CDC-RFA-OT18-1802: PRE-APPLICATION CONFERENCE CALL SCRIPT

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Welcome

Slide 1: CDC-RFA-OT18-1802

Greetings, everyone, and thank you for joining us today. My name is Gayle Weaver and I am a senior service fellow with the Partnership Support Unit in the Office for State, Tribal, Local and Territorial Support—also known as OSTLTS—at the Centers for Disease Control and Prevention.

Welcome to the informational call for the five-year funding opportunity that focuses on providing capacity-building assistance to strengthen public health systems and services. This notice of funding opportunity—or NOFO—describes a program that is designed to strengthen governmental and nongovernmental components of the public health system. This NOFO is a non-research, domestic funding opportunity. It was published to Grants.gov on January 29, 2018.

To access the PowerPoint presentation for today's call, you will need to go to the NOFO web page on the OSTLTS website. To get there, you can google "CDC capacity building NOFO" and the first result will take you to the NOFO

web page. Once there, click on the presentation titled, “Pre-Application Informational Call for CDC-RFA-OT18-1802.”

For those of you who have not had a chance to download it, please do so now. We will pause here to give everyone time to access the presentation.

Again, the search term is “CDC capacity building NOFO”.

The PowerPoint presentation will remain posted and we will also make today’s script available on the NOFO web page by Friday, February 23, 2018.

Agenda

Slide 2: Agenda

On Slide 2, you will find today’s agenda. After introductions, we will provide a program overview, highlight the NOFO requirements, describe the application review process, and offer helpful NOFO resources. Please note, we have reviewed all of the questions that were sent to the NOFO mailbox. Many of your questions will be answered throughout the presentation. We will conclude the call with a question and answer session.

Next slide, please.

Introductions

Slide 3

I am joined today by Beth Pallo and Kristen Chapman, two public health advisors from the OSTLTS Partnership Support Unit (also known as PSU), who will provide much of the information you will hear today. Also joining us in the room are Samuel Taveras, OSTLTS associate director for partnerships, and Caroline Sulal, OSTLTS deputy associate director for partnerships. Alongside the PSU team are members of the Office of Grants Services: Ralph Robinson, Office of Grants Services’ grants management officer; Nicole Comick, a grants management specialist; and Tiffany Mannings, a grants management specialist.

Please go to Slide 4.

Slide 4: Office for State, Tribal, Local and Territorial Support

For those who are not familiar with OSTLTS, this office plays a vital role in helping health agencies enhance their capacity and improve their performance to strengthen the public health system on all levels. The mission of OSTLTS is to advance the US public health system and agency performance, capacity, agility, and resilience.

Please go to Slide 5.

Slide 5: Partnership Support Unit

PSU's activities are designed to advance the OSTLTS mission. PSU provides support for cross-agency partnerships, relationships, and collaborations. We also coordinate CDC-wide funding to national organizations to strengthen public health agencies and systems. Our unit is the key point of contact for this NOFO, and we will manage the NOFO activities throughout the five-year period of performance.

Next slide, please.

Slide 6: Capacity-Building Assistance (CBA) Program Overview

For those of you who have joined us late, we would like to say again that there is a PowerPoint presentation accompanying today's call. To access the presentation, please go to the NOFO web page on the OSTLTS website. To get there, you can google "CDC capacity building NOFO" and the first result will take you to the NOFO webpage. Look for the presentation on that web page, titled, "Pre-Application Informational Call for CDC-RFA-OT18-1802."

Before I turn the call over to Beth Pallo, we would like to inform you that an amendment to this NOFO was submitted for publication this week. The

intent of this amendment is to implement the following revisions: 1) to add state, local, and territorial governments or their bona fide agents to the eligibility list; 2) to revise the title to reflect the authority to use Patient Protection and Affordable Care Act (PPACA); 3) to add the authority to use the PPACA; 4) to instruct applicants to develop work plans based on receipt of the established average award each year, which is supported under Funding Strategy 1; and 5) to provide instructions for using the Project Title naming convention (Part II, Section A; Part II, Section E). Please note the application deadline has not changed. Please note the application deadline has not changed.

Now, I will turn the call over to Beth Pallo, who will give the program overview.

Beth Pallo: Thank you. Hello, everyone. In this portion of the presentation, we will discuss the Capacity-Building Assistance Program described in the NOFO. We will begin with some background information and explain how this NOFO seeks to address public health system challenges through the program approach.

Next slide please.

Slide 7: Background

There continues to be a call for the transformation of the US public health system. As shown in the diagram, the public health system represents a complex and broad range of agencies, organizations, and individuals. All of these entities play a significant role in affecting the health of the population.

There are a number of challenges that point to a need to build capacity of the public health system, such as underfunding and fragmentation. The various challenges have been outlined in key national reports from the National Academies of Sciences, Engineering, and Medicine—formerly the Institutes of Medicine—*Healthy People 2020*, the Department of Health and Human Services (or HHS) and many other national reports.

Engaging multiple entities can facilitate coordination and collaboration to better address public health needs on a systems level.

Next slide, please.

Slide 8: Relevant Work

CDC has previously collaborated with national organizations to coordinate wide-ranging public health initiatives and priorities under other cooperative agreements. For example, the current OSTLTS cooperative agreement, CDC-RFA-OT13-1302, awarded 25 national nonprofit organizations to address public health needs across multiple sectors for health systems capacity building. You may find additional information on CDC-RFA-OT13-1302, including a list of recipients, on the OSTLTS website. Once on the site, select "Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations" under the "Current Cooperative Agreements" header. With the OT13-1302 cooperative agreement ending in June 2018, the new NOFO provides the opportunity to continue efforts to strengthen the public health system.

Next slide, please.

Slide 9: CBA

Capacity-building assistance, or CBA, is a common intervention for systems strengthening, and providing CBA is the focus of this NOFO. As defined in the NOFO, CBA includes activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community, or individual processes and competencies. Delivering CBA, such as training and technical assistance, enables organizations to better serve customers and operate in a more comprehensive, responsive, and effective manner.

Please go to Slide 10.

Slide 10: Purposes

The purposes of this NOFO are to

- Strengthen the nation's public health infrastructure
- Ensure a competent, current, and connected public health system
- Improve delivery of essential public health services

By providing funding to organizations, CBA efforts are expected to optimize the quality and performance of public health systems and services in a variety of areas.

Please note that this NOFO defines "Public health infrastructure" as the fundamental actions, planning, relationships, and resources required to create the minimum opportunity for public health efforts to succeed. Infrastructure is not a single entity, but a broad array of essential services and capacities encompassing leadership, governance, financing, workforce, community planning, quality improvement, and more. Agencies must invest in, actively monitor, and continuously update these components to maintain quality infrastructure.

Next slide, please.

Slide 11: CBA Providers

This CBA program is a five-year domestic funding opportunity. Recipients will receive funding to provide capacity-building assistance to the target population identified in their application. For the competition, applicants should not submit activities to build their own capacities. The emphasis of the NOFO is for the provision of CBA services to a target population. Keep in mind that you should be able to reach this target population across the 10 HHS regions. Please note we received several questions requesting clarification on this point.

Organizations that receive funding will have the capability, expertise, resources, national reach, and demonstrated history of providing capacity-building assistance. Here, we emphasize national reach because in order to

have a systems-level impact, national reach is necessary to provide CBA services across jurisdictions that span the 10 HHS regions.

Please go to Slide 12.

Slide 12: Target Population Categories

The NOFO outlines three target population categories that will receive CBA from recipients. These categories are a) Governmental Public Health Departments, b) Workforce Segments Across Governmental Public Health Departments, and c) Nongovernmental Public Health Components. Each NOFO application must identify a target population within one of these categories. We will explain the target populations in more detail when we review the NOFO requirements later in the call.

Please go to Slide 13.

Slide 13: Logic Model

The CBA program approach is outlined in the logic model, as shown on slide 13. The logic model is a visual representation of the program approach that demonstrates how the strategies and outcomes are related. The short-term outcomes focus on building capacity of key components of the public health system. The intermediate outcomes are capabilities that are expected to be strengthened as a result of built capacity. The long-term outcomes are the result of strengthened capacities and capabilities that lead to an improved public health system.

This NOFO provides the following definitions of “capacities” and “capabilities”:

- Capacities are attributes that enable systems, organizations, communities, or individuals to successfully implement actions to pursue their mission and achieve goals. Attributes may include but are not limited to resources, data and information systems, authorities, governance, and decision-making structures.

- Capabilities represent features, abilities, or processes that can be developed or improved. They are dynamic knowledge, skills, and resources required to achieve effective and efficient practice, programs, and services.

Next slide, please.

Slide 14: CBA Program Strategies

The CBA program strategies serve as a guide to focus activities for your selected target population. Recipients will implement activities under one or more of the CBA program strategies. They include—

1) Public health systems infrastructure
2) Leadership and workforce
3) Data and information systems
4) Communication and information technology
5) Partnerships
6) Laws and policies
7) Programs and services.

These cross-cutting strategies and related activities are designed to strengthen infrastructure and improve delivery of essential public health services. When developing your application, you should select one or more strategies that are relevant to the needs of the target population.

Please go to Slide 15.

Slide 15: CBA Program Outcomes

Recipients are expected to carry out the CBA program strategies and activities to achieve the program outcomes. The CBA efforts will work to achieve the short-term and intermediate outcomes in the logic model. Recipients will document achievement of their selected CBA program outcomes and are expected to report any additional outcomes accomplished during the period of performance.

Slide 16: Two-Part Funding Strategy

Now, let's discuss the two-part funding strategy outlined in this NOFO. Please go to Slide 16. The program is structured to provide funding to recipients using a two-part competition. This NOFO details the first funding strategy, or competition. The first competition, Funding Strategy 1, will award initial funding. The initial funding may be awarded by OSTLTS or other CDC centers, institutes, or offices (or CIOs). Recipients of Funding Strategy 1 will be notified in May.

The second competition is only open to recipients of Funding Strategy 1 awards. They will be eligible to apply for additional funding by responding to CIO project plans. The CIO project plans will solicit proposals that represent a variety of public health disciplinary areas and cross-cutting disciplines or topics. CDC will publish the project plans according to target population categories via Grants.gov. Proposals submitted in response to CIO project plans will be reviewed to determine Funding Strategy 2 awards.

Please note we received multiple emails requesting more information about Funding Strategy 1 and Funding Strategy 2. As a reminder, the applications submitted in response to this NOFO should only address Funding Strategy 1.

Next slide, please.

NOFO Requirements

Slide 17

Now that we have reviewed the CBA program, I'll turn the call over to Kristen Chapman, who will highlight key NOFO requirements.

Kristen Chapman: Thank you. In this next section, we will highlight important information to ensure all applicants understand the requirements of this NOFO. Please go to Slide 18, and we will start with the eligibility criteria.

Slide 18: Eligibility

All applicants must be in one of the categories listed here to be eligible for funding. Nonprofit organizations with or without 501(c)(3) or 501(c)(6) status are eligible. Please note that for-profit and small business organizations are NOT eligible to apply for this NOFO in accordance with the statutory authorities establishing a federal financial assistance program or award.

Again, we are emphasizing that this NOFO is a domestic funding opportunity. Organizations that receive funding must be based in the United States, its territories, or tribal nations.

We encourage all eligible applicants to read the entire NOFO to determine whether they have the organizational capacity to conduct work under this NOFO.

Please go to Slide 19.

Slide 19: Responsiveness

Organizations that meet the eligibility criteria must also meet responsiveness criteria in order to advance to objective review. There are three factors that will be used to determine responsiveness: 1) submission of no more than two stand-alone applications; 2) development of a work plan and budget that reflect the Average One Year Award Amount for the selected Target Population Category; and 3) evidence of having a public health charge or mission. A public health charge or mission is an entity's organized efforts to promote and protect the health of people and the communities where they learn, live, play, and work. This charge or mission is reflected in documents such as the applicant's articles of incorporation, bylaws, signed board resolutions, or mission statement. Please note that non-responsive applications will not advance to objective review.

Next slide, please.

Slide 20: Target Populations

As mentioned earlier, all applications must identify a target population within one of three categories. Organizations will receive funding to provide capacity-building assistance to the selected target population. Activities must span multiple HHS regions, regardless of the selected target population category.

Categories A and B address the CBA needs of target populations within governmental public health departments.

Category A meets CBA needs of **one** health department type across multiple HHS regions—state health departments, tribal health departments, local health departments, or territorial health departments. The CBA is provided agency-wide and at the organization level. For example, an organization funded under Category A could provide CBA to build the infrastructure and systems of local health departments.

Category B meets CBA needs of **one** workforce segment across more than one governmental health department type—state health departments, tribal health departments, local health departments, and territorial health departments. The activities should span across multiple HHS regions. For example, an organization funded under Category B could provide CBA to strengthen the capabilities of state and local public health nurses.

Next slide, please.

Slide 21: Target Populations, cont.

Category C meets the CBA needs of **one** type of nongovernmental component of the public health system. The activities should span across multiple HHS regions. Please note that Category C applicants must also demonstrate how the proposed CBA will benefit governmental health departments. For example, an organization funded under Category C could provide CBA to train pediatricians how to manage vaccine hesitancy among parents. To meet the benefit to governmental health department

requirement, the recipient should make the learning materials available to staff at state and local health departments.

Please turn to Slide 22.

Slide 22: Organizational Capacity

Now I will discuss organizational capacity to complete the proposed work. Applicants should have adequate infrastructure, such as equipment and physical space, information and data systems, electronic information and communication systems, and workforce capacity and competence to execute the award.

Please note that the emphasis of the NOFO is for the provision of CBA services to a target population. Your organization should already be operating at full capacity, which is why it is important that applicants describe current and recent programs as related to our program strategies and activities. When describing current and recent programs, applicants must also demonstrate adequate capacity and experience necessary to develop and implement programs that have a national reach.

Also, they should describe staffing and procurement processes as they relate to program planning, implementation, and evaluation. Organizations should have a relationship with the proposed target population. The information provided in the organizational capacity section of the application should demonstrate that relationship.

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award submitted to another funding source in the same fiscal year. For those that currently receive CDC funding, please refer to page 27 of the NOFO for important information on applicant reporting requirements for duplication of efforts.

Next slide, please.

Slide 23: Evaluation and Performance Measurement

Regarding evaluation and performance measurement, the program does not require uniform performance measures because the CBA strategies, activities, and outcomes will depend on target population needs and new and emerging public health issues. Applicants will propose measures for the strategies and outcomes selected. These measures should clearly align with the strategies and outcomes, as defined in the NOFO and represented in the logic model. The performance measure table in this section of the NOFO provides examples of the types of measures that will show progress toward achieving the CBA program outcomes.

Please go to Slide 24.

Slide 24: Work Plan

The work plan is a component of the Project Narrative and is included in the 20-page limit. The work plan must include a high-level plan for the five-year period of performance as well as a detailed plan for the first year. The five-year overview is a narrative that describes expected achievements by the end of the period of performance.

Please go to Slide 25.

Slide 25: Work Plan, cont.

Applicants are required to use the table format, as shown in the NOFO and on this slide, for the one-year detailed work plan. You may create this table in Microsoft Excel or Word and include it in the PDF of your Project Narrative. This table should be completed for the outcomes you are working toward during the first budget period.

The one-year detailed work plan should be supported by an itemized budget narrative. The work plan and budget should be developed in accordance with the average one year award for the selected target population category.

Applications submitted above the Average One Year Award Amount for the selected Target Population Category will be considered non-responsive. For example, an organization that proposes to meet the CBA needs of a target population under category A may submit a work plan and budget for up to $2 million. Please note this guidance reflects an amendment to the NOFO. If you recall, the original NOFO instructed applicants to develop work plans and budgets based on receipt of the award floor funding.

We received several emails inquiring about the appropriate fit of proposed projects or activities to the program outlined in the NOFO. Please note, we are unable to give guidance regarding the appropriateness of specific activities. We encourage applicants to review the NOFO to make this determination.

Slide 26: Documentation Requirements

On slide 26 you will find a list of required documents. For example, the project abstract, project narrative, and table of contents, among others. Please note that national scope of work is italicized here because it affects your overall application score. While it is not required for application review, it is a funding priority for this NOFO and you must provide evidence of national scope to receive an additional 15 points on the application. We will discuss national scope of work in more detail later in the presentation.

Please go to Slide 27.

Slide 27: Other Requirements

The first bullet on this slide is a strong suggestion. We encourage applicants to address all of the evaluation criteria that is specific to the selected target population category.

You must submit all application attachments in PDF file format. You may submit no more than two stand-alone applications. If two applications are submitted, each application must identify a distinct target population within a single category or across two different categories. For example, an

organization could submit two applications for target populations within Category A to include one for state health departments and one for tribal health departments. Or, an applicant could submit two applications to include one from Category A for territorial health departments and one from Category C for community health centers.

When submitting your applications, you will need to identify a "Project Title" on line 15 of the SF-424. Your project title must represent the Target Population Category and the Target Population. Use the following naming convention for the Project Title and enter it on line 15 of the SF-424: "Target Population Category: Target Population." For example: "Category A: Tribal Health Departments." If an applicant submits two applications for the same target population, the last submission will be reviewed and applications submitted earlier will be deemed non-responsive (considered duplicative and will not be reviewed). Finally, submit applications to Grants.gov by March 29, 2018, 11:59 pm (ET).

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

Next slide, please.

Slide 28: Letter of Intent

After determining that your organization will apply, please submit a Letter of Intent (or LOI) by 11:59 pm ET on February 27, 2018, and copy Ralph Robinson, grants management officer, at the email addresses shown on the slide. Be sure to include the number of applications and specify the target population for each application in your LOI. The LOI is strongly encouraged and enables CDC to plan NOFO activities accordingly.

Next slide, please.

Application Review and Selection Process

Slides 29 & 30: Review and Selection Process

This brings us to the application review and selection process. This process occurs in four phases, which are outlined on Slide 30. In Phase I, all applications are reviewed for eligibility and responsiveness, which we discussed earlier, by OGS and PSU. During Phase II, CDC objectively reviews responsive applications. In Phase III, OSTLTS reviews the scores from the objective reviews and applies the funding priority and preferences to determine organizations that will receive funding. Finally, Phase IV includes review of work plans submitted in response to CIO project plans. As a reminder, Phase IV review is related to Funding Strategy 2 and applies only to recipients of Funding Strategy 1. We will further explain the CDC funding priority and preferences for this NOFO in the coming slides.

Please go to Slide 31.

Slide 31: Evaluation and Scoring Criteria

Use the evaluation and scoring criteria to prepare your application and follow the scoring criteria for your selected target population category. Please note that this NOFO emphasizes organizational capacity to implement the approach. This section is weighed heavily and represents up to 60 points that may be given to an application.

Next slide, please.

Slide 32: CDC Funding Priority

For this NOFO, priority points will be given to organizations that demonstrate national scope. For the purposes of this program, “national scope” is defined as the mandated or approved ability of the applicant to extend programs and services across the United States, which includes the states, territories, and tribal nations. This funding priority aligns with the CBA program’s intent to

fund activities that build capacities and capabilities across multiple jurisdictions.

Evidence of national scope must be submitted to receive the additional 15 points. National scope of work must be reflected in the applicant's articles of incorporation, bylaws, or signed board resolutions indicating approval to work on a national level.

Please go to Slide 33.

Slide 33: CDC Funding Preferences

Additionally, CDC funding preferences will be given to avoid duplication of CBA to the same target populations, ensure CBA is provided to target populations not served by higher-ranking applications, and ensure CBA is provided to target populations not duplicated in other CDC funding mechanisms. CDC reserves the right to fund outside of ranked order of scores based on these funding preferences.

Next slide, please.

Slide 34: Key Dates

There are key dates to remember for this NOFO. The deadline for the LOI is next Tuesday, February 27. Please note that submitting an LOI does not obligate an organization to submit an application. For those that do decide to apply, all applications are due Thursday, March 29, 2018, and submissions must be received by 11:59 pm (ET) on Grants.gov.

While we cannot provide specific days at this time, applicants can expect Funding Strategy 1 award announcements in May 2018 and Funding Strategy 2 announcements in September 2018.

The first-year budget period for this program will be August 1, 2018 to July 31, 2019. The five-year period of performance will be August 1, 2018 to July 31, 2023.

Next slide, please.

Pre-Application Information

Slide 35

And finally, we would like to offer you some helpful pre-application information.

Please go to Slide 36.

Slide 36: Pre-Application Submission

Be sure to register with Grants.gov as soon as possible. It can take 3 to 5 business days to activate your account. Next, be sure to sign up to receive notifications about this NOFO. This will be helpful if amendments are posted. Familiarize yourself with the Grants.gov website and application submission process. Additionally, your organization should have key information, such as your Employer Identification Number, current and readily available to complete the Grants.gov registration and application process. Please note, there is a typo on this slide. Applicants will not need the Central Contractor Registration. This system became the System for Award Management Registration, or SAM.

Please go to Slide 38.

NOFO Resources

Slides 37 & 38: Resources

Use the available NOFO resources. Continue to check our NOFO web page for information, frequently asked questions, and other helpful documents. If you have questions and concerns about the NOFO after this call, please send them to the NOFO mailbox. We will confirm receipt of your email within 3 business days, and will respond to your questions by adding them—and the answers—to an updated frequently asked questions document to be posted

on the OSTLTS NOFO web page every Thursday up to the application due date. Direct any questions related to Grants.gov to their support line or email address.

Next slide, please.

Slide 39: Q&A Discussion

And with that, we have concluded the informational portion of the call and will now address your questions. We will begin with a few words from Samuel Taveras. We will then open the phone line to take your questions. The operator will provide you with instructions on how to ask your questions.

If we do not answer your question today, we assure you that your question and its answer will be in the frequently asked questions document on the NOFO webpage and Grants.gov. This document will be available by February 27th.

Samuel Taveras will now share a few words about the new funding opportunity.

Greetings everyone. Thanks Kristen and also thanks to Beth and Gayle for their great work on the NOFO and these presentations. Also, thanks to Ralph Robinson and his staff in the Office of Grants Services (OGS) for their support to this process.

I would like to stress two things:

1. Engaging partners in CDC's public health mission is critical to our reach and effectiveness. This NOFO builds on extensive program experience. It emphasizes a robust strategy to deliver capacity-building assistance to a targeted audience across the country and to our insular areas. The aims are to build the capacity of the public health system, improve organizational sustainability and effectiveness, and improve public

health practice and services, thereby positively impacting public health outcomes.

2. It is important to remind everyone that this NOFO application process is a competition. The slate is wiped clean and as such, please follow the NOFO requirements and pay close attention to the evaluation criteria.

Thank you for your interest in this NOFO, we look forward to your applications and wish you the best in this competition.

Kristen: We will now begin answering your questions. Operator, please open the line for questions.

Question and Answer Portion

That concludes today's call. Thank you, and the best of luck to you during the application process.