

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

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

CDC-RFA-OT18-1802

Application Due Date: 03/29/2018

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

CDC-RFA-OT18-1802

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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-OT18-1802. 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:

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

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)).

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-1802

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

93.421

F. Dates:

1. Due Date for Letter of Intent (LOI):	**02/27/2018**
2. Due Date for Applications:	**03/29/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

The Informational Conference Calls will be held Tuesday, February 20, 2018, 10:00-11:30am ET and Thursday, February 22, 2018, 4:30-6:00pm ET. The dial-in information for the Informational Conference Calls will be posted to https://www.cdc.gov/stltpublichealth/partnerships/index.html no later than Friday, February 9, 2018.

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Informational Conference Calls. Due to the volume and variety of questions anticipated during the Informational Conference Calls, applicants are encouraged to submit questions to OSTLTSPartnersNOFO@cdc.gov by Friday, February 16, 2018.

G. Executive Summary:

1. Summary Paragraph:

The purpose of this notice of funding opportunity (NOFO) is to announce a CBA program to

strengthen the nation's public health infrastructure, ensure a competent, current and connected public health system, and improve delivery of essential services through capacity-building assistance (CBA). CBA is defined as activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community, or individual processes and competencies. CBA is delivered through technical assistance, training, information sharing, technology transfer, materials development, or funding that enables organizations to operate in a comprehensive, responsive, and effective manner. The goal is to fund organizations that have the capability, expertise, resources, national reach, and history of providing capacity-building relevant to implementing this program's key strategies and activities to achieve expected outcomes. The program strategies include strengthening the capacities and capabilities of public health systems infrastructure; leadership and workforce; data and information systems; communication and information technology; partnerships; laws and policies; and programs and services. The capacity-building efforts of this program are expected to strengthen and optimize the public health system and services to improve and protect the nation's health.

a. Eligible Applicants: Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 24
The expected number of awards will vary by target population category as outlined below.

Category A: 4 awards

Category B: 10 awards

Category C: 10 awards

d. Total Period of Performance Funding: $40,000,000
This amount represents approximate funding provided by the Office for State, Tribal, Local and Territorial Support (OSTLTS). Additional funding from other CDC centers, institute, and offices (CIOs) is anticipated.

e. Average One Year Award Amount: $500,000
The approximate average award will vary by target population category as outlined below.

Category A: $2,000,000

Category B: $1,000,000

Category C: $500,000

f. Total Period of Performance Length: 5
g. Estimated Award Date: 08/01/2018
h. Cost Sharing and / or Matching Requirements: N

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

The Institute of Medicine's (IOM's) landmark 1988 report, *The Future of Public Health*, recognized the daunting role of governmental public health in ensuring basic health and safety. It stated that governmental public health agencies—representing the mainstay of the public health enterprise—were fragmented, underfunded, and lacked cross-cutting capabilities. Recommendations included building key abilities; providing adequate funding for basic services and achieving national goals; and clarifying basic authorities and responsibilities entrusted to public health agencies, boards of health, and health officials.

Persistent challenges such as underfunding, fragmented programs, workforce declines, health disparities and inequities, and emerging health threats continue to strain public health's capacity, resources, and impact. A 2012 IOM report, *For the Public's Health: Investing in a Healthier Future*, recommended that investments be made in six foundational capacities and capabilities for public health departments: 1) information systems, surveillance, and epidemiology; 2) health planning; 3) partnership development and community mobilization; 4) policy development, analysis, and decision support; 5) communication; and 6) research, evaluation, and quality improvement. These investments were further defined by a national workgroup and then tied to national accreditation standards for public health departments (http://phnci.org/fphs). Both have been cited as complementary and valuable frameworks for strengthening health departments and our nation's public health infrastructure. These needs have also been outlined in two key initiatives: *Healthy People 2020* and *Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure.*

The public health system represents a complex and broad range of agencies, organizations, and individuals in which each plays a significant role in affecting the health of the population. Engaging multiple entities facilitates coordination and collaboration to address public health needs in a systematic manner. Therefore, this CBA program is designed to fund organizations that represent both governmental and nongovernmental components of the public health system.

This program's purposes are to strengthen the nation's public health infrastructure, ensure a competent, current, and connected public health system, and improve delivery of essential public health services through capacity-building assistance (CBA). Applicants must address CBA needs for one of three target population categories: A) Governmental Public Health Departments; B) Workforce Segments Across Governmental Public Health Departments; or C) Nongovernmental Public Health Components.

The goal is to fund organizations with demonstrated capability, expertise, resources, national reach, and track record to implement one or more of the CBA program strategies: 1) health systems infrastructure; 2) leadership and workforce; 3) data and information systems; 4) communication and information technology; 5) partnerships; 6) laws and policies; and 7) programs and services.

The CBA program has a two-part funding strategy—this NOFO details the first funding strategy. The second funding strategy is subject to the availability of appropriated funds and agency priorities, and will be made available only to organizations that are awarded funds under this NOFO. The second strategy will be detailed in a supplement to CDC-RFA-OT18-1802 and

posted to www.grants.gov following selection and notification of organizations that will receive initial funding.

b. Statutory Authorities

The program is authorized under sections 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 242(l) and 247b(k)), as amended.

c. Healthy People 2020

This program addresses the following *Healthy People 2020* topic areas:

- Public Health Infrastructure: https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure
- Social Determinants of Health: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
- Health Communication and Health Information Technology: https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology.

d. Other National Public Health Priorities and Strategies

This program addresses the following national public health priorities and strategies:

- National Public Health Performance Standards Program: https://www.cdc.gov/nphpsp/
- National Voluntary Accreditation for Public Health Departments: https://www.cdc.gov/stltpublichealth/accreditation/ and http://www.phaboard.org/
- *National Health Security Strategy and Implementation Plan*: https://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx
- *For the Public's Health: Investing in a Healthier Future:* http://www.nationalacademies.org/hmd/Reports/2012/For-the-Publics-Health-Investing-in-a-Healthier-Future.aspx

e. Relevant Work

An important CDC priority is to support improved performance of health departments by providing resources, staff, and technical support. CDC's Office for State, Tribal, Local and Territorial Support is committed to advancing the US public health agency and system performance, capacity, agility and resilience. CDC has previously collaborated with national, nonprofit organizations to coordinate wide-ranging public health initiatives and priorities, and to provide CBA to an array of public health stakeholders under CDC-RFA-HM08-805, CDC-RFA-OT13-1302, CDC-RFA-OT13-1301, and CDC-RFA-OT16-1601 cooperative agreements.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-OT18-1802 Logic Model: Strengthening Public Health Systems and Services

Through National Partnerships to Improve and Protect the Nation's Health

The following high-level logic model is a visual representation of the program approach and 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 strengthen as a result of built capacity. The long-term outcomes are strengthened capacities and capabilities that lead to an improved public health system.

Strategies and Activities	Outcomes		
	Short-Term	Intermediate	Long-Term
Public Health Systems Infrastructure *Activities to improve operational capacity, such as policies and plans, administration and management, and quality improvement*	Improved operational capacity to evaluate, manage, and improve public health systems	Increased capability of public health systems to achieve nationally established standards	Current, competent, connected public health system ↓ Improved delivery of essential public health services ↓ Improved health outcomes related to national objectives
Leadership and Workforce Development *Activities to improve leadership and workforce competencies, recruitment, and retention*	Improved leadership capacity to identify and prioritize public health needs Strengthened core and discipline-specific public health competencies among the workforce to improve job performance	Increased leadership decision-making to address public health needs strategically and systematically Strengthened capability of the public health workforce to deliver essential public health services	
Data and Information Systems *Activities to improve the collection, management, interpretation, and dissemination of data to guide decision-making*	Improved capacity of data and information systems to conduct public health monitoring and surveillance	Increased capability to use data to inform decision-making and support evidence-based practices and policies	
Communication and Information Technology *Activities to improve the use of communication and information technology to affect health decisions and actions*	Improved communication and information technology capacity to inform the public effectively and efficiently	Strengthened capability to use communication and information technology to affect health decisions and actions	
Partnerships *Activities to improve the establishment and maintenance of results-driven partnerships*	Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health	Strengthened capability to respond to public health priorities collaboratively and strategically	
Laws and Policies *Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health*	Increased capacity to evaluate laws and policies to affect health	Strengthened capability to systematically apply and use laws and policies to improve health	
Programs and Services *Activities to improve the identification of best practices and the implementation of evidence-based/informed programs and services*	Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs	Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs	

i. Purpose

This program's purposes are to strengthen the nation's public health infrastructure, ensure a competent, current and connected public health system, and improve delivery of essential public health services through CBA. Program strategies will address public health challenges, emerging trends, knowledge, and cross-cutting skillsets to build capacities and capabilities of the public health system. The program supports the recommended capacities and capabilities in *Healthy People 2020* and key national reports.

ii. Outcomes

During the period of performance, the successful applicant is expected to carry out the program capacity-building strategies and activities to achieve the program outcomes and to identify and document additional outcomes accomplished. The CBA efforts performed under this program should work toward the short-term and intermediate outcomes outlined in the logic model. Applications that identify target populations under Category A or B must identify at least two outcomes. Applications that identify target populations under Category C must identify at least one outcome. The outcomes include

Short-term

- Improved operational capacity to evaluate, manage, and improve public health systems
- Improved leadership capacity to identify and prioritize public health needs
- Strengthened core and discipline-specific public health competencies among the workforce to improve job performance
- Improved capacity of data and information systems to conduct public health monitoring and surveillance
- Improved communication and information technology capacity to inform the public efficiently and effectively
- Improved capacity to establish and maintain partnerships within and across sectors to create a shared vision of health
- Increased capacity to evaluate laws and policies to improve health
- Improved capacity to identify, prioritize, and customize relevant programs and services to address public health needs

Intermediate

- Increased capability of public health systems to achieve nationally established standards
- Increased leadership decision-making to address public health needs strategically and systematically
- Strengthened capability of the public health workforce to deliver essential public health services
- Increased capability to use data to inform decision-making and support evidence-based practices and policies
- Strengthened capability to use communication and information technology to affect health decisions and actions
- Strengthened capability to respond to public health priorities collaboratively and

strategically
- Strengthened capability to systematically apply and use laws and policies to improve health
- Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs

Long-term

- Current, competent, and connected public health system
- Improved delivery of essential public health services
- Improved health outcomes related to national objectives

In the long-term, the CBA provided will contribute to improvements in public health capacities and capabilities, such as leadership action and governance, delivery of essential public health services, information infrastructure and communication processes, use of research and evaluation findings, and policy assessment. Strengthening these capacities and capabilities will advance the US public health agency and system performance, capacity, agility, and resilience. These efforts will improve and protect the nation's health to create a safer and healthier nation.

iii. Strategies and Activities

The program strategies and associated activities described below represent national recommendations related to critical public health capacities and capabilities outlined in *Healthy People 2020*, the National Public Health Performance Standards, various IOM reports, and *Public Health 3.0*. These cross-cutting strategies and activities are designed to position components of the public health system to strengthen infrastructure and improve delivery of essential services. The activities listed below are not exhaustive and should be augmented based on the target population's priority needs.

Public Health Systems Infrastructure – *Activities to improve operational capacity, such as polices and plans, administration and management, and quality improvement. CBA provided will strengthen the target population's ability to*

- Assess and address gaps in organizational performance, using tools such as national accreditation standards
- Assess and reduce agency fragmentation and duplication
- Develop and implement organizational strategic plans
- Formulate population health goals and strategies
- Ensure generation, analysis, and use of information about emerging health trends
- Ensure organizational structure aligns with health goals and strategies
- Establish performance management systems to monitor organizational objectives
- Establish and maintain effective financial management systems
- Build models that align public health with other sectors
- Ensure system transparency and accountability
- Identify, strengthen, and coordinate stakeholders' roles
- Develop and implement quality improvement processes for practices, processes, and interventions

- Develop and maintain operational infrastructure to support performance of public health functions
- Maintain current operational definitions and statements of organizational roles, responsibilities, and authorities

Leadership and Workforce – *Activities to improve leadership and workforce competencies, recruitment, and retention. CBA provided will strengthen the target population's ability to*

- Strengthen leadership engagement across public and private sectors
- Determine leaders' engagement in specific public health priorities
- Establish feedback loops across systems for organizational planning
- Address existing and emerging public health priorities
- Address the social determinants of health and health disparities and inequities
- Perform network analysis to identify opportunities for collaboration
- Assess workforce training needs
- Establish and maintain workforce development plan
- Assess the workforce's scientific skills and subject matter expertise
- Develop workforce strategy for hiring and retaining employees
- Develop and implement strategies to sustain supportive work environments
- Establish relationships with organizations that promote the development of future public health workers
- Implement activities to scale-up delivery of public health training at lower costs
- Sustain the working relationship among public health and leaders across sectors

Data and Information Systems – *Activities to improve the collection, management, interpretation, and dissemination of data to guide decision-making. CBA provided will strengthen the target population's ability to*

- Assess health and health-related data sources
- Assess available information systems used across organizations
- Develop systems or processes for cross-integration and ease of use
- Improve system infrastructure for data storage, protection, and management
- Determine readiness for information system implementation, use, and maintenance
- Create manuals and protocols to ensure best practices and standardization of data and information systems
- Establish data governance by creating policies and guiding principles to improve the collection, interpretation, and meaningful use of data
- Increase information access, data use, and sharing across organizations
- Develop and implement protocols critical for integrating surveillance and monitoring systems
- Develop workforce training on managing data and information systems
- Link public health data, clinical care data, and other relevant data sources to improve surveillance
- Determine effective ways to use public health data, health care data, and other relevant

data sources to monitor the health of populations

Communication and Information Technology – *Activities to improve the use of communication and information technology to affect health decisions and actions. CBA provided will strengthen the target population's ability to*

- Develop communication processes for effective cross-sector collaboration
- Develop communication procedures to provide information to the public
- Create communication campaigns that are relevant, culturally competent, and at a sufficient level of health literacy
- Provide accessible, accurate, actionable, and current information that is culturally sensitive and linguistically appropriate
- Develop communication systems to enable efficient and effective community-centered dialogue
- Develop and disseminate educational materials, health communication and marketing activities, and program evaluation and assessment tools
- Provide information about public health issues and functions to diverse audiences through multiple methods to inform public health decision making

Partnerships – *Activities to improve the establishment and maintenance of results-driven partnerships. CBA provided will strengthen the target population's ability to*

- Assess agency's current internal and external partnerships
- Expand organization or program partnerships through community engagement and mobilization
- Perform network analysis to identify opportunities for collaboration
- Leverage partnerships to address specific public health issues or population health needs strategically
- Identify successful practices and develop new mechanisms to inform and mobilize the public and private sectors in collaborative efforts
- Engage with the public health system and community in identifying and addressing health problems through collaborative processes
- Engage various sectors in the adoption of Health in All Policies

Laws and Policies – *Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health. CBA provided will strengthen the target population's ability to*

- Conduct systematic surveillance of applicable laws and policies to public health aims and evaluate them
- Engage multiple sectors to identify priorities for development of relevant laws and policies based on needs and data
- Provide technical assistance and develop tools to support public health practitioners and policymakers in advancing evidence-based or evidence-informed law and policy
- Engage multiple sectors in activities that contribute to providing evidence to inform laws and policies that affect public health

- Inform governing entities, elected officials, and the public of potential public health effects from laws and policies
- Educate individuals and organizations on purpose, benefit, and requirements of laws and policies that affect public health
- Identify the common barriers and facilitators of legal and policy strategies that affect health

Programs and Services – *Activities to improve the identification of best practices and implementation of evidence-based/informed programs and services. CBA provided will strengthen the target population's ability to*

- Identify, prioritize, and fund programs that lower disease rates, prevent injuries, and improve health
- Integrate prevention strategies and actions across multiple settings
- Adopt initiatives to develop, implement, and evaluate effective health promotion and disease prevention strategies
- Translate and disseminate evidence-based public health science to improve health and lower health care costs
- Identify effective mechanisms to ensure capable assessment and response to public health needs
- Develop indicators and measures to determine effectiveness in meeting public health needs
- Use evidence to implement programs and services that address emerging or real-time priority public health needs
- Develop and adopt evidence-based interventions that reduce high-burden diseases
- Assess access to health care services
- Identify and implement strategies to improve access to health care services

CDC anticipates activities funded under this NOFO will lead to the development of resources such as tools, materials, software, trainings, and webinars. Upon funding, recipients are expected to share these resources with CDC and will receive further guidance upon funding.

1. Collaborations

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

Upon funding, recipients will collaborate with other CDC centers, institutes, and offices (CIOs) to ensure that activities and funding do not duplicate work but instead are coordinated with and complementary to efforts supported under other CDC programs. Additionally, collaboration across the CDC CIOs is anticipated to improve program guidance, implementation, and evaluation. Successful applicants are expected to participate in stakeholder meetings and provide expert consultation to CDC/OSTLTS and other CDC CIOs (as requested). Successful applicants will also collaborate with other CDC-funded public health partners and CDC to identify and address emerging CBA needs.

b. With organizations not funded by CDC:

Recipients will be encouraged to build and sustain strategic partnerships and collaborations with

organizations that have a role in implementing this program's strategies and activities, and achieving the expected outcomes. Applicants are encouraged to submit letters of support to demonstrate collaborations with other organizations

2. Target Populations

Successful applicants will receive funding to conduct projects that address the CBA needs of a selected target population. Applicants are expected to deliver CBA to their selected target population throughout the five-year period of performance. The NOFO provides funding to deliver CBA to one target population under one of these three categories:

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

- Category A: Governmental Public Health Departments – Meets the priority organizational-level CBA needs of **one** of the following health department types: state, tribal, local, or territorial. Organizational level includes, but is not limited to, business processes, system design, strategic planning, resource management, agency leadership, and governance.
- Category B: Workforce Segments across Governmental Public Health Departments – Meets the priority CBA needs of **one** workforce segment across **two or more** health department types (state, tribal, local and territorial). Workforce segments can include, but are not limited to, epidemiologists, chronic disease specialists, public health lawyers, environmentalists, informaticians, and nutritionists.

Category C addresses the CBA needs of target populations **outside of governmental public health departments**. CBA activities conducted for this category *must also* leverage the organization's expertise and networks to benefit a health department type (state, tribal, local or territorial) or workforce segment.

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

Organizations may submit **up to two** stand-alone applications. Each application must identify one target population. 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.

a. Health Disparities

This program is focused primarily on strengthening the public health system's infrastructure and services. The program's strategies and activities address public health needs and priorities to

improve the capacities and capabilities that ensure a current, competent, and connected public health system. It is expected that an enhanced public health system will effectively address social determinants of health (SDOH) and health disparities. Generally, there are five key areas that determine health outcomes: 1) economic stability, 2) education, 3) social/community context, 4) health care, and 5) neighborhood/built environment. Disparities in health outcomes may be based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions. Applicants are strongly encouraged to demonstrate how their CBA activities will improve the target population's ability to effectively address the SDOH and health disparities.

iv. Funding Strategy

This funding opportunity will use a two-part strategy.

Funding Strategy 1: Initial Funding – Applicants are permitted to submit no more than two stand-alone applications. Responsive applications submitted under this funding opportunity will be reviewed objectively as described in the Review and Selection Process section of this NOFO. Awards under Funding Strategy 1 will support building capacities and capabilities of the selected target population. The applications will be compiled and reviewed according to the target population category. Applicants selected for Funding Strategy 1 will become part of a group of organizations that are eligible for funding under Funding Strategy 2.

Funding Strategy 2: CIO Project Plans – The second funding strategy is subject to the availability of appropriated funds and agency priorities. To maximize CDC's program priorities and U.S. health system needs, applicants funded under Funding Strategy 1 will be eligible to apply for additional funding under Funding Strategy 2. Under Funding Strategy 2, CDC will publish and compete CIO Project Plans according to target population categories. The plans will be published on http://www.grants.gov as a NOFO supplement to CDC-RFA-OT18-1802. Organizations will submit "Work Plans in Response to CIO Project Plans" that are relevant to the target population category and target population for which they were awarded funding under Funding Strategy 1.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement will monitor the extent to which planned activities are completed successfully, show the effectiveness of CBA activities, and demonstrate achievement of program outcomes. The CDC uses evaluation findings to ensure continuous program quality improvement, create an evidence base for CBA strategies and activities, and inform decisions about future CBA efforts.

The CDC strategy for monitoring and evaluating recipient and program performance will be consistent with the logic model and approach presented earlier. The recipient is expected to track implementation of CBA strategies and activities and determine progress in achieving outcomes for the selected target population. CDC will use information collected from recipient progress reports (frequency to be determined) and annual performance reports to document project status and completion. As needed, conference calls with the recipient will include discussion of project updates, technical assistance needs, and challenges in completing

activities.

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. Instead, the NOFO proposes examples to demonstrate the types of measures that will show progress toward achieving program outcomes. Process measures are used to track the implementation of recipient strategies and activities. Outcome measures are used to determine progress in achieving the period of performance outcomes.

The “Examples of Process and Outcomes Measures” table below provides some examples of potential measures for the outcomes in the NOFO logic model. The applicant's proposed measures of effectiveness must be objective, quantitative, and measure the intended outcome of the program. The proposed measures must indicate meaningful change over time (e.g. increase, decrease, sustain, etc.) and clarify unit of measurement (e.g. number of, percentage of, proportion of, etc.).

Strategy/Activity	Process Measure	Outcome Measure
Public Health Systems Infrastructure	Agencies that receive training in quality improvement processes	Agencies that achieve at least one new nationally established standard
Leadership and Workforce Development	Directors who complete strategic planning training Agencies that receive training to support workforce development planning	Directors served who report increased understanding of community needs, assets, and inequities Directors who use strategic plans to promote better health outcomes Agencies trained that implement an agency-specific workforce development plan Agencies that improve delivery of one or more essential public health service
Data and Information Systems	Trainings provided to standardize data collection processes	Agencies served that standardize the exchange of data across systems
Communication and Information Technology	Technical assistance provided to assess current communication processes	Agencies served maintaining a plan for urgent and non-urgent communications Agencies that increase use of information technology to disseminate information
Partnerships	Participants that attend workshops offering strategies to convene partners (OR to create a shared vision)	Participants served who establish or maintain a least one partnership Agencies that identify and address public health needs through collaborative processes
Laws and Policies	Legal consultations provided to increase ability to interpret laws and policies	Agencies conducting surveillance and evaluation of laws and policies
Programs and Services	Agencies that receive consultation to translate evidence-based science	Agencies implementing new evidence-based/informed strategies

CDC will provide guidance to develop performance measures that are specific to the recipient work plan and consistent with the program logic model. CDC and recipients will have six months post-award to discuss and finalize measures.

The evaluation questions assess CBA contributions that span across the logic model from

strategies and activities to outcomes accomplished by the overall program. Each applicant's evaluation and performance measurement strategy is unique and relevant evaluation questions will vary. Key evaluation questions to consider include

Process Evaluation Questions:

- Is the recipient able to successfully track implementation progress of strategies and activities?
- How many agencies or individuals participated in CBA activities?
- What products or deliverables were produced as a result of program activities?
- What resources (e.g., funds, staffing, partnerships) were used for the planning, implementation, and evaluation of CBA provided?
- What are the key challenges and barriers to implementing activities and achieving outcomes?
- What are the key facilitators to successful implementation of activities and achievement of outcomes?
- Are new activities identified that address specific target population challenges and opportunities?
- Do the CBA activities have cross-cutting benefits beyond the target population?

Outcome Evaluation Questions:

- To what extent have program activities and outputs contributed to achieving the expected outcomes?
- How did tools and processes implemented strengthen public health system infrastructure?
- What nationally established standards were achieved to improve operational capacity of the public health system?
- How did leadership decision-making effect change of policies, programs, and services that affect public health?
- How did leadership capacity improve to strategically and systematically address public health needs?
- What core and discipline-specific public health competencies were strengthened to improve job performance?
- What capabilities of the public health workforce increased?
- What decisions were informed from improved collection, maintenance, and interpretation of data?
- What decisions were informed from improved exchange of data across systems?
- What actions were taken to inform the public in an efficient and effective manner?
- What partnerships were established within and across sectors?
- How did partnerships improve capacity to address public health needs and priorities?
- What laws and policies were evaluated to affect health?
- What programs and services were identified, prioritized, and customized to address public health needs?

Data sources to answer evaluation questions may include recipient applications and progress

reports (e.g., work plans, annual performance reports), qualitative and quantitative process evaluation methods with recipients, and surveys of select target populations.

Applicants must provide a statement of commitment to provide a Data Management Plan (DMP) post award, when specific data generation and collection activities are defined. Recipients will describe how they intend to manage, preserve, and make accessible data generated or collected with CDC funds in a DMP. The funding program will define the details of how the DMP is to be provided (e.g., as a narrative, table format). DMPs will be submitted, evaluated, and approved before beginning data collection.

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.

The applicant evaluation and performance measurement plan must provide a description for year one evaluation activities and specific elements to be evaluated over the five-year period of performance. Applicants are expected to develop performance measures specific to the

strategies, activities, and outcomes outlined in the proposed work plan. The evaluation and performance measurement plan must meet the minimum requirements, as stated above.

c. Organizational Capacity of Recipients to Implement the Approach

Organizational capacity provides an opportunity for applicants to demonstrate their ability to execute this CBA program's strategies and activities and achieve its outcomes. As previously mentioned, this NOFO is designed to fund a group of organizations that have the knowledge, experience, expertise and national reach necessary to provide CBA services effectively and efficiently to governmental health departments and nongovernmental components of the public health system. Applicants should have adequate infrastructure (equipment and physical space), information and data systems, electronic information and communication systems, and workforce capacity and competence to execute the award.

Current and Recent Programs: Applicants must demonstrate adequate expertise in program planning, program implementation, performance monitoring, and program evaluation as they relate to the strategies and activities. Expertise in these areas should be demonstrated in descriptions of current or recent programs designed, implemented, and evaluated by the applicant. *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.* For the purposes of this NOFO, national reach is the extent to which current and recent programs cover the 10 HHS regions. Descriptions of current and recent programs should include the program reach and mode of delivery.

Staffing and Partnerships: Applicants must demonstrate adequate capacity and expertise in personnel management and program staffing. Program staffing includes the ability to develop and maintain partnerships and recruit and hire for general staff expansion and specialized expertise. Documentation to illustrate adequate staffing plan and program management structure includes organizational charts, job descriptions, CVs/resumes, and staffing plans that clearly define staff roles and expertise as they relate to the activities and outcomes. Letters of support from other organizations should be used to demonstrate ability to build and maintain partnerships.

Procurement Activities: Applicants must demonstrate expertise in writing, negotiating, awarding and executing contracts and consulting agreements as they relate to individual projects funded under this program. Applicants must also demonstrate expertise in financial reporting, budget management and budget administration. Applicants must be fully capable of managing the required deliverables in accordance with 45 C.F.R. Applicants must submit a CV/resume for staff who will be involved in procurement activities and describe the organization’s capacity to execute contracts and consulting agreements.

Relationship with Target Population: Applicants must also describe the nature of their relationship with the target population and history (including number of years) of serving or working with the target population selected for this cooperative agreement. The history should also include examples of previous efforts providing CBA, such as the content and format of the CBA provided, and the results of those CBA efforts. If applicants submit letters of support from members of the target population and related stakeholders, the letters should outline the target population’s interest in the CBA services to be provided, the current relationship with the applicant, and previous examples of CBA received from the applicant.

Relationship with Governmental Health Departments-Category C: Applicants who plan to address the CBA needs of a Category C target population must also leverage their capacity, reach, and experience to benefit a health department type (state, tribal, local, or territorial) or workforce segment. Category C applicants must demonstrate a relationship with the health department or workforce segment that will benefit from their CBA efforts. Letters of support from state, tribal, local, or territorial health departments should be included. The letters should speak to their current relationship with the applicant and include examples of previous CBA they have received from the applicant.

Affiliate Organizations: If applicable, applicants must provide a description of their affiliate organizations. Affiliates are subsidiary or subordinate organizations that are officially connected to the applicant organization. The description of affiliated organizations should include the name(s) and the affiliate's public health-related area of expertise. Applicants must also submit evidence, such as bylaws, signed board resolution, or other documentation of guiding principles that recognize the affiliate organizations and their relationship with the applicant.

Current CDC CBA Funding: If applicable, applicants must provide a description of their current CDC-funded capacity building projects, including the name of the funding mechanism (CDC-RFA number), target population, type of CBA provided and delivery method, and outcomes achieved.

As illustrated in the Review and Selection Process section of this NOFO, the Organizational Capacity of Applicants to Implement the Approach will be weighed heavily during the Objective Review process. Applicants are strongly encouraged to address all areas of capacity mentioned above.

d. Work Plan

Development of the work plan should be based on the established Award Floor Funding each year, which is supported under Funding Strategy I. The Award Floor Funding varies by the Target Population Categories A, B, and C to support capacity-building efforts as outlined in the program's logic model.

Applicants must develop a CBA work plan that provides a detailed plan for the first year of the period of performance and a high-level plan for the subsequent years. Applicants must clearly describe how the sections in their work plans crosswalk to the strategies, activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO.

Applicants proposing to build capacity of a target population under Category C must also identify at least one strategy and related activity to build the capacity for one or more health department type (state, tribal, local, or territorial) or workforce segment. Applicants are encouraged to align work plans with activities indicated under the "Strategies and Activities" section, but are allowed to augment those activities based on the target population's priority needs.

The applicant's work plan must, at a minimum, include:

Five-Year Overview of the Project Work Plan

(Written in narrative format.)

- Intended outcomes to be achieved by the end of the five-year period of performance
- Intended strategies, activities, and outputs to be achieved by the end of the five-year period of performance
- Administration and assessment processes to ensure successful implementation and quality assurance

Year 1 Detailed Work Plan

(Use template below.)

- Intended strategies and activities that correspond with the selected outcomes
- Description of the process measures for the strategies and activities
- Description of responsible position/party to support implementation of the project
- Provision of completion date for each outcome measure
- Estimated cost per strategy

The work plan format presented below shows how a traditional work plan aligns with the program's logic model and approach as presented earlier. Applicants are required to use the table below for the first year activities. In this format, the table would be completed for the budget period outcomes that are selected by the applicant. Applications that identify target populations under Category A or B must identify *at least two* outcomes. Applications that identify target populations under Category C must identify *at least one* outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Budget Period Outcome: *[from Outcomes section and/or logic model]* **Short-term:** Strengthened core and discipline-specific public health competencies among workforce to improve job performance		**Outcome Measure:** *[from Evaluation and Performance Measurement section]* Agencies served that implement an agency-specific workforce development plan		
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position /Party**	**Completion Date**	**Estimated Cost**
1. Leadership and Workforce Development—Activities to improve leadership and workforce competencies, recruitment, and retention	Agencies that receive training to support workforce development planning	Program Manager	March 2019	$150,000
2.				
3.				
4.				
5.				

CDC will provide feedback and technical assistance to recipients to finalize the work plan to adjust for available funding and better address the various CBA priorities for the target population.

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.

Other activities deemed necessary to monitor the award, if applicable.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

In a cooperative agreement, CDC staff are very much involved with program activities beyond monthly calls, site visits, and routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to provide CBA to governmental and nongovernmental components of the public health system.
2. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
3. Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between funded organizations that would not normally interact or collaborate on public health efforts.
4. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance.
5. Collaborate, as appropriate, to assess progress toward meeting strategic and operational goals and objectives and to establish measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U38
Uniform National Health Program Reporting System	
3. Fiscal Year:	2018
4. Approximate Total Fiscal Year Funding:	$8,000,000
5. Approximate Period of Performance Funding:	$40,000,000

This amount is subject to the availability of funds.

This amount represents approximate funding provided by the Office for State, Tribal, Local and Territorial Support (OSTLTS). Additional funding from other CDC centers, institute, and offices (CIOs) is anticipated.

Estimated Total Funding: $40,000,000

6. Approximate Period of Performance Length: 5 year(s)

7. Expected Number of Awards: 24

The expected number of awards will vary by target population category as outlined below.

Category A: 4 awards

Category B: 10 awards

Category C: 10 awards

8. Approximate Average Award: $500,000 Per Budget Period

The approximate average award will vary by target population category as outlined below.

Category A: $2,000,000

Category B: $1,000,000

Category C: $500,000

9. Award Ceiling: $150,000,000 Per Budget Period

This amount is subject to the availability of funds.

A ceiling is not expected for this NOFO.

10. Award Floor: $150,000 Per Budget Period

The award floor will vary by target population category as outlined below.

Category A: $500,000

Category B: $350,000

Category C: $150,000

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 available through this FOA.

Consistent with the cited authority for this NOFO, direct assistance may be available in the form

of equipment, supplies, materials, and/or federal personnel.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

2. Additional Information on Eligibility

Additional Eligibility Categories:

- Nonprofits having 501(c)(6) IRS status, other than institutions of higher education

- Community-based organizations

- Faith-based organizations

As a reminder, eligible organizations are permitted to submit up to two stand-alone applications. Each application must identify one target population. If two applications are submitted, each application must identify a distinct target population within a single category or across two different categories. If three or more applications are submitted by one organization, the last two submissions will be reviewed. All subsequent applications will be deemed non-responsive. Organizations that meet the eligibility criteria must also meet responsiveness criteria in order to advance to objective merit review. Eligible applications will be reviewed for responsiveness in accordance with the criteria below. Non-responsive applications will not

advance to objective merit (Phase II) review.

Eligible applicants must provide evidence of having a **public health charge or mission**.

- For the purpose of this program, a public health charge or mission is a statement of an entity's organized efforts to promote and protect the health of people and the communities where they learn, live, play, and work. Evidence of a public health charge or mission should be reflected in documents such as the applicant's articles of incorporation, bylaws, signed board resolutions, or mission statement.

When submitting documentation to support a public health charge or mission, applicants **must highlight** specific language within the submitted document(s). Evidence should be submitted by uploading the documentation in https://www.grants.gov under "Other Attachment Forms." The document should be labeled "Proof of Public Health Charge or Mission."

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of Effort (MOE) is not required.

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 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 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 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 using organization new DUNS number to become an authorized organization representative (AOR)	Same day but can take 8 weeks to be fully registered and approved	Register early! Log into grants.gov and check AOR status until it shows you have

		2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	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: **02/27/2018**

b. Application Deadline

Due Date for Applications: **03/29/2018** , 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.

Date for Information Conference Call

The Informational Conference Calls will be held Tuesday, February 20, 2018, 10:00-11:30am ET and Thursday, February 22, 2018, 4:30-6:00pm ET. The dial-in information for the Informational Conference Calls will be posted to https://www.cdc.gov/stltpublichealth/partn

erships/index.html no later than Friday, February 9, 2018.

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Informational Conference Calls. Due to the volume and variety of questions anticipated during the Informational Conference Calls, applicants are encouraged to submit questions to OSTLTSPartnersNOFO@cdc.gov by Friday, February 16, 2018.

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

The purpose of a letter of intent (LOI) is to allow CDC staff to plan for the review of submitted applications.

Applicants are strongly encouraged to submit an LOI (3-page limit) for this NOFO. The LOI should be submitted via email as an attachment to OSTLTSPartnersNOFO@cdc.gov with a copy to Ralph Robinson, grants management officer, at inp2@cdc.gov.

The LOI should include the following information:

- Name of applicant organization
- Project director's name, address, telephone number, and email address
- Primary application point of contact's name, address, telephone number, and email address (if different from above)
- Number and title of this NOFO
- Number of application submissions (up to two)
- Target Population Category, per submission
- Brief description of the target population that will receive CBA, per submission

LOIs must be printed on the applicant organization's letterhead and can be single- or double-spaced.

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:25

The criteria used to evaluate each application depends on the Target Population Category identified within the application. Applicants should review the criteria associated with their selected Target Population Category as they develop their application.

Applications for Categories A and B :

Background, CBA Needs, and Strategies (25 points): The extent to which the applicant

1. Provides evidence of the CBA needs of the selected target population (7 points)
2. Identifies strategies outlined in the NOFO that address the priority CBA needs of the selected target population (9 points)
3. Identifies potential activities that align with the CBA needs of the selected target population (9 points)

Applications for Category C:

Background, CBA Needs, and Strategies (25 points): The extent to which the applicant

1. Provides evidence of the CBA needs of the selected target population (5 points)

2. Identifies strategies outlined in the NOFO that would address the priority CBA needs of the selected target population (8 points)
3. Identifies potential activities that align with the CBA needs of the selected target population (8 points)
4. Identifies activities that benefit a selected health department type or health department workforce segment (4 points)

ii. Evaluation and Performance Measurement — Maximum Points:15

Applications for all Categories:

The extent to which the applicant

1. Develops performance measures specific to the strategies, activities, and outcomes outlined in the year 1 detailed work plan (3 points)
2. Describes data sources and data collection methods they will use to answer the evaluation questions relevant to the selected outcomes (3 points)
3. Describes how key program partners will participate in the evaluation and performance measurement planning processes (3 points)
4. Describes how evaluation findings will be used for continuous program quality improvement (3 points)
5. Demonstrates a commitment to develop and implement a Data Management Plan (DMP) (3 points)

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:60

The criteria used to evaluate each application depends on the Target Population Category identified within the application. Applicants should review the criteria associated with their selected Target Population Category as they develop their application.

Applications for Categories A and B :

1. Current and Recent Programs (25 points): The extent to which the applicant

a. Demonstrates experience in delivering CBA that covers the 10 HHS Regions (15 points)

b. Demonstrates an established, successful track record (history) of providing CBA services to the target population (10 points)

2. Organizational Capacity and Expertise (15 points): The extent to which the applicant

a. Demonstrates adequate infrastructure and capacity to address the CBA needs of the selected target population (5 points)

b. Demonstrates capacity and expertise in using various forms of communication to provide CBA services (5 points)

-Including, but not limited to virtual platforms, media support, project monitoring and reporting, cultural and linguistic translation, graphics, and writing

c. Demonstrates capacity to create and maintain partnerships to accomplish stated objectives (5 points)

3. Relationship with Target Population (10 points): The extent to which the applicant

a. Demonstrates a current relationship with the target population (7 points)

b. Demonstrates the target population's interest in the CBA services to be provided (3 points)

4. Project Management/Staffing Plan (10 points): The extent to which the applicant

a. Demonstrates appropriate staff member experience (4 points)

b. Demonstrates clearly defined roles and responsibilities for staff members (4 points)

c. Demonstrates sufficient staff member capacity to accomplish program goals (2 points)

Applications for Category C:

1. Current and Recent Programs (23 points): The extent to which the applicant

a. Demonstrates experience in delivering CBA that covers the 10 HHS Regions (14 points)

b. Demonstrates an established, successful track record (history) of providing CBA services to the target population (9 points)

2. Organizational Capacity and Expertise (12 points): The extent to which the applicant

a. Demonstrates adequate infrastructure and capacity to address the CBA needs of the selected target population (4 points)

b. Demonstrates capacity and expertise in using various forms of communication to provide CBA services (4 points)

-Including, but not limited to virtual platforms, media support, project monitoring and reporting, cultural and lingual translation, graphics, and writing

c. Demonstrates capacity to create and maintain partnerships to accomplish stated objectives (4 points)

3. Relationship with Target Population (10 points): The extent to which the applicant

a. Demonstrates a current relationship with the target population (7 points)

b. Demonstrates the target population's interest in the CBA services to be provided (3 points)

4. Relationship with Health Departments (5 points): The extent to which the applicant

a. Demonstrates a current relationship with the health department type or workforce segment that will benefit as a result of proposed CBA activities (5 points)

5. Project Management/Staffing Plan (10 points): The extent to which the applicant

a. Demonstrates appropriate staff member experience (4 points)

b. Demonstrates clearly defined roles and responsibilities for staff members (4 points)

c. Demonstrates sufficient staff member capacity to accomplish program goals (2 points)

Budget

The extent to which the proposed budget is reasonable and consistent with the program

announcement and the ability to conduct the stated objectives and related strategies and activities. Due to the nature of this unique funding opportunity, the budget may address needs only to ensure organizational capacity to leverage additional funding received through the CIO Project Plan process.

c. Phase III Review

In addition, the following factors may affect the funding decision:

- Priority will be given to organizations that demonstrate national scope. This priority aligns with the program intent to fund activities that build capacities and capabilities across multiple jurisdictions.
    - 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 US, which includes the states, territories, and tribal nations. Evidence of a 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.
    - An additional 15 points will be added to the final score of applications that demonstrate national scope.
- Preference will be given to
    - Avoid duplication of CBA services to the same target populations
    - Ensure CBA services are provided to target populations not served by higher ranking applications
    - Ensure CBA services are provided to target populations not duplicated in other CDC funding mechanisms

CDC will provide justification for any decision to fund outside of ranked order of scores.

Final funding determinations for awards made under Funding Strategy 1 will be based on application scores from the objective review panels and consideration for CDC's funding priority and preferences.

Phase IV Review: Work Plans in Response to CIO Project Plans

Organizations that are selected for initial funding under the Phase III Review and Selection process will be eligible to submit Work Plans in Response to CIO Project Plans as part of a supplement to CDC-RFA-OT18-1802. Organizations will be eligible to submit proposals based on the Target Population Category and Target Population for which they were selected to provide CBA under the CDC-RFA-OT18-1802 Funding Strategy 1 competition.

The supplement package detailing the CIO project plans and the submission process will be posted to https://www.grants.gov following selection and notification of organizations that will receive initial funding under Funding Strategy 1. The recipients will be permitted to submit proposals in response to a range of CBA projects that represent public health disciplinary areas and cross-cutting disciplines and/or topics. CIO project plans may also include limited CBA to international public health constituents when there is a benefit to U.S. public health efforts or to

the US public health system.

Work Plans in Response to CIO Project Plans will be reviewed for eligibility, completeness, and merit. Once submitted, all Work Plans in Response to CIO Project Plans will be reviewed initially for eligibility and completeness by CDC's Office of Grants Services and the Partnership Support Unit. Complete applications will be reviewed for responsiveness by the grants management officials and program officials.

Work Plans in Response to CIO Project Plans that are deemed non-responsive will not advance to the merit review. Organizations will be notified that their applications did not meet eligibility and/or published submission requirements.

Merit review of Work Plans in Response to CIO Project Plans will involve an objective or technical review that evaluates complete, eligible proposals using criteria aligned with the three broad sections described earlier in the NOFO:

1. Approach
2. Evaluation and Performance Measurement
3. Applicant's Organizational Capacity

Merit reviews that require an objective review will be evaluated using the scoring criteria set forth in the CDC-RFA-OT18-1802 Supplement. If a technical review is more efficient for the Work Plans in Response to CIO Project Plans (i.e., there is one proposal submitted for a particular CIO Project Plan), the technical review will be held in place of an objective review.

Final funding determinations of Work Plans in Response to CIO Project Plans that require an objective review will be based on proposal scores from the merit review. When a technical review is used, Work Plans in Response to CIO Project Plans will not be scored. The proposals will receive feedback and guidance regarding required revisions in place of scoring.

In addition, the following factors may affect the funding decision for Funding Strategy 2:

- Preference will be given to
    - Avoid duplication of CBA services to the same target populations
    - Ensure CBA services are provided to target populations not served by higher ranking applications
    - Ensure CBA services are provided to target populations not duplicated in other CDC funding mechanisms

CDC will provide justification for any decision to fund outside of ranked order of scores.

Review of risk posed by applicants:

The Office of Financial Resources (OFR) Risk Questionnaire is attached to this Notice of Funding Opportunity Announcement. Applicants must complete and submit the risk questionnaire with their application. The completed risk questionnaire and supporting document can be uploaded in the optional attachments section.

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

Notification of selection and award announcements for Phase III will occur via email with delivery receipt and announcement on the OSTLTS Gateway website (https://www.cdc.gov

/stltpublichealth/) in May 2018.

Notification of selection and award announcements for Phase IV: Work Plans in Response to CIO Project Plans will occur via email with delivery receipt between August and September 2018.

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.

The following Administrative Requirements (AR) apply to this project:

AR-8: Public Health System Reporting Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions (June 2012)

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-15: Proof of Non-Profit Status

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Release and Sharing of Data

AR-26: National Historic Preservation Act of 1966

AR-27: Conference Disclaimer and Use of Logos

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

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

AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973

AR-32: Enacted General Provisions

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

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

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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.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report(APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Frequency to be determined	Yes, where applicable

	within 6 months of award.	
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; October 30 of each budget period.	Yes

Recipients must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided to successful applicants in the notice of award.

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.

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:

Samuel Taveras, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

4770 Buford Highway NE, M/S: K-90

Atlanta, GA 30341-3717

Email: OSTLTSPartnersNOFO@cdc.gov

Grants Staff Contact

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

Nicole Comick, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd

Atlanta, GA 30341

Email: ktv6@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

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable

- Bona Fide Agent status documentation, if applicable

Proof of National Scope of Work

Proof of Public Health Charge or Mission

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

Capacities: 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.

Capacity Building Assistance (CBA): Activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community

or individual processes and competencies. CBA is delivered through technical assistance, training, information sharing, technology transfer, materials development, or funding that enables organizations to serve customers better and operate in a comprehensive, responsive, and effective manner.

National Reach: The extent to which current and recent programs cover the 10 HHS regions.

Public Health Infrastructure: the fundamental actions, planning, relationships, and resources required to create the minimum opportunity for public health efforts (policy, program, and research) to succeed. It is not a single entity, but a broad array of essential services and capacities encompassing leadership, governance, financing, workforce, community planning, quality improvement, partnerships, policy-making efforts, training programs, laboratory services, and information technology. All are primary components that agencies must invest in, actively monitor and continuously update to maintain quality infrastructure.

Public Health System: The public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. Entities within a public health system can include hospitals, physicians, managed care organizations, environmental agencies, social service organizations, educational systems, community-based organizations, religious institutions, and many others. All of these organizations play a role in working to improve the public's health.