


**Centers for Disease Control**

Center for Surveillance, Epidemiology and Laboratory Services

CDC's Collaboration with Academia to Strengthen Public Health Workforce Capacity
CDC-RFA-OE17-1701
Application Due Date: 03/31/2017

CDC's Collaboration with Academia to Strengthen Public Health Workforce Capacity

CDC-RFA-OE17-1701

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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-OE17-1701. 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. Funding Opportunity Title:

CDC's Collaboration with Academia to Strengthen Public Health Workforce Capacity

### 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 http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

### D. Agency Funding Opportunity Number:

CDC-RFA-OE17-1701

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

93.967

### F. Dates:

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

**2. Due Date for Applications:** **03/31/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

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

An informational conference call will be held on February 21, 2017, 2:00-3:00pm EST for applicants interested in applying for this funding opportunity. Call-in number: 1-888-455-9734 (toll free) Participants Passcode: 8632216. Call minutes will be posted on the APIH website (http://www.cdc.gov/ophss/csels/dsepd/academic-partnerships/index.html by February 23, 2017.

### G. Executive Summary:

**1. Summary Paragraph:**

This Funding Opportunity Announcement (FOA) seeks to catalyze innovative efforts to provide public health professionals, students, and faculty with the competencies and knowledge to reduce the leading causes of death and illness and build workforce capacity to transform the health system and improve population health. The FOA consists of three components (Parts A, B and C). Part A provides funding for core curricular enhancements at educational institutions. Part B supports applicants to promote and manage Workforce Improvement Projects (WIPs). Part C supports the coordination and management of fellowships.

**a. Eligible Applicants:** Open Competition

**b. FOA Type:** Cooperative Agreement

**c. Approximate Number of Awards:** 4

**d. Total Project Period Funding:** $1,250,000

This amount is an estimate for Part A, includes both direct and indirect costs, and is subject to availability of funds. Applicants are required to apply for Parts they wish to be considered.

**e. Average One Year Award Amount:** $250,000

This amount is an estimate for Part A and base funding for Parts B and C. It includes both direct and indirect costs and is subject to the availability of funds. Applicants are required to apply for Parts they wish to be considered.

Base funds are used to support cross cutting initiatives and to provide leadership, management support and governance for the entirety of the cooperative agreement. Cross cutting management initiatives include cooperative agreement planning, monitoring and evaluation, ensuring a strong governance for the public health workforce. Cross cutting programs include PART A - Core Curricular Enhancements, PART B - Workforce Improvement Projects (WIPs), and PART C - Public Health Fellowships. It also supports communications (print, electronic and on social media), program evaluation and public policy. These flexible funds allow us to moderate the funding variances each year placed on us by CIOs, and provide a generally consistent level of effort to support the overall CoAg and its initiatives.

The project period length for Year 1 is 10 1/2 months with an award date of 08/15/2017. The project period length for Years 2 through 5 is 12 months each year with an award date of 07/01.

**f. Total Project Period Length:** 5

**g. Estimated Award Date:** 08/15/2017

**h. Cost Sharing and / or Matching Requirements:** N

## Part II. Full Text

## A. Funding Opportunity Description

### 1. Background

**a. Overview**

The intent of this Funding Opportunity Announcement (FOA) is to support national organizations that represent accredited, domestic schools and programs of public health, accredited medical colleges, academic medical centers/health systems, and accredited baccalaureate and graduate schools of nursing (and other allied health professionals) to integrate public and population health concepts, approaches and frameworks. The overarching goal is to enhance the preparation of medical, nursing, and public health professionals to equip them with the skills, knowledge, and demonstrated behavior needed for effective practice.

In recent years, several commentaries, position papers, and policy briefs have highlighted the need for transformation and expansion of the priorities, scope, and interaction of health departments and clinical care delivery systems to improve population health. [1][2][3][4] Furthermore, the 2003 IOM report highlighted the need to create a workforce that is relevant, "Who Will Keep the Public Healthy? Educating Health Professionals in the 21st Century," acknowledged "…the need for an effective public health system is as urgent as it has ever been (and) an effective public health system requires well-educated public health professionals." The report includes recommendations that schools of public health should influence the incorporation of an ecological view of public health, as well as a population focus, into all health professional education and practice and calls for the integration of a more accurate and ecologically oriented view of health into primary, secondary, and postsecondary education.

An increasingly integrated health system requires health professionals who are prepared to practice and deliver clinical and public health services across boundaries for the betterment of the public. This necessitates

enhancements in professional development including the training and education of future health professionals and faculty. To manage the health of populations, health professionals' basic knowledge and exposures need to be applied, diffuse, interprofessional, and transdisciplinary.

This FOA seeks to catalyze innovative efforts to provide health professional students and faculty with the competencies and experience to reduce the leading causes of death and illness and improve the health of populations through the development of a well-trained health workforce equipped with the knowledge, skills, and abilities to address issues of public health significance.

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[1] Galea S, Annas GJ. Aspirations and Strategies for Public Health. *JAMA.* 2016;315(7):655-656. doi:10.1001/jama.2016.0198

[2] Resolve/Public Health Leadership Forum. The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist. 2014;http://www.resolv.org/ site-healthleadershipforum/files/2014/05/The-High-Achieving -Governmental-Health-Department -as-the-Chief-Health-Strategist-by-2020-Final1 .pdf

[3] Washington AE, Coye MJ, Boulware LE. Academic Health Systems' Third CurvePopulation Health Improvement. *JAMA.* 2016;315(5):459-460. doi:10.1001/jama.2015.18550

[4] Auerbach J. The 3 Buckets of Prevention. Journal of Public Health Management & Practice. 2016;22(3):215-218. doi: 00.1097/PHH.0000000000000381

**b. Statutory Authorities**

Section 317(k)(2) of the PHS Act (42 U.S.C. Section 247b(k)(2))

**c. Healthy People 2020**

This FOA supports and builds the Public Health Infrastructure as defined in Healthy People 2020. The activities supported by this funding opportunity seek to develop a capable and qualified workforce able to effectively assess and respond to public health needs: https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure.

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

This FOA supports the following national public health priorities and strategies:

National Public Health Workforce Strategic Roadmap- https://www.cdc.gov/ophss/csels/ dsepd/strategic-workforce-activities/ ph-healthcare-collaboration.html

National Prevention Strategy- http://www.surgeongeneral.gov/ priorities/prevention/strategy/

National Partnership for Action- http://minorityhealth.hhs.gov/npa/

The Guide to Community Preventive Services- https://www.thecommunityguide.org/

**e. Relevant Work**

This FOA builds on CDC programmatic activities within Academic Partnerships to Improve Health (https://www.cdc.gov/ ophss/csels/ dsepd/academic-partnerships/index.html). Academic Partnerships to Improve Health (APIH) focuses on improving the health of individuals and communities through alliances among academic associations and CDC. APIH drives improvement of health outcomes by:

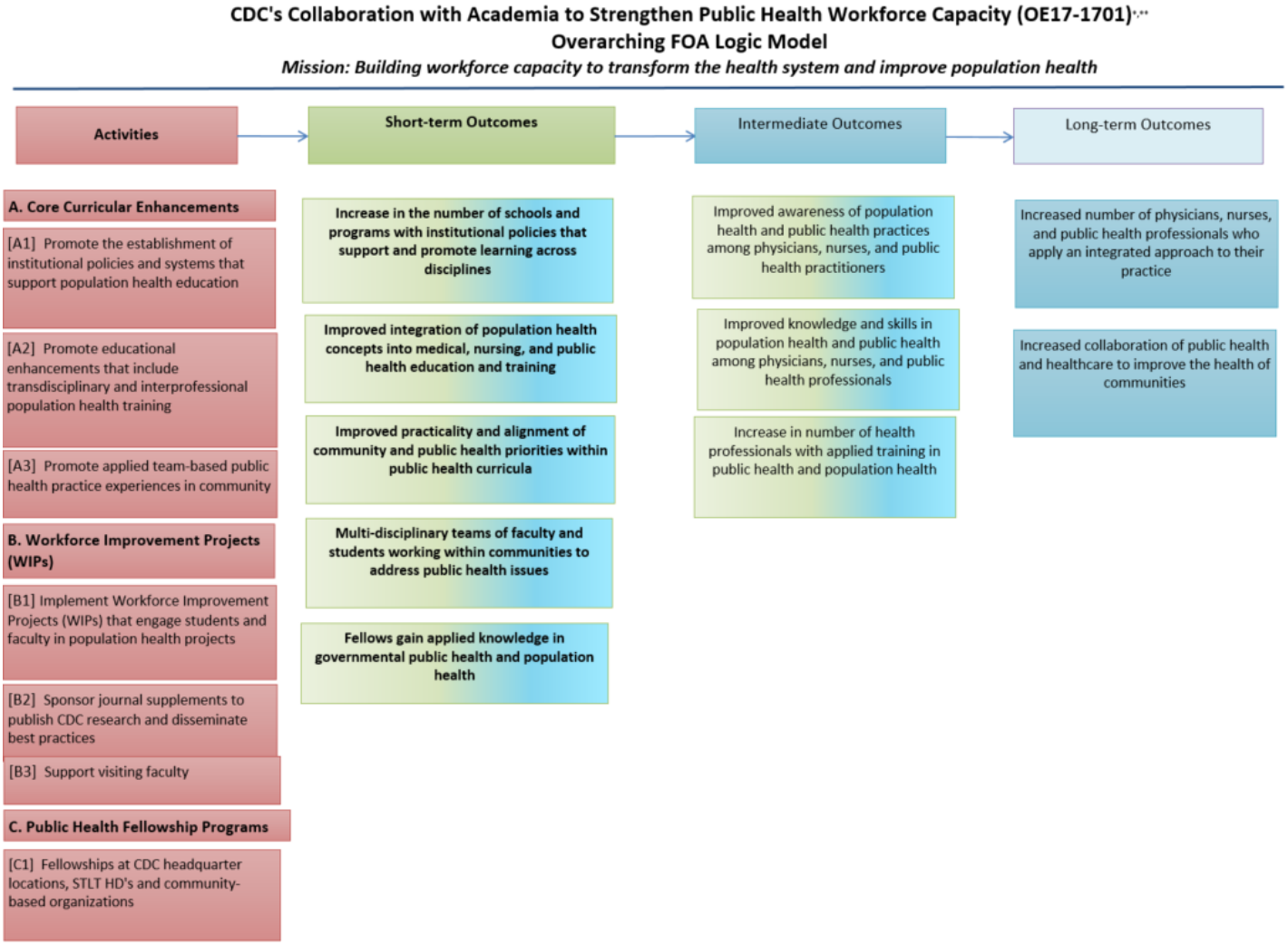
1. Working within the educational systems for public health, medical, and nursing students to enhance teaching of population health concepts
2. Aligning academic approaches (curricula, teaching materials, or methods) and field experiences with

ground-level public health priorities and practice needs
3. Fostering interprofessional collaboration and learning in health professional education
4. Strengthening academia's linkages to public health practice
5. Providing opportunities for hands-on experience for students working with communities and public health partners

## 2. CDC Project Description

### a. Approach

**Bold** indicates project period outcome.




### i. Purpose

An increasingly integrated health system requires health professionals who are prepared to practice, deliver, and integrate clinical and/or public health services across boundaries for the betterment of the public's health.This necessitates enhancements in the training and education of future health professionals and the faculty who are educating and training these students. This FOA seeks to catalyze efforts to equip health professional students and faculty to reduce the leading causes of death and improve the health of populations through the development of a well-trained health workforce.

### ii. Outcomes

The principal outcomes of the strategies and activities under the cooperative agreement are

1. Increase in the number of schools and programs with institutional policies that support and promote learning across disciplines
2. Improved integration of population health concepts into medical, nursing, and public health education and training
3. Improved practicality and alignment of community and public health priorities within public health curricula
4. Multi-disciplinary teams of faculty and students increase work within communities to address public health issues
5. Fellows gain applied knowledge in governmental public health and population health

**iii. Strategies and Activities**

There are three strategic directions that applicants can propose under Part A. These include: (1) promoting the establishment of institutional policies and systems that support population health education; (2) promoting educational enhancements that include transdisciplinary and interprofessional population health training; and (3) promoting applied team-based public health practice experiences in community-settings that address the leading causes of death and illness. Part B, funds applicants to promote and manage Workforce Improvement Projects (WIPs). WIPs will be funded by CDC and other federal agency programs and will contribute to overall workforce development through the engagement of students and/or faculty on specific projects. Part C, also funded by CDC programs, supports the coordination and management of fellowships.

**PART A–Core Curricular Enhancements**

**Strategic Direction A1–** ***Promote the establishment of institutional policies and systems that support population health education***

Vision-setting and university-wide tactics, actions, and policies that promote a culture of broad based learning are needed to train the emerging health workforce. Clinicians are expected to improve individual health outcomes as well as the health outcomes of populations under their care. Changes have occurred in curricula to teach principles important in delivering patient-centered care. Population-centered health care calls for a similar level of innovation in health professionals' curriculum. This requires education and training in non-traditional areas and disciplines. For population-centered educational enhancements to be brought to scale and sustained, leadership buy-in and support and incorporation into national educational standards and requirements are critical. Applicant organizations will need to engage with university leadership, including board of directors, and the relevant accrediting bodies to facilitate the integration of population health principles and concepts into accreditation requirements for schools of medicine, nursing, and public health in the United States. As early adopter institutions adapt their curricula to the changing contexts within which health professionals are required to practice, accrediting bodies should also be informed about trends in health professional education and changing practice requirements and contexts, to ensure that health professional education is of high quality, relevant, and preparing graduates for effective practice.

Activities supported under this strategic direction include three activities among others.

1. Engaging with accrediting bodies annually to discuss advancements in training and practice, share relevant education and practice data, and develop a shared agenda for the integration of population health principles and concepts into accreditation requirements.
2. Convening regional or national meetings with university presidents, chancellors, academic deans, and faculty to discuss effective models of transdisciplinary population-centered learning and establish and implement a strategic agenda for their university to support or advance integrated learning. Progress

achieved during the meetings should be continued through follow-up with participating schools and universities and technical assistance and implementation guidance should be provided.
3. Convening regional or national meetings to establish, strengthen, and build diverse non-traditional academic-practice partnerships (e.g., partnerships between schools of nursing and medicine with health departments, partnerships with schools and programs of public health with academic medical centers) to provide students a variety of rotational opportunities and other opportunities for transdisciplinary applied learning.

***Strategic Direction A2– Promote educational enhancements that include transdisciplinary and interprofessional population health training***

The integration of non-traditional subjects important in improving health is essential in training the future health workforce. As the nation increasingly focuses on population health and health care reform, public health departments and clinical health systems will grow more dependent on one another. Public health students are no longer being employed solely in traditional public health settings. Public health graduates are working for health systems and applying their skills and knowledge in that setting and an increasing number of health professionals are employed or otherwise engaged in both clinical and non-clinical settings or full-time in non-clinical roles with high potential to make large-scale impact. Transdisciplinary skills and knowledge are even more essential now to adequately prepare health professionals to practice in diverse settings and roles. Innovative academic practices that support transdisciplinary learning and allow students to seamlessly enroll in electives across schools within a given university or across universities should be explored and pursued. Other organizations that represent relevant schools and disciplines such as social work, law, architecture, engineering, business, and public policy, should be engaged to facilitate national large scale adoption and promote health in all policies within other disciplines.

Some 60% of an individual's health status is felt to be attributable to social determinants such as socioeconomic factors, physical environment, and behaviors. [1] Therefore, courses such as human ecology (i.e., covers the relationships between humans and their natural, social, and built environments) is foundational for effectively examining and addressing health. Social determinants of health should be a principal framework by which clinicians and public health professionals approach their understanding of illness and health and approach management of a patient or a population to achieve health. However, the challenges in implementing interventions from a social determinants of health perspective have proven formidable. Therefore, applicants are encouraged to apply novel theory and innovation to accelerate progress.

Public health and other health professionals should have an understanding of health informatics and the value and use of data from varied sources such as electronic health records, traditional public health surveillance systems, social media and internet data, healthcare cost and utilization data, and community surveys in assessing and managing the health of populations. Related topics in fields such as information technology and computer science, as well as topics in meaningful use, big data, analytics, data visualization, and systems interoperability underpin understanding. Subject matters that are integral in the curriculum in schools of business management such as economics, advocacy, persuasion and negotiation, change management and leadership can equip health professionals with the skills needed to optimize their individual performance as well as that of the health system. Public health students as well as medical and nursing students (and other allied health professionals) should possess an understanding of and be exposed to the health system (e.g., health care delivery, social service delivery, payors, purchasers, public health), and its relevance to the health status of the communities in their catchment areas. Two activities among others are supported under this strategic direction.

1. Convening meetings with university officials in constituent schools to identify and reach consensus about the subjects needed in the curriculum to increase health professionals knowledge of the social determinants of health and its influence on health. The consensus document developed from these meetings should guide curriculum recommendations disseminated nationally.
2. Convening meetings with at least one other national association representing an academic discipline

important in improving health to accelerate and support transdisciplinary learning and a health in all policies approach to education. Awardees may establish and evaluate transdisciplinary learning cohorts, approaches, and methods and use the data to develop and disseminate guidelines, guidance documents, and curriculum best practices.

***Strategic Direction A3– Promote applied team-based public health practice experiences in community settings that address the leading causes of death and illness***

Field-based applied learning in the form of externships, clerkships, and practicums are critical in students integrating knowledge and sustaining effective practices important in improving health outcomes in individuals and populations. Although these experiences occur and are required, host sites are often limited and there is limited engagement of other disciplines. The IOM report recommended that there be a substantial expansion of supervised practice opportunities and sites (e.g., community-based public health programs, delivery systems, and health agencies). Institutions should implement and expand team-based applied service learning models to address the leading causes of death or high-burden conditions and apply community-based, clinical, or systems level interventions identified in public health strategies such as CDC's 6|18, HI-5 (or other related initiatives), and REACH initiatives and programs; State Innovation Models Initiative: Model Design projects; Medicare and Medicaid Quality Initiatives; The Guide to Community Preventive Services; and the National Prevention Strategy. Some evidence is emerging that these team-based applied service learning models are effective in enlightening learners to public health issues and improving health outcomes in individuals and populations.

Problem-based learning should be supported as a core pedagogy throughout the educational experience and not just limited to clinical interactions but should encompass the range of contexts within which individuals function, including the community. Such learning should occur with learners from varied disciplines and provide opportunities for them to engage in critical assessment of the factors that influence health and work with others to devise comprehensive solutions. Learning teams should engage principal stakeholders to effectively address the valid evidence-based risk factors and support sustainability of efforts. Partners may include city and local health departments, NGOs, businesses, community-based coalitions, faith communities, health systems, and state and local governments. Learning teams should also include non-clinical academic partners that play an important role in addressing the public health issue. This type of model may require expanded academic-practice partnerships to make the educational experience more applicable and effective and these linkages should be implemented early in the educational experience within and external to the classroom. For these opportunities to occur on a broad scale, high level partnerships between academia and practice need to be facilitated and can range from joint appointments of academic faculty to official institutional contracts and MOU's between health professional schools, local and state departments of health, community-based organizations, academic health centers and health systems. Strategic partnerships with organizations such as NACCHO, ASTHO, and the Council of Teaching Hospitals can help to provide support to health departments and teaching hospitals, bridge learning between the classroom and the practice setting, and build the competence of learners to address the health needs of populations.

Activities supported under this strategic direction include but are not limited to

1. Assisting with establishing or supporting interprofessional clerkships, sub-internships and other learning opportunities in communities experiencing significant health disparities. These interprofessional clerkships will allow students to work closely with other professionals critical to improving community health outcomes.
2. Awarding grants to schools to implement field experiences in communities.
3. Awarding student grants to complete practicums in non-traditional public health and population settings.

***PART B- Workforce Improvement Projects (WIPs)***

This component provides funding derived from CDC Centers, Institutes, and Offices (CIOs) and programs and other federal agencies for specific Workforce Improvement Projects (WIPs) focused on improving the health

of populations while engaging the workforce in various areas of public health practice. Each specific WIP is intended to contribute to the overall purpose of this FOA. WIPs are to be directed to qualified Council on Education for Public Health (CEPH)-accredited schools or programs of public health, Liaison Committee on Medical Education (LCME)-accredited medical colleges, or Committee on Collegiate Nursing Education (CCNE)-accredited baccalaureate and higher colleges of nursing as appropriate to the topic area and expertise required. Alternatively, depending on the unique specifications of the individual projects, specific WIPs may also be suitable as "in-house" projects conducted either solely by the applicant organization or in partnership with other institutions or organizations. Awardees will promote opportunities for WIPs among constituent academic institutions; coordinate the process to identify appropriate academic institutions to compete for WIPs, in a manner consistent with federal guidelines; and provide comprehensive and coordinated management of WIPs to include maintenance of an electronic application and tracking functionality, and documentation with performance-based reporting to CDC.

This component also provides funding for the sponsorship of journal supplements by CDC programs to disseminate best practices and build the scientific and programmatic evidence-base. It also provides funding for visiting faculty appointments that sponsor faculty to work at CDC for a specified period of time in order to advance their skills and knowledge in a particular area.

***PART C- Public Health Fellowships Program***

This component provides funding derived from CDC CIOs and programs to support the applicant's management of domestic fellowships for students or recent graduates of CEPH-accredited schools or programs of public health, LCME-accredited medical colleges, ACGME-accredited residency programs, or CCNE-accredited baccalaureate and higher degree colleges of nursing. Fellowships and other similar experience-based placements are vital to CDC's strategic interests to ensure students and emerging health professionals receive adequate hands-on experience in public health practice at CDC's domestic locations and at state, tribal, local, and territorial health departments, and community-based settings. For the purposes of this FOA, fellowships are for recent graduates (within 5 years of graduation) and residents in ACGME-accredited residency programs.

The intent of this component is for the applicant to function as a national coordinator among their constituent academic institutions for fellowship programs and provide a coordinated national approach. The goal is to provide timely recruitment and placement of qualified and properly trained students and emerging health professionals matched to CDC requirements and expectations for fellows. In addition, applicants will demonstrate successful administration of their specific programs, adherence to annual budget requirements, submission of annual reports, and achievement of stated objectives. A comprehensive evaluation plan based upon stated objectives which incorporates a quality improvement process is a requirement of this component.

Those applicants considering applying for Part C (fellowships) should include plans for transitioning existing fellows and related fellowship management activities into their program. Similarly, applicants for Part C should include a brief statement on how they plan to prepare for transitioning programs and fellows at the end of the five-year cooperative agreement.

*Under Part C awardees will be expected to do the following:*

- Assess core fellowship competencies on an annual basis relevant to the respective constituency of the applicant and update fellowship competencies as needed;
- In collaboration with CDC and other awardees, annually describe and implement an instructional plan for fellowships, including learning objectives, proposed training methods, and approaches for assessing learning outcomes or performance improvement as well as incorporating evaluation feedback to improve future trainings;
- Promote, with constituent academic institutions, fellowship placement opportunities located at CDC's domestic offices, at state, tribal, local, and territorial health departments, or in other community-based settings;
- Manage the competitive selection of candidates and coordinate efforts to identify, recruit, and match

qualified and properly trained candidates with fellowship placements;
- Provide comprehensive administrative support to fellows, including payroll, travel, insurance, and other necessary administrative functions;
- Design and implement a comprehensive fellowship orientation that specifies expectations, familiarizes trainees with foundational needs, and meets all applicable requirements;
- Identify and promote appropriate training opportunities for professional development in the area of population health and other relevant topic areas;
- Provide and manage an electronic data system reporting fellowship project goals and objectives, project plans and descriptions, and project outcomes; and
- Develop a program plan and annual report submitted annually to CDC that includes the following:
    - Recruiting, advertising and marketing the fellowship programs;
    - Guidelines and support mechanisms for trainees and supervisors and mentors in the field and CDC headquarters;
    - Screening and selection process that ensures high-quality trainees; matching trainees with mentors;
    - Orientation to the program, its requirements, and information about fellows' specific assignments;
    - Monitoring and evaluation of trainees' progress;
    - Monitoring trainees' accounting (stipend, travel, allowance), and
    - Resolving unexpected problems.
- Develop a transition plan that identifies an alternative recruitment process in the event fellows leave the program early;
- Develop plans for transitioning existing fellows and related fellowship management activities into their program, if applicable;
- Prepare for transitioning their program and fellows at the end of the 5-year cooperative agreement;
- Develop and implement a rigorous evaluation and quality improvement plan based upon stated objectives and activities contained in Part C of this FOA.

*Under Part C, CDC/CSELS will be expected to do the following:*

- Provide direction in general program execution and evaluation;
- Promote and identify opportunities for fellowships across the agency, in state, tribal, local and territorial health departments and other community-based settings;
- Serve as primary conduit between awardees and fellowship sponsoring CIO or program or other host site for project administration and all funding matters;
- Serve as a conduit and provide technical support when there are field placements to connect grantees to other organizations placing fellows in the field, e.g., fellows placed through other cooperative agreements or CDC mechanism, to facilitate collaborations on teams;
- Monitor awardees management processes for fellowship, reviewing reports, suggesting program improvements, and coordinating with CIOs; and
- Provide intramural technical support and guidance to CDC's sponsoring programs.

CSELS and CIOs will also

- Collaborate with awardees to identify and develop high quality fellowship placement opportunities in CDC's domestic offices, at state, tribal, local, and territorial health departments, or in other community-based settings;
- Provide mentoring and relevant, hands-on training to fellows who work within CDC's domestic offices, at state, tribal, local, and territorial health departments, or in other community-based settings under CDC CIO or program direction;
- Collaborate with awardees in developing guidance and technical assistance related to program planning, implementation, progress and evaluation, quality improvement, and dissemination of successful strategies, products, tools and lesson learned; and

- Review awardees evaluation plans, outcome measures and other data to determine program success, areas for improvement, and suggested changes to program design and implementation.

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[1] Kaiser Family Foundation Issue Brief. November 2015. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

**1. Collaborations**

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

Awardees are expected to collaborate with CDC CIOs and programs to assist with implementing the fellowship program and Workforce Improvement Projects (WIPs). Sponsoring CDC CIOs will work closely with awardees to provide technical assistance in the execution of WIP projects and provide mentorship and support to fellows. Fellowship placements in CIO funded programs within state and local health departments will be coordinated through the CIO in collaboration with the awardee. Awardees will collaborate with CSELS prior to inception and throughout the development of related surveys and need assessments.

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

Awardees are expected to collaborate with their member institutions, and other academic associations that represent industries, schools, and programs critical in impacting health, credentialing organizations, and organizations that represent local or tribal health departments and health systems. Applicants are required to provide letters of support where applicable. Awardees will identify opportunities to advance the goals of the cooperative agreement at relevant meetings and their conferences. Awardees will collaborate with CSELS in identifying opportunities for CDC and CSELS conference and meeting participation in advance of planning commencement.

**2. Target Populations**

The activities outlined in the FOA will benefit current and recent graduates of health professional schools and programs and the communities where they engage in service-learning projects. Specific community-based service learning projects should address the leading causes of death and illness within the population and address health disparties, where applicable.

**a. Inclusion**

Funded programs should consider including people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.). Where appropriate, applicants are encouraged to also include: tribal organizations; rural populations; non-English speaking populations; lesbian, gay, bisexual, and transgender populations; and people with limited health literacy. For additional information about disability inclusion, go to: http://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html.

**iv. Funding Strategy**

Applications must contain a workplan and budget for each program component (Part A, B, and C) the applicant wishes to be considered. The applicant is required to undertake an evidence-based approach in their proposed programs in response to CDC's funding strategy that will be essential for rationalizing, prioritizing, and directing base funding to support those activities that are also in alignment with CDC's mission. In responding to this FOA, the applicant should consider the first year funding for 10 ½ months and 12 months thereafter.

**b. Evaluation and Performance Measurement**

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

CDC will use the below measures to track implementation of awardee strategies and activities.

Indicators for Part A. Core Curricular Enhancements are

- Number of institutions where curricula were changed to include interprofessional training
- Number of institutions where curricula were changed to inlcude field experiences
- Number of students affected by changes in curricula
- Curriculum changes made to include interprofessional education
- Curriculum changes made to include field experience
- Curriculum changes made to include population health concepts
- Number of agendas established and implemented
- Number of and quality of relationships with accrediting bodies
- Evidence of learning opportunities in communities facing signficant health disparities
- Number of grants awarded

Indicators for Part B. Workforce Improvement Projects (WIPs) are

- Number and type of projects with respect to improvements in public health practice
- Evidence that project meets funding CIO goals

Indicators for Part C. Public Health Fellowships are

- Types of hands-on training in which fellows participated
- Assessments by fellows of training
- Tracking mechanism to follow graduates over time
- Assessments of fellows' learning

Performance measures will be used to track and report on the progress and success of FOA activities and build an evidence-base regarding engaging students and learners to address the health needs of populations. The data collected in a given year will be used to inform future program activities and approaches.

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

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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).

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).

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

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

1. How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
2. How key program partners will participate in the evaluation and performance measurement planning processes.
3. Available data sources, feasibility of collecting appropriate evaluation and performance data, 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

1. 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).

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

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

The intent of this FOA is to fund four national organizations that represent domestic schools and programs for the education of public health professionals, physicians, and nurses so that students and emerging health professionals in these target groups will be better prepared to improve the public's health. Applicants should represent groups and organizations that are

- A national voice and representative organization for their respective accredited academic constituency member schools or programs;
- Able to demonstrate evidence of existing and prior collaboration with all or the majority of Council on Education for Public Health (CEPH)-accredited schools or programs of public health, Liaison Committee on Medical Education (LCME)-accredited medical colleges; and, Committee on Collegiate Nursing Education (CCNE)-accredited colleges of nursing at the baccalaureate or higher level;
- National in scope in order to ensure the broadest coverage;
- Engaged in established liaison relationships with related accreditation agency for their respective professional target audience;
- A minimum of four years of experience implementing community-based activities to improve health;
- A minimum of four years of experience convening deans or representative faculty of respective academic constituency schools;
- A minimum of four years of experience with influencing curriculum standards or requirements of membership schools;
- A minimum of four years of experience working collaboratively with other relevant organizations;
- A minimum of four years of experience working across disciplines at the national, regional, state, and/or community level to improve health; and
- A minimum of four years of organizational and administrative capacity, skill, and expertise to perform the stated activities contained in the funding announcement.

**d. Work Plan**

Applicants are required to complete a workplan using the following template.

| **Project Period Outcome:**<br>*[from Outcomes section and/or logic model]* | | **Outcome Measure:**<br>*[from Evaluation and Performance Measurement section]* | |
|---|---|---|---|
| **Strategies and Activities** | **Process Measure**<br>*[from Evaluation and Performance Measurement section]* | **Responsible Position / Party** | **Completion Date** |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

**e. CDC Monitoring and Accountability Approach**

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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.

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

These activities may include 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 grantees.

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

CDC will provide ongoing technical assistance and support in implementing programmatic activities. Awardees will support from CDC SME's as needed, assistance with developing evaluation plans, identifying appropriate data collection methods and other support to ensure successful program execution.

CDC will provide various platforms to support information sharing between awardees including, conference calls, webinars, working-groups, and in-person meetings.

## B. Award Information

**1. Funding Instrument Type:** Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

**2. Award Mechanism:** U36

**3. Fiscal Year:** 2017

**4. Approximate Total Fiscal Year Funding:** $250,000

**5. Approximate Project Period Funding:** $1,250,000

This amount is subject to the availability of funds.

This amount is an estimate for Part A, includes both direct and indirect costs, and is subject to availability of funds. Applicants are required to apply for Parts they wish to be considered.

Estimated Total Funding: $1,250,000

**6. Total Project Period Length:** 5 year(s)

**7. Expected Number of Awards:** 4

**8. Approximate Average Award:** $250,000 Per Budget Period

This amount is an estimate for Part A and base funding for Parts B and C. It includes both direct and indirect costs and is subject to the availability of funds. Applicants are required to apply for Parts they wish to be considered.

Base funds are used to support cross cutting initiatives and to provide leadership, management support and governance for the entirety of the cooperative agreement. Cross cutting management initiatives include cooperative agreement planning, monitoring and evaluation, ensuring a strong governance for the public health workforce. Cross cutting programs include PART A - Core Curricular Enhancements, PART B - Workforce Improvement Projects (WIPs), and PART C - Public Health Fellowships. It also supports communications (print, electronic and on social media), program evaluation and public policy. These flexible funds allow us to moderate the funding variances each year placed on us by CIOs, and provide a generally consistent level of effort to support the overall CoAg and its initiatives.

The project period length for Year 1 is 10 1/2 months with an award date of 08/15/2017. The project period length for Years 2 through 5 is 12 months each year with an award date of 07/01.

**9. Award Ceiling:** $1,000,000 Per Budget Period

This amount is subject to the availability of funds.

The total project period length for Year 1 is 10 1/2 months; with award date of 08/15/2017. For Year's 2-5, 12 months each; award date 07/01

**10. Award Floor:** $200,000 Per Budget Period

**11. Estimated Award Date:** 08/15/2017

**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 awardee (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 project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

**13. Direct Assistance**

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

## C. Eligibility Information

### 1. Eligible Applicants

Eligibility Category: Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

### 2. Additional Information on Eligibility

The intent of this FOA is to fund national organizations that represent domestic schools and programs for the education of public health professionals, physicians, nurses, and other allied health professionals so that students and emerging health professionals in these target groups will be better prepared to improve the public's health. Eligible applicants are groups and organizations that are: A national voice and representative organization for their respective accredited academic constituency member schools or programs; able to demonstrate evidence of existing and prior collaboration with all or the majority of Council on Education for Public Health (CEPH)-accredited schools or programs of public health, Liaison Committee on Medical Education (LCME)-accredited medical colleges; and, Committee on Collegiate Nursing Education (CCNE)-accredited colleges of nursing at the baccalaureate or higher level; National in scope in order to ensure the broadest coverage; Engaged in established liaison relationships with related accreditation agency for their respective professional target audience; Experienced in implementing community-based activities to improve health; Experienced in convening deans or representative faculty of respective academic constituency schools; Experienced with influencing curriculum standards or requirements of membership schools; Experienced in working across disciplines at the national, regional, state, and/or community level to improve health; and Possess the organizational and administrative capacity, skill, and expertise to perform the stated activities contained in the funding announcement.

### 3. Justification for Less than Maximum Competition

### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

## 5. Maintenance of Effort

Maintenance of Effort is not required for this program.

## D. Application and Submission Information

### 1. Required Registrations

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

**a. Data Universal Numbering System:**

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

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

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees 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 an awardee. 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 atwww.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

| Step | System | Requirements | Duration | Follow Up |
|---|---|---|---|---|
| 1 | Data Universal Number System (DUNS) | 1. Click on http://fedgov.dnb.com/webform<br>2. Select Begin DUNS search/request process<br>3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #<br>4. Request appropriate staff member(s) to obtain DUNS number, verify & update | 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 |

| | | | | |
|---|---|---|---|---|
| | | information under DUNS number | | |
| 2 | System for Award Management (SAM) formerly Central Contractor Registration (CCR) | 1. Retrieve organizations DUNS number<br>2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) | 3-5 Business Days but up to 2 weeks and must be renewed once a year | For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220 |
| 3 | Grants.gov | 1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)<br>2. Once the account is set up the E-BIZ POC will be notified via email<br>3. Log into grants.gov using the password the E-BIZ POC received and create new password<br>4. This authorizes the AOR to submit applications on behalf of the organization | Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov) | Register early! Log into grants.gov and check AOR status until it shows you have been approved |

## 2. Request Application Package

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

## 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this 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 FOA, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

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

**b. Application Deadline**

Due Date for Applications: **03/31/2017** , 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

An informational conference call will be held on February 21, 2017, 2:00-3:00pm EST for applicants interested in applying for this funding opportunity. Call-in number: 1-888-455-9734 (toll free) Participants Passcode: 8632216. Call minutes will be posted on the APIH website (http://www.cdc.gov /ophss/csels/dsepd/academic-partnerships/index.html by February 23, 2017.

## 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.

## 6. Content and Form of Application Submission

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

## 7. Letter of Intent

LOI is not requested or required as part of the application for this FOA.

## 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

(Maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. The 20 page limit includes the work plan.)

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 bolded headings shown in this section. 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 project period as identified in the CDC Project Description section. 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 project period 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 file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.

Applicants must describe how they will collaborate with programs and relevant organizations internal or external to CDC.

### 2. Target Populations

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. Refer back to the Target Population section 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 awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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. See Section E (pages 4 and 5) at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf . 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, 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).

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

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

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

Applicant must quantify and describe their membership and the mission of their organization. A listing of organizational affiliates (not including their members) that will be engaged in the execution of program activities and letters of support or MOUs/MOAs are required. Applicant must also clearly describe their experience in implementing similar activities and the outcomes they achieved. Organizational charts, CVs/ resumes of program staff must be included with the application.

## 11. Work Plan

(Included in the Project Narrative's 20 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 awardee plans to carry out achieving the project period 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 will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http:// www.cdc.gov /grants /interested in applying /application resources.html .

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 FOA 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 FOA. 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 Grantees under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

**13. Tobacco and Nutrition Policies**

Awardees are encouraged to implement tobacco and nutrition policies.
Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.
CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

**Tobacco Policies:**

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

**Nutrition Policies:**

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http:// www.gsa.gov/ graphics/ pbs/ Guidelines_ for_ Federal_ Concessions_ and_ Vending_ _ Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm
http://www. thecommunityguide.org/ tobacco/index.html
http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

## 14. 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). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees 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.

## 15. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more

information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

## 16. Intergovernmental Review

Executive Order 12372 does not apply to this program.

## 17. 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 grantees 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.

## 18. 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.

## 19. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees 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 awardee.
- 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 awardees.
- 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.

## 20. Data Release Plan

Applications involving release and sharing of data must include a copy of the applicants Data Release Plan. The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the CDC data sharing agreement will be released in a timely manner, completely, and as accurately as possible, to facilitate the broader community, and developed in accordance with CDC policy on Releasing and Sharing Data.

## 21. 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 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 FOA. 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.

http:// 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 I Review**
All applications will be initially reviewed for completeness by CDC OGS staff. Complete applications will be reviewed for responsiveness by the CDC. 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:30 |
|---|---|

- Applicant presents outcomes consistent with the outcomes described in the CDC project description and logic model
- Applicant's proposed project goal, strategy and activities are consistent with those listed in the CDC project description and logic model
- Applicant shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes
- Applicant presents a work plan and project narrative that is aligned with the strategies/activities,

outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC

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

Each program component (Part A, Part B, & Part C) for which the applicant is applying will be reviewed and scored based on the following criteria:

- Applicant describes a plan/approach to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach
- Applicant describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities
- Applicant describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement
- Applicant describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base

| iii. Applicant's Organizational Capacity to Implement the Approach | Maximum Points:40 |
|---|---|

Each program component (Part A, Part B, & Part C) for which the applicant is applying will be reviewed and scored based on the following criteria:

- Applicant provides evidence of relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes
- Applicant provides evidence of having a broad national reach through it's membership
- Applicant demonstrates experience and capacity to implement the evaluation plan
- Applicant provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles
- Applicant provides an organizational chart and evidence of having affiliations with other organizations important in achieving the described work

| Budget |
|---|

CDC programs must assess whether the budget aligns with the proposed work plan.

**c. Phase III Review**

**Review of risk posed by applicants.**

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee 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 funding opportunity announcement.

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.

Applications may be funded out of rank order.

### 2. Announcement and Anticipated Award Dates

Information about the awards will be available through www.grants.gov no earlier than June 30, 2017.

## F. Award Administration Information

### 1. Award Notices

***Awardees 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 awardee and CDC.*** The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this FOA 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

Awardees must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

## 3. Reporting

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

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period 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 FOA.

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 FOA copying the CDC Project Officer.

| Report | When? | Required? |
|---|---|---|
| Awardee Evaluation and Performance Measurement Plan | 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 | Must be included in the Annual Performance Report (APR) | Yes |
| Federal Financial Reporting Forms | 90 days after end of calendar quarter in which budget period ends | Yes |
| Final Performance and Financial Report | 90 days after end of project period. | Yes |
| Payment Management System (PMS) Reporting | Quarterly reports due September 30, 2017; December 31, 2017; March 31, 2018; June 30, 2018; January 30, 2019. | Yes |

**a. Awardee Evaluation and Performance Measurement Plan (required)**
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees 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.

Awardee 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 FOA 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 FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, 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 awardee must submit the APR via www.grants.gov no later than 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the

project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
    - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period 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 awardees must submit the Annual Performance Report via www.grants.gov 120 days before 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 awardees 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 calendar quarter in which the budget period ends. 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, awardees 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**
This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees 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.
- 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 grantee 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 grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee 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. grantee 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 grantee must include this reporting requirement in all applicable subgrants and other subagreements.

## G. Agency Contacts

CDC encourages inquiries concerning this FOA.

### Program Office Contact

**For programmatic technical assistance,** contact:

LaVonne Ortega, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

2400 Century Center Boulevard

Atlanta, GA 30345

Telephone: (404) 498-0414

Email: fqc2@cdc.gov

### Grants Staff Contact

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

Wanda Tucker, Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Telephone: (404) 488-5056

Email: kna9@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
- Table of Contents for Entire Submission

For international FOAs:

- 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
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

## 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 FOA; awardees must comply with the ARs listed in the FOA. 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).

**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 FOA 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 project period (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 awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

**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 FOA evaluation plan is used to describe how the awardee 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.

**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 activites; 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.

**Plain Writing Act of 2010:** Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

**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 FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

**Project Period Outcome:** An outcome that will occur by the end of the FOA's funding period.

**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.

**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 project period 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.

## FOA-specific Glossary and Acronyms