MOU. The scope and objectives of this NOFO fall under the MOU.

### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

### 5. Maintenance of Effort

Maintenance of effort is not required for this program.

## D. Application and Submission Information

### 1. Required Registrations

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

**a. Data Universal Numbering System:**

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

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

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

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

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

| Step | System | Requirements | Duration | Follow Up |
|---|---|---|---|---|
| 1 | Data Universal Number System (DUNS) | 1. Click on http:// fedgov.dnb.com/ webform<br>2. Select Begin DUNS search/request process<br>3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #<br>4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number | 1-2 Business Days | To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711 |
| 2 | System for Award Management (SAM) formerly Central Contractor Registration (CCR) | 1. Retrieve organizations DUNS number<br>2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) | 3-5 Business Days but up to 2 weeks and must be renewed once a year | For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220 |
| 3 | Grants.gov | 1. Set up an individual account in Grants.gov | Same day but can take 8 | Register early! Log into |

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| | | using organization new DUNS number to become an authorized organization representative (AOR)<br>2. Once the account is set up the E-BIZ POC will be notified via email<br>3. Log into grants.gov using the password the E-BIZ POC received and create new password<br>4. This authorizes the AOR to submit applications on behalf of the organization | weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov) | grants.gov and check AOR status until it shows you have been approved |

## 2. Request Application Package

Applicants may access the application package at www.grants.gov.

## 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

## 4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

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

### b. Application Deadline

Due Date for Applications: **05/09/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

**Only the Pan American Health Organization (PAHO) may apply. No other applications are being solicited.**

Date for Information Conference Call

N/A

## 5. CDC Assurances and Certifications

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

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

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

**Duplication of Efforts**

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

## 6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

## 7. Letter of Intent

LOI not required.

## 8. Table of Contents

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

## 9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

## 10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

## a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

## b. Approach

### i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the

public health problem as described in the CDC Background section.

**ii. Outcomes**
Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

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

**1. Collaborations**
Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

**2. Target Populations and Health Disparities**
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

**c. Applicant Evaluation and Performance Measurement Plan**

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance

measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

### d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

### 11. Work Plan

(Included in the Project Narrative's page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

### 12. Budget Narrative

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

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

- Total Direct costs
- Total Indirect costs

Indirect costs 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 MTDC 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.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

## 13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as

described 2 CFR 200 which include, but are not limited to, the following:

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

## 14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

## 15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

## 16. Copyright Interests Provisions

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

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

identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

## 17. Funding Restrictions

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

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

## 18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving

data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

## 19. Other Submission Requirements

**a. Electronic Submission:** Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

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

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

**b. Tracking Number:** Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

**c. Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User

Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

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

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

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

## E. Review and Selection Process

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

**a. Phase 1 Review**
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

**b. Phase II Review**

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

| i. Approach | Maximum Points:40 |
|---|---|

- Describes an overall strategy and activities consistent with the CDC Project Description and logic model. (10pts)
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. (10pts)
- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (5pts)
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).(5pts)
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes. (10pts)

| ii. Evaluation and Performance Measurement | Maximum Points:30 |
|---|---|

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. (10pts)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (5pts)
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (5pts)
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base. (3pts)
- Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods. (2pts)
- Includes a preliminary Data Management Plan (DMP). (5pts)

| iii. Applicant's Organizational Capacity to Implement the Approach | Maximum Points:30 |
|---|---|

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes. (5pts)
- Demonstrates experience and capacity to implement the evaluation plan. (5pts)

- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart. (5pts)
- Provides leadership structure for each project, including principal investigators and CDC collaborators. Documents that professional personnel who will be involved in conducting activities have sufficient expertise as evidenced by curricula vitae, experience, and publications.(10 pts)

Budget

- Provides budget that aligns with the proposed work plan.
- Provides detailed justified budget for each proposed project.

**c. Phase III Review**

**Review of risk posed by applicants.**
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal 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.

### 2. Announcement and Anticipated Award Dates

The successful applicant will receive a Notice of Award (NOA) from the CDC Office of Grants Services.

## F. Award Administration Information

### 1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

### 2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

## 3. Reporting

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

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

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

### a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

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

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

**b. Annual Performance Report (APR) (required)**

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

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

outcomes.

- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

For year 2 and beyond of the award recipients may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

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

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

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

**e. Final Performance and Financial Report (required)**
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)

- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

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

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

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

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

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

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

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or

more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

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

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

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

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

## G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

### Program Office Contact

**For programmatic technical assistance,** contact:

Angela Slaughter, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (404) 639-7722
Email: ASlaughter@cdc.gov

### Grants Staff Contact

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

Dionne Bounds, Grants Management Specialist
Department of Health and Human Services

Office of Grants Services
Telephone: 770.488.2082
Email: DBounds@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

## H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

## I. Glossary

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

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

**Approved but Unfunded:** Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

**Budget Period or Budget Year:** The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

**Catalog of Federal Domestic Assistance (CFDA):** A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

**CFDA Number:** A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.

**CDC Assurances and Certifications:** Standard government-wide grant application forms.

**Competing Continuation Award:** A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

**Continuous Quality Improvement:** A system that seeks to improve the provision of services with an emphasis on future results.

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants

and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

**Evaluation (program evaluation):** The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

**Evaluation Plan:** A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

**Fiscal Year:** The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

**Grants.gov:** A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

**Grants Management Officer (GMO):** The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

**Grants Management Specialist (GMS):** A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements.

These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Health Equity:** Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

**Health Inequities:** Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

**Healthy People 2020:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

**Inclusion:** Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

**Indirect Costs:** Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

**Intergovernmental Review:** Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization's intent to submit an application.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

**Logic Model:** A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar

amount.

**Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

**Nonprofit Organization:** Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

**Notice of Award (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

**Objective Review:** A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

**Outcome:** The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

**Performance Measurement:** The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

**Period of performance –formerly known as the project period - :** The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

**Period of Performance Outcome:** An outcome that will occur by the end of the NOFO's funding period

**Plain Writing Act of 2010:** The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

**Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

**Program Official:** Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

**Public Health Accreditation Board (PHAB)**: A nonprofit organization that works to promote

and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
**Social Determinants of Health:** Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.
**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
**Work Plan:** The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

## NOFO-specific Glossary and Acronyms