



Centers for Disease Control and Prevention

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

Public Health Leader Fellowship Program

CDC-RFA-PS15-1508

Application Due Date: 06/26/2015

Signature

Date

Public Health Leader Fellowship Program

CDC-RFA-PS15-1508

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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-PS15-1508. 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)

B. Funding Opportunity Title:

Public Health Leader Fellowship Program

C. Announcement Type: New - Type 1

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

D. Agency Funding Opportunity Number:

CDC-RFA-PS15-1508

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

93.283

F. Dates:

1. Due Date for Letter of Intent (LOI):

05/26/2015

2. Due Date for Applications:

06/26/2015, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

05/19/2015

An informational conference call will be scheduled on Tuesday May 19, 2015 at 1pm to 3p Eastern Standard Time.

Teleconference Bridge Line 888-921-4791- Participant Code 3903526

G. Executive Summary:

1. Summary Paragraph:

Executive summary

This FOA will enhance CDC's ability to reduce racial and ethnic disparities in health by supporting the development of two national public health leadership fellowship programs to train culturally sensitive undergraduate and post-doctoral recipients for public health careers.

The undergraduate program [component 1] will consist of a ten-week summer program for undergraduate students or recent graduates (received bachelor's degree within one year or less before application to the program) who will each receive an opportunity to be mentored by a CDC scientist.

The post-doctoral program [component 2] will consist of a one year public health leadership skills building in the context of a comprehensive graduate level curriculum that includes a practicum at CDC and a community based organization.

This program will solicit participants among highly qualified culturally sensitive students with a dedicated interest in working with populations experiencing disparities in HIV, viral hepatitis, STD and TB. The goal of training is to teach the principles and practice of public health leadership to enhance the potential for career mobility and future leadership roles. The program will be guided by provision of comprehensive

training in the core public health functions. In addition, the training program will focus on mastery of public health leadership skills for both undergraduate and post-doctoral tracks. The post-doctoral track curriculum will focus on core competencies for senior public health executives including leading change, leading people, meeting organizational goals, managing resources and building coalitions.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	2
d. Total Project Period Funding:	\$2,250,000
e. Average One Year Award Amount:	\$200,000
f. Number of Years of Award:	5
g. Estimated Award Date:	08/07/2015
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The United States is rapidly becoming a more diverse nation, as demonstrated by the fact that non-white racial and ethnic groups will constitute a majority of the American population later in this century. Increasing cultural sensitivity among health professionals is an important tool for improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better educational experiences for health professions students, among many other benefits.

The U. S. Department of Labor predicts the need for growth in the public health workforce to meet the demand of implementing new technologies and regulations, respond to outbreaks, track emerging diseases, and help to improve the health of communities through disease prevention activities and develop evidence based recommendations. The demand for health administrators, health education specialists and epidemiologists is expected to grow 23%, 21% and 10% respectively by 2022. Future health professionals must be prepared to serve an increasingly diverse population. Racial and ethnic minorities will represent a majority of US citizens by 2043. Evidence of racial/ethnic/gender disparities in HIV, viral hepatitis, STD and TB is well documented in the scientific literature. These disparities cost billions of dollars annually and are undergirded by complex social and economic determinants.

Despite the increasing population diversity, and persistent disparities, the U.S. public health workforce is diversifying at a much slower pace. Predicted shortages of minority doctors and other public health professionals present challenges in meeting the public need. Although blacks and African-Americans comprise 13 percent of the nation, they account for only 4 percent of the physician workforce. Together, Blacks, Hispanics and American Indians/Alaska Natives represented over 30% of the American population in 2010, but less than 9% of advanced degrees in health, sciences and technology were granted among these groups in recent years. Likewise, Blacks, Hispanics and American Indians/Alaska Natives represent only 6% of the practicing physicians in the country.

A public health workforce experienced in working with socially and economically disadvantaged populations is required to ensure that all Americans benefit from policy decisions informed by a deep understanding of the structural barriers to optimal health and health care. A culturally competent - public health workforce has positive implications for improving access to health care services in underserved areas and for addressing health disparities.

b. Statutory Authorities

Awards for this FOA are made under the authorization of Sections 301 (a) of the Public Service Act (as amended)-

42 Chapter 6a, Subchapter 5, Part E, Subpart 2, U. S. 295(b) - Public Health Traineeships, which authorizes funding to public or private institutions to provide training in public health.

c. Healthy People 2020

The FOA addresses the Healthy People 2020 focus area of Public Health Infrastructure, Disparities in the Public Health Workforce.

<https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure>

d. Other National Public Health Priorities and Strategies

This FOA addresses the National Prevention Strategy Elimination of Health Disparities Action Plan and the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) Strategic Plan by: 1) Increasing the racial/ethnic diversity of health care and public health workforces and 2) Addressing the widening gap between the growing diversity of the general population and the racial/ethnic composition of the public health workforce.

National Prevention Strategy-Elimination of Health Disparities

<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) Strategic Plan

<http://intranet.cdc.gov/nchhstp/docs/NCHHSTP-strategic-plan-Book.pdf>

The Centers for Disease Control and Prevention is required to meet the Department of Health and Human Services directives for compliance with White House Executive Orders. White House Executive Orders direct each federal agency in the U.S. Department of Health and Human Services (HHS) to advance the mission of support for Historically Black Colleges and Universities (HBCUs) (EO 13532), Tribal Colleges and Universities (TCUs) (EO 13592), and Educational Excellence for Hispanic Americans (EEHA) (EO 13555). The White House Executive Orders are listed below.

This FOA will contribute to NCHHSTP's compliance with executive orders for provision of training to qualified racial/ethnic minority persons in minority serving institutions.

Executive Orders –

<http://www.whitehouse.gov/the-press-office/2012/07/26/executive-order-white-house-initiative-educational-excellence-african-am>

<http://www.whitehouse.gov/the-press-office/president-obama-signs-executive-order-promoting-excellence-innovation-and-sustainab>

<http://www.whitehouse.gov/the-press-office/2010/10/19/executive-order-white-house-initiative-educational-excellence-hispanics>

<http://www.whitehouse.gov/the-press-office/2011/12/02/executive-order-improving-american-indian-and-alaska-native-educational>

e. Relevant Work

The mission of the Office of Health Equity (OHE) in the Office of the Director in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is to promote health equity, the absence of systematic unfair disparities in health, and reduce health disparities among populations disproportionately affected by HIV, viral hepatitis, sexually transmitted diseases, tuberculosis, and other related conditions. OHE supports activities in research and surveillance, policy, health communication, prevention and intervention programs, capacity building, and partnerships that are aimed at reducing health inequities among affected populations.

Core Office Functions can be found at this link:

<http://intranet.cdc.gov/nchhstp/OD/OHE/OHE-functions.html>

OHE staff has mentored over 30 undergraduate, graduate and post-doctoral public health professionals over the past 10 years through a variety of programs and coordinates placement of fellows for NCHHSTP's five divisions, the Division of HIV/AIDS Prevention, the Division of Viral Hepatitis, the Division of STD Prevention, the Division of TB Elimination and the Division of Adolescent and School Health.

2. CDC Project Description

a. Approach

Component 1 - NCHHSTP Health Equity Undergraduate Summer Program Logic Model

Strategies and Activities	Outcomes	
	Short-Term	Medium-/Long-Term
Identify, recruit and train up to 30 highly qualified college juniors, seniors or recent graduates with interest in reducing disparities in HIV, Viral Hepatitis, STD and TB for 10 weeks in summer. Provide living accommodations, supervision and structured public health activities and a stipend for summer fellows. Collaborate with NCHHSTP staff to identify summer research projects and mentors at CDC, ensuring that each fellow is matched with a project and mentor consistent with their interests and abilities.	Up to 30 highly qualified culturally sensitive applicants with potential for careers in public health accept fellowship. Fellows increase theoretical and practical knowledge of public health and working in a national public health agency. Fellows increase involvement and interaction with senior public health officials, and the principles and praxis of public health.	Up to 30 highly qualified and culturally competent persons trained for roles in the public health workforce. Post Program Participation the Fellows will successfully: - attain public health positions in local, state, federal or other levels of government - enter graduate schools of public health for further study

Component 2 NCHHSTP Health Equity Public Health Leader Fellowship Program Logic Model

Strategies and Activities	Outcomes	
	Short-Term	Medium-/Long-Term
Identify, recruit and train approximately 3 to 5 highly qualified post-doctoral fellows with interest in reducing disparities in HIV, viral hepatitis, STD and TB. Develop specific leadership building activities for the tenure of the fellow based on the core competencies for senior public health executives including leading change, leading people, meeting organizational goals, managing resources and building coalitions. Coordinate and schedule a community-based public health practicum for each fellow. Collaborate with NCHHSTP program officials to coordinate and schedule a CDC practicum for each fellow.	Three to five highly qualified culturally sensitive post -doctoral applicants with potential for public health leadership roles accept fellowship. Fellows receive public health assignments in strong and productive settings providing practical leadership experiences Fellows increase involvement and interaction with senior public health officials and increase knowledge of the standards and principles of scientific excellence, accountability, transparency, respect and honesty, responsibility.	Three-five highly qualified, culturally competent persons in the public health workforce and in public health leadership. Post Program Participation - Fellows achieve placement/success in public health leadership roles • attain public health positions in federal or other levels of government • obtain faculty positions in university departments of public health

i. Purpose

The purpose of this FOA is to increase the number of qualified culturally sensitive persons, interested in working with populations disproportionately affected by HIV, viral hepatitis, STD and TB, who receive public health leadership exposure, experience and training through development of two fellowship programs. The undergraduate program [component 1] will consist of a ten-week summer program for undergraduate students or recent graduates and a post-doctoral program [component 2] will consist of a one year public health leadership skills building in the context of a comprehensive graduate level curriculum.

ii. Outcomes

This FOA has two components, component 1, a fellowship program for undergraduates and recent college graduates; and component 2, a post-doctoral fellowship program.

Outcomes for Component 1– Increase the number of culturally sensitive undergraduates and recent bachelor's degree recipients receiving a mentored research project experience in a public health agency.

Outcomes for Component 2- Post-Increase the number of culturally sensitive postdoctoral recipients receiving a mentored leadership training experience in an institution of higher learning, a community-based public health agency and a national public health agency.

iii. Strategies and Activities

Strategy: Component 1- Establishment of a 10 Week Summer Program for Undergraduate Students

CDC will fund one applicant to administer the undergraduate/recent graduate leadership training component that includes a ten (10)-week (approximately) summer program. The undergraduate component of the fellowship program will provide a ten-week summer course introduction to public health leadership for college juniors, seniors or recent graduates through development of a limited term research project. The selected awardee will demonstrate expertise in serving the five target populations of this program (African Americans, Hispanic/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders). The selected awardees will be responsible for recruiting up to 30 students per year (total), securing internship placements at CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, selecting/training mentors, providing housing and transportation, providing a stipend during the summer to students, tracking students' progress during and up to 24-months after the internship, following up with students over the course of the project period and sharing information about careers in public health, including working directly with students to complete graduate school applications, job applications, etcetera as they relate to future public health, public health leadership or biomedical science careers. Students will receive a minimum of a one (1)-week orientation course on public health principles, science, and approaches preceded by a one (1) week general orientation provided by the grantee. Subsequently, they will be assigned to mentors and projects that provide hands-on experience working on public health problems, using science and program tools, and intervening with populations that are severely impacted by diseases and poor health outcomes.

Strategy: Component 2- Establishment of a Post-Doctoral Leadership Fellowship

CDC will fund one applicant to administer the Post-Doctoral Public Health Leadership Fellowship which will consist of a one year multidisciplinary training program designed to provide physicians and other postdoctoral professionals with the specific knowledge, skills, and experiences to prepare them for leadership roles promoting and implementing policies and practices to reduce disparities and advance health equity. The

selected awardee will demonstrate expertise in serving the five target populations of this program (African Americans, Hispanic/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders). The selected awardee will develop criteria for selection of 3 to 5 highly qualified culturally sensitive physicians or postdoctoral fellows annually and provide fellows with comprehensive public health leadership training, a salary commensurate with education and experience, and provision of travel stipends for attending conferences and meetings. The awardee will match each fellow with appropriate mentors based on areas of expertise, and structure the fellowship to enhance career development and potential for upward mobility.

The post-doctoral fellowship program objectives are to ensure that fellows are prepared to:

1. Critically analyze issues, programs, and policies that impact health and health care, particularly as they relate to health disparities and advancing health equity.
2. Inform the development of health policies to reduce disparities and advance health equity.
3. Assume leadership roles that support the development of programs and policies that reduce disparities and advance health equity.
4. Work effectively with disadvantaged communities to develop sustainable programs and organizations that support reduction of health disparities and advancement of health equity.

Awardees for each component of the program are required to collaboratively partner with CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's Office of Health Equity to administer the fellowship program.

1.Collaborations

a. With CDC-funded programs:

Applicants should develop a plan and timeline for working with the Office of Health Equity and NCHHSTP's five divisions, the Division of HIV/AIDS, Division of Viral Hepatitis, Division of Adolescent and School Health, Division of STD Prevention and Division of TB Elimination to identify appropriate research projects for fellows to complete during CDC placement.

b. With organizations external to CDC:

Awardees are required to establish working relationships with and collaborate with schools of Public Health and other academic institutions that address racial and ethnic disparities in health to identify and recruit qualified candidates for the fellowship programs. The awardee selected for the post-doctoral fellowship program is required to establish and maintain relationships with local, state and community based health organizations for placement of fellows in appropriate leadership training practicums.

2. Target Populations

Awardees are required to work with populations that experience disparities in health (i.e. African Americans, Hispanic/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders).

a. Inclusion

The awardees should design their program so that it is accessible and available to all persons regardless of age, sex, race/ethnicity, sexual orientation or gender identity, socio-economic status or disability status. The activities delineated by the awardee should result in measurable improvement among the target population.

iv. Funding Strategy (for multi-component FOAs only)

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC strategy for monitoring and evaluating the program and awardee performance will include both process and outcome evaluation methodologies and will be consistent with the logic models presented above. The awardee will be required to collect uniform quantitative and qualitative data on the fellows recruited, their activities and projects, and submit annual progress reports.

Evaluation and Performance Measurement Component 1

As indicated in the logic model, the awardee will be expected to achieve by the end of the project period the following 3 outcomes.

- Up to 30 highly qualified culturally sensitive applicants with potential for careers in public health accept fellowship. Fellow candidates should have earned at least a 3.0 grade point average on college courses. Fellows should have experience and interest in health disparities.
- Fellows increase theoretical and practical knowledge of public health and working in a national public health agency.
- Fellows increase involvement and interaction with senior public health officials, and the principles and praxis of public health. Senior public health officials with at least 5 years of experience are preferred.

Evaluation and Performance Measurement- Component 2- Post Doctoral Fellowship Program

As indicated in the logic model, the awardee will be expected to achieve by the end of the project period the following 3 outcomes.

- Three to five highly qualified culturally sensitive post -doctoral applicants with potential for public health leadership roles accept fellowship. . Fellow candidates should have earned at least a 3.2 grade point average on college courses. Fellows should have experience and interest in health disparities.
- Fellows receive public health assignments in strong and productive settings providing practical leadership experiences
- Fellows increase involvement and interaction with senior public health officials and increase knowledge of the standards and principles of scientific excellence, accountability, transparency, respect and honesty, responsibility .

ii. Applicant Evaluation and Performance Measurement Plan

Evaluation and Performance Measurement

Component 1- Undergraduate Fellowship

As indicated in the logic model, the awardee will be expected to implement the following three strategies and related activities as described below:

- Identify, recruit and train up to 30 highly qualified college juniors, seniors or recent graduates with interest in reducing disparities in HIV, Viral Hepatitis, STD and TB for 10 weeks in summer.

Provide orientation to Fellows on:

- Working in a large federal public health agency

- Provide living accommodations, supervision and structured public health activities and a stipend for summer fellows.

Selected awardee will provide transportation to and from the host city (Atlanta, GA) and lodging during the tenure period.

Selected awardee will provide supervision and structured activities for summer fellows.

Selected awardee will provide an appropriate stipend to selected fellows.

- Collaborate with NCHHSTP staff to identify summer research projects and mentors at CDC, ensuring that each fellow is matched with a project and mentor consistent with their interests and abilities.

Selected awardee will collaborate with NCHHSTP staff to identify summer research projects and mentors at CDC, ensuring that each fellow is matched with a project and mentor consistent with their interests and abilities.

PROCESS MEASURES: Here are the measures the awardee will use to monitor implementation of each of the 3 strategies

STRATEGY: Identify, recruit and train up to 30 highly qualified college juniors, seniors or recent graduates with interest in reducing disparities in HIV, Viral Hepatitis, STD and TB for 10 weeks in summer.

MEASURE: At least 25% of eligible candidates recruited are selected for the program

MEASURE: 90% or greater of selected candidates receive training on all of the designated domains.

STRATEGY: Provide living accommodations, supervision and structured public health activities and a stipend for summer fellows.

MEASURES: 90% or greater of candidates are provided:

- Stipend
- Stable living accommodations
- Assigned supervisor who has been oriented to the program and their responsibilities
- Involvement in one or more structured projects

STRATEGY: Collaborate with NCHHSTP staff to identify summer research projects and mentors at CDC, ensuring that each fellow is matched with a project and mentor consistent with their interests and abilities.

MEASURES: 90% or greater of participants are provided

- productive and relevant summer research project that is consistent with interests and abilities
- CDC mentor that is consistent with their interests and abilities

OUTCOME MEASURES: Here are the measures the awardee will use to monitor achievement of the 3 project period outcomes:

OUTCOME: Up to 30 highly qualified culturally sensitive applicants with potential for careers in public health accept fellowship.

MEASURE: 100% of candidates accept who meet criteria

[this goes with the outcome below]

OUTCOME: Fellows increase theoretical and practical knowledge of public health and working in a national public health agency

MEASURE: 100% participants who complete scientific poster and presentation.

MEASURE: 100% of participants successfully complete training that increases knowledge of:

- Health disparities
- Social determinants of health and health equity.
- Infectious disease epidemiology
- Production of deliverables.
- Making presentations at internal meetings.
- Writing public health information documents
- The scientific method
- Presentation skills
- Epidemiology of HIV, viral hepatitis, STD or TB

Theoretical perspectives undergirding evidence based public health interventions

- Process and timetables for development of project deliverables during the tenure period

OUTCOME: Fellows increase involvement and interaction with senior public health officials, and the principles and praxis of public health

MEASURE: 80% of participants who:

- Have met with at least [2] senior public health officials
- Are active in at least [1] workgroup activity that build leadership skills
- Are involved in/exposed to settings or project that involved constructing communication strategies for varied audiences
- Are involved in/exposed to settings or project that involve the review, clearance and publishing process of written public health communication products
- Are involved in/exposed to settings or project that involve standards for principles of scientific excellence, accountability, transparency, respect and honesty, responsibility.

Evaluation and Performance Measurement

Component 2- Post-Doctoral Fellowship

As indicated in the logic model, the awardee will be expected to implement the following three strategies and related activities as described below:

Identify, recruit and train approximately 3-5 highly qualified post-doctoral fellows with interest in reducing disparities in HIV, viral hepatitis, STD and TB.

Develop specific leadership building activities for the tenure of the fellow based on the core competencies for senior public health executives including leading change, leading people, meeting organizational goals, managing resources and building coalitions.

Coordinate and schedule a community-based public health practicum for each fellow.

Collaborate with NCHHSTP program officials to coordinate and schedule a CDC practicum for each fellow.

PROCESS MEASURES: Here are the measures the awardee will use to monitor implementation of each of the 4 strategies

STRATEGY: Identify, recruit and train approximately 3-5 highly qualified post-doctoral fellows with interest in reducing disparities in HIV, viral hepatitis, STD and TB.

MEASURE: At least 100% of eligible candidates recruited are selected for the program

MEASURE: 100% selected candidates receive training on all of the designated domains.

STRATEGY: Develop specific leadership building activities for the tenure of the fellow based on the core competencies for senior public health executives including leading change, leading people, meeting organizational goals, managing resources and building coalitions.

MEASURE: 100% of fellows receive specific leadership building activities for the tenure of the fellow based on the core competencies for senior public health executives including leading change, leading people, meeting organizational goals, managing resources and building coalitions.

STRATEGY: Coordinate and schedule a community-based public health practicum for each fellow.

MEASURE: 100% of fellows participate in a practicum in a community-based health agency. The practicum should consist of at least 8 weeks of on the job training.

STRATEGY: Collaborate with NCHHSTP program officials to coordinate and schedule a CDC practicum for each fellow.

MEASURE: 100% of fellows are matched with a program and mentor within NCHHSTP and participate in a CDC practicum. The practicum should consist of at least 8 weeks of on the job training.

OUTCOME MEASURES: Here are the measures the awardee will use to monitor achievement of the 3 project period outcomes:

OUTCOME: Up to 5 highly qualified culturally sensitive applicants with potential for careers in public health accept fellowship.

MEASURE: Up to 5 candidates accept who meet criteria

MEASURE: 100% of participants successfully complete training that increases knowledge of:

- Leadership in local, state and national public health agencies
- Core competencies for senior public health leaders
- Policies, processes and functions of a large public health agency and a smaller community based public health agency
- Importance of social determinants of health and health equity for reducing health.
- epidemiology of HIV, viral hepatitis, STD and TB
- theoretical perspectives undergirding evidence based public health interventions
- process and timetables for development of project deliverables
- Workgroup activities that build leadership skills
- Communication strategies for varied audiences
- The review, clearance and publishing process of written public health communication products
- Standards for principles of scientific excellence, accountability, transparency, respect and honesty, responsibility.

MEASURE: 100% of fellows meet with at least 5 senior public health officials.

MEASURE: 100% of fellows participate in at least 1 public health policy work group at a national or community public health agency.

c. Organizational Capacity of Awardees to Execute the Approach

General Institutional Requirements for Both Tracks

The awardee must have a minimum of four years' experience administering similar public health leadership training programs. The awardee must show demonstrated experience in provision of fellowship's major focus areas: leadership development, health policy, and health equity, with concentrations in both behavioral and sexual health. The awardee should have extensive experience in provision of formal and informal instruction in the biomedical and behavioral sciences, policy leadership shadowing and learning experiences with government, business, health care, public health, and community partners, and health policy leadership forums. Fellows should be provided with an interactive curriculum covering the breadth and depth of the health system—from health care organization, finance, and quality to public health and the social and environmental determinants of health. Similarly, policy content should include not only the policy process and policy analysis, but policy case studies looking at the Affordable Care Act, infectious disease control, and health equity. In addition, fellows should be provided practice teaching, and/or research responsibilities with academic departments, community-based practicum experiences, and complete a health policy research project. All fellows should be provided with additional support for developing teaching, research, grant writing, and presentation skills.

Institutional Requirements for the Post-Doctoral Fellowship Component 2

Leadership Experiences

The awardee will ensure that fellows participate in learning and leadership experiences with government leaders and their staff at the local, state, and national levels. This will give fellows the opportunity to observe firsthand how policy making intersects with the legislative process. In addition, fellows should have leadership experiences with local community organizations, health care organizations, public health

organizations, and health care professional organizations. This will provide opportunities to observe leadership styles and strategies across a variety of organizational types, cultures, and structures.

Community-Based Practicum Experiences

The awardee should design practicum experiences as opportunities for fellows to engage both governmental and community-based organizations and apply their knowledge and understanding of both policy analysis and leadership. Each fellow should participate in two practicum experiences framed broadly around behavioral and sexual health and an area of interest at the intersection of health policy and health equity. The awardee should have an extensive network of collaborating partners in public health, public and private health care institutions, state and local governmental agencies, and community based organizations. Each practicum project should be framed through a defined scope of work that leverages the fellows' expertise and interests with the work of the organization or agency. Fellows should be provided with opportunities to meet with key leadership across the organizations to share leadership lessons learned.

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) Practicum

The awardee will work with NCHHSTP's Office of Health Equity to coordinate placement of each fellow in an appropriate NCHHSTP 8-10 week leadership practicum in one of five divisions, the Division of HIV/AIDS Prevention, the Division of Viral Hepatitis, the Division of STD Prevention, the Division of TB Elimination, the Division of Adolescent and School Health, or NCHHSTP Office of the Director.

d. Work Plan

Component 1- Undergraduate Fellowship Program

1. Student Recruitment/Orientation: The awardee will recruit up to 30 culturally sensitive undergraduate students with interest in serving the five previously identified racial/ethnic groups per year. The recruitment strategy should use a multidisciplinary and participatory process that includes the involvement of local academic and public health institutions and organizations, as well as community associations and groups. Recruitment is expected to be targeted to:

- Culturally sensitive undergraduate students who have successfully completed a minimum of two (2) years (rising juniors, seniors or equivalent) of undergraduate study and are currently enrolled in a four (4)-year accredited college or university;
- Recent college graduates having received their four (4)-year undergraduate degree from an accredited college or university in the past twelve (12) months;

2. Fellow Placement: Applicants must describe how they will provide administrative and logistical oversight to placement in NCHHSTP training sites. Applicants must describe methods to solicit and select projects from appropriate mentors in the Division of HIV/AIDS Prevention, the Division of Viral Hepatitis, the Division of STD Prevention, the Division of Adolescent and School Health or NCHHSTP Office of the Director. Summer placements must involve the student in a substantive public health project or activity and allow opportunities for the student to learn about public health leadership and the various requirements needed to begin and advance in a public health career.

3. Mentor Selection/Training: Applicants must describe in detail how learning opportunities will be provided to undergraduate students through identification of appropriate public health professional mentors. Areas may include those of: biostatistics, environmental health, epidemiology, health education, health policy, health promotion, microbiology, occupational safety and health, and public health practice. Applicants should describe how they will recruit a cadre of effective senior-level NCHHSTP mentors in collaboration with NCHHSTP's Office of Health Equity to enhance students' exposure/experience and ensure that students receive support throughout the assignment period. Applicants must describe the common performance expectations of the mentors. Applicants must describe the steps needed to ensure that mentors are appropriately prepared and supported to consistently adhere to performance expectations. An instructionally sound and CDC-approved experiential agenda should result in measurable increases in skills and knowledge.

Learning objectives, instructional strategies, and assessment methods should be included in the proposal.

4. Fellow Mentorship: Applicants should describe how communications with the student will be sustained and enhanced during and after the internship activities. Applicants should describe how they might establish an electronic tracking system that maintains a database of students participating in the program to ensure the capacity to communicate with the students post-graduation (for at least 12 months beyond completing this program). Communication after completion of the program should continue beyond the attainment of the academic degree in order to best support the entry of students into a public health graduate program or employment. Examples of post-graduate engagement are those that use a variety of communication technologies, peer-based and participatory networks, and continued access to academic and professional development resources.

Upon receipt of award funds, each awardee will be expected to fulfill common specific operational functions and to work collaboratively with CDC in achieving the goals of this cooperative agreement.

Component 2- Post Doctoral Fellowship Program

1. Fellow Recruitment/Orientation: The awardee will recruit a total of approximately 3 to 5 culturally sensitive post-doctoral professionals per year who are interested in reducing health disparities among one or more of the five previously identified racial/ethnic groups. The recruitment strategy should use a multidisciplinary and participatory process that includes the involvement of local academic and public health institutions and organizations, as well as community associations and groups. Recruitment is expected to be targeted to:

- Persons who have received doctoral degree (i.e. Ph.D., DrPH, J.D., or equivalent)
- Persons who have received medical degree (M.D., D.O., etc.), with completed residency training.

All degrees must be from a regionally accredited institution and must be earned before admission to the fellowship program.

2. Leadership Fellowship Curriculum: Applicants must describe the details of the public health leadership curriculum design and describe components that will meet the program objectives:

- a. Critically analyze issues, programs, and policies that impact health and health care, particularly as they relate to health disparities and advancing health equity.
- b. Inform the development of health policies to reduce disparities and advance health equity.
- c. Assume leadership roles that support the development of programs and policies that reduce disparities and advance health equity.
- d. Work effectively with disadvantaged communities to develop sustainable programs and organizations that support the reduction of health disparities and advancement of health equity.

Each curriculum activity must maximize opportunities for the fellows to learn about public health leadership and the various requirements needed to advance a career in public health leadership.

3. Mentor Selection/Training: Applicants must describe in detail how learning will be provided to post-doctoral fellows through identification of appropriate public health professional mentors. Areas may include those of: biostatistics, environmental health, epidemiology, health education, health policy, health promotion, microbiology, occupational safety and health, and public health practice. Applicants should describe how they will recruit a cadre of effective senior-level NCHHSTP mentors to enhance students' exposure/experience and ensure that students receive support throughout the assignment period. Applicants must describe the common performance expectations of the mentors. Applicants must also describe the steps needed to ensure that mentors are appropriately prepared and supported to consistently adhere to performance expectations. An instructionally sound and CDC-approved experiential agenda should result in measurable increases in skills and knowledge. Learning objectives, instructional strategies, and assessment methods should be included in the proposal.

4. Post-Doctoral Fellow Mentorship: Applicants should describe how communications with the fellows will be sustained and enhanced during and after the fellowship activities. Applicants should describe how they might establish an electronic tracking system that maintains a database of fellows participating in the program to ensure the capacity to communicate with them post-fellowship completion (for at least 24 months beyond completing this program). Communication after completion of the program should continue to track career trajectories and ascertain placement in public health leadership positions.

Upon receipt of award funds, each awardee will be expected to fulfill common specific operational functions and to work collaboratively with CDC in achieving the goals of this cooperative agreement.

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.

Two progress reports are required. The first is due after the first six months of the program and the second is due 30 days before the end of the budget period. The progress reports should include: the approved objectives for the period; the related activities undertaken during the time period of the report; the progress made towards the completion of the objectives as a result of the implementation of the activities; related barriers that presented themselves during the execution of the activities, anticipated action steps to address barriers. The reports should include a summary of qualitative and quantitative data collected to characterize the recruited fellows. This data should include demographics, educational background (fields of study), project descriptions and career plans.

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

CDC will provide substantial technical assistance and support for administration of the program, NCHHSTP mentors for summer projects and practicums, office space, use of office equipment and supplies for fellows. CDC will collaborate with the awardee to identify and select NCHHSTP mentors for all participating fellows.

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:** U 14

U14 Public Health Leadership Institute Cooperative Agreements

In cooperation with a qualified recipient, to establish a Public Health Leadership Institute, for a specified period of time, which provides educational and training programs for the leadership of city, county, and State health agencies to improve the public health infrastructure.

- 3. Fiscal Year:** 2015
Estimated Total Funding: \$450,000
- 4. Approximate Total Fiscal Year Funding:** \$450,000
- 5. Approximate Project Period Funding:** \$2,250,000
- 6. Total Project Period Length:** 5 year(s)
- 7. Expected Number of Awards:** 2
- 8. Approximate Average Award:** \$200,000 Per Budget Period
- 9. Award Ceiling:** \$250,000 Per Budget Period
- 10. Award Floor:** \$200,000 Per Budget Period
- 11. Estimated Award Date:** 08/07/2015

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).

- 12. Budget Period Length:** 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Public and State controlled institutions of higher education
Private institutions of higher education

Other:

Private colleges and universities

2. Additional Information on Eligibility

Eligible applicants that may apply for this funding opportunity are designated as Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), Asian American and Native American Pacific Islander-Serving Institutions (AANAPIIs), and Hispanic Serving Institutions (HSIs); those institutions of higher education with a documented record of success in enrolling socially or economically disadvantaged students; and a specific requirement is at least 4 years of documented experience administering similar fellowship/training programs. Competition is limited under this program announcement to maximize the potential success of the program by funding those institutions with prior experience, demonstrated credibility, documented success and programmatic focus in the engagement and education of socially and economically disadvantaged students.

Eligible organizations in general are listed below:

- Universities
- Colleges
- Medical Schools

Applicants must provide an eligibility summary statement outlining verification of the following criteria for selection consideration:

- Designation as a minority serving institution of higher learning
- Location in or near the metro Atlanta, GA area
- Minimum of 4 years' experience implementing and overseeing a public health fellowship program
- Evidence of 4 years' successful mentoring of fellows
- Established processes for tracking students post-fellowship program completion
- Established courses and curricula in public health, biostatistics, and epidemiology
- Established courses and curricula in health disparities, social determinants of health and health equity
- Faculty with a minimum of 4 years' experience and expertise in health disparities, social determinants of health and health equity.

The eligibility summary statement must consist of no more than 5 pages of text, single spaced with font no larger than 12 points with 1-inch page margins. Applications without the eligibility summary statement will not be considered.

Applications that exceed the upper value of the specified dollar range will be considered non-responsive and will not receive further review.

The award ceiling for this FOA is \$250,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. ([http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf](http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf))

3. Justification for Less than Maximum Competition

Minority Serving Institutions (MSIs) are colleges and universities serving at least 25% or greater of minority students. In 2004, MSIs totaled 1,254 accounting for just under one third of all degree granting institutions and enrolled nearly 60 percent of the 4.7 million minority undergraduate students. Compared with non-MSIs, four-year MSIs had a higher percentage of open admission policies and at least a 50 percent enrollment of low income students.

Historically Black Colleges and Universities (HBCUs) represent just 3.3 percent of all American colleges and universities while graduating nearly one third of all African American students. Graduates comprise the following: 50 percent of African American teachers; 22 percent of African American students with bachelor's degrees in science and engineering; 28 percent of African American students who pursue PhDs in engineering; 70 percent of African American dentists; and 85 percent of African American physicians. In addition, HBCUs represent 20 of the top 50 U.S. institutions that produce African American science and

engineering doctorate recipients.

African Americans, American Indian/Alaska Natives and Hispanics/Latinos are significantly underrepresented among the nation's public health occupations. African American, Hispanics and American Indians/Alaska Natives represented over 30 percent of the American population in 2010, but in recent years, together these populations received less than 9 percent of advanced degrees in health, sciences and technology. African Americans, Hispanics and American Indians represent only 6 percent of practicing physicians in the U.S.

The Department of Health and Human Services 2012 Action Plan to Reduce Racial and Ethnic Health Disparities calls for the following strategies to address diversity in the public health workforce:

"Increase the Diversity of the Healthcare and public health workforce" to address the compelling need for reductions in health care disparities. Numerous studies have shown that racial/ethnic minority practitioners are more likely to practice in medically underserved areas and provide health care to large numbers of uninsured and underinsured racial/ethnic minority population groups;

"Create a pipeline program for students to increase racial/ethnic diversity in the public health and biomedical sciences professions;" and

"Create an undergraduate pipeline program to increase racial/ethnic diversity in the health professions;"

The Centers for Disease Control and Prevention and the National Institutes of Health were identified as lead agencies to accomplish these activities.

To ensure the success of this program and maximize the use of limited resources, competition is limited to minority serving institutions. These institutions have the demonstrated capacity, access, experience, credibility, and programmatic focus in the engagement of racial/ethnic minority students; documented success in the enrollment and retention of minority students; and established collaborative relationships with minority serving national and regional organizations and other minority academic institutions.

Limiting competition to minority serving institutions will increase the likelihood of funding an organization that has comprehensive experience working with disparate populations as outlined in the Funding Opportunity Announcement. It will increase the likelihood that Fellows selected to receive education and mentoring will represent or be "of" the populations experiencing health disparities and have the necessary cultural competence to be effective public health leaders and adequately address racial/ethnic health disparities.

4. Cost Sharing or Matching

Cost Sharing / Matching No
Requirement:

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: <http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf>.

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](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 usually requires not more than five 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 through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option at www.grants.gov.

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

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 PGO staff at 770-488-2700 or e-mail PGO PGOTIM@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. PGO 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 PGO.

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

Due Date for Letter of Intent: **05/26/2015**

b. Application Deadline

Due Date for Applications: **06/26/2015**, 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 Informational Conference Call: 05/19/2015

An informational conference call will be scheduled on Tuesday May 19, 2015 at 1pm to 3p Eastern Standard Time.

Teleconference Bridge Line 888-921-4791- Participant Code 3903526

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at <http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html>.

- Complete the applicable assurances and certifications on an annual basis, name the file “Assurances and Certifications” and upload it as a PDF file 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](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

A letter of intent is encouraged, but not required. If the applicant would like to send a letter of intent, please include the following information:

- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application
- A brief description of the proposal (two paragraphs)
- Please include the title of the announcement and the number: **Public Health Leader Fellowship CDC-RFA-PS15-1508**

LOIs may be sent via email, U.S. express mail or delivery service to: CDC-RFA-PS15-1508

Ms. Gladys T. Gissentanna, Department of Health and Human Services CDC Procurement and Grants Office
2920 Brandywine Rd, MS E-15 Atlanta, GA 30341 gcg4@cdc.gov

8. Table of Contents

(No page limit and not included in Project Narrative 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, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

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. Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov.

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 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. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

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 CDC Project Description: Strategies and Activities section.)

1. Collaborations

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

Applicants for component 2- the post-doctoral fellowship program- must provide letters of support from agencies and organizations which will provide leadership rotations and opportunities for post doctoral fellows.

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 CDC Project Description section – Approach: Target Population.

Awardees are required to have experience working with culturally sensitive students, recent graduates and post-doctoral recipients with interest in reducing health disparities among African Americans, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders.

Inclusion:

The awardees should design their program so that it is accessible and available to all persons regardless of age, race/ethnicity sex, sexual orientation or gender identity, socio-economic status or disability status. The activities delineated by the awardee should result in measurable improvement in the target population.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html>)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

Where the applicant chooses to, or is expected to, take on specific evaluation studies:

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

Applicants should provide a detailed plan to evaluate process and success of achieving the goals of the program to which they have applied.

Component 1- Undergraduate fellowship – Increase-in culturally sensitive undergraduates and recent bachelor's degree recipients receiving a mentored research project experience in a public health agency.

Indicator- Up to 30 undergraduate fellows selected annually and matched with NCHHSTP mentors and successfully complete a research project, a scientific poster and an oral presentation.

Component 2- Post-doctoral fellowship- Increase in culturally sensitive postdoctoral recipients receiving a mentored leadership training experience in a public health agency.

Indicator –3-5 post graduate fellows selected annually and provided with didactic and practical public health leadership training over the course of the year.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the 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 address the organizational capacity requirements as described in the CDC Project Description. Please attach CVs/Resumes for the program director and an organization chart of the proposed program, complete with titles and brief job descriptions.

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.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

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

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. 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). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <http://www.cdc.gov/grants/interestedinapplying/applicationresources.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 Mariana 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.

The Budget Narrative should also include a summary of specific compensation plans for recruited fellows, the amount of stipends, salaries, expected travel expenditures, etc.

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 The Pro-Children Act, 20 U.S.C. 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](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.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. 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.

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. 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 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.

17. 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.
- 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 is not allowed.
- 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 http://www.cdc.gov/grants/additional_requirements/index.htm#ar12 for detailed guidance on this prohibition and http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
- 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.

Projects that involve the collection of information, or identical record keeping or reporting from 10 more entities/individuals and are funded by a grant/cooperative agreement and constitute a burden of time, effort, and or resources expended to collect and or disclose the information will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA).

PRA applicability will depend upon the data collection, evaluation, and or reporting methods to be used for each activity. Surveys, focus groups, and interviews and other information collected from respondents must include a valid OMB Control Number, a burden statement, and government use of the information collected in each instrument.

18. 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 PGO 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 PGO TIMS staff at 770- 488-2700 or by e-mail at pgotim@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 PGO 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 Applicant User Guide, Version 1.1, page 102.

[http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8](http://www.grants.gov/documents/19/18243/GrantsgovApplicantUserGuide.pdf/ce754626-c2aa-44bc-b701-30a75bf428c8)

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@www.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@www.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 or call 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 postmarked 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, PGO 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 reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCHHSTP and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility 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

Public Health Fellowship Applicant Evaluation Criteria

Maximum Points: 100

Approach Component 1-Undergraduate Fellowship 35 points

Applications should be evaluated on the following criteria. The extent to which the applicant:

- Proposes a detailed strategy to recruit up to 30 highly qualified culturally sensitive applicants per year of the project with potential for careers in public health (10 points)
 - Fellow candidates should have earned at least a 3.0 grade point average on college courses.
 - Fellows should have experience and/or interest in health disparities.
- Proposes a detailed strategy to host the fellows on campus, provide transportation, housing and stipends to recruited fellows. (3 points)
- Proposes a detailed strategy to provide a one week orientation on the principles, science and practice of public health for the recruited fellows. (5 points)
- Proposes a detailed plan to provide a one week general orientation to their institution and to expectations for the summer internship. (2 points)
- Proposes a detailed plan to recruit CDC mentors, assign and match 8 week projects to each recruited fellow. (5 points)
- Proposes a detailed plan to follow up with the fellows during the 8 week CDC assignment to review progress toward project goals. (2 points)
- Proposes a detailed plan to track fellows up to 24 months after the summer internship to ascertain accomplishments, plans for the future and placement in public health careers. (3 points)
- Proposes a strategy to collaboratively administer the program with CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's Office of Health Equity. 5 points

Approach Component 2-Post-Doctoral Leadership Fellowship 35 points

Applications should be evaluated on the following criteria. The extent to which the applicant:

- Proposes a detailed strategy to recruit 3-5 highly qualified culturally sensitive physicians or

post-doctoral fellows with relevant experiences, knowledge, skills and training and potential for public health leadership roles per year of the project. (10 Points)

- Proposes a detailed strategy to establish criteria for selection of highly qualified candidates for the program. (2 points)
- Proposes a detailed strategy to provide comprehensive curriculum to train the fellows that ensures that each fellow is prepared to: (10 Points)
 - Critically analyze issues, programs, and policies that impact health and health care, particularly as they relate to health disparities and advancing health equity.
 - Inform the development of health policies to reduce disparities and advance health equity.
 - Assume leadership roles that support the development of programs and policies that reduce disparities and advance health equity.
 - Work effectively with disadvantaged communities to develop sustainable programs and organizations that support reduction of health disparities and advancement of health equity.
- Proposes a strategy to collaboratively administer the program with CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's Office of Health Equity. (5 points)
- Proposes a strategy to provide compensation to fellows commensurate with skills and experiences, travel stipends for conferences and meetings. (1 point)
- Proposes a strategy to match fellows with mentors based on areas of expertise and experience. (1 point)
- Proposes a strategy to enhance the likelihood that the fellowship program will increase the potential for upward career mobility for each fellow. (1 point)
- Proposes a strategy to locate a suitable community public health agency for provision of a rotation for each fellow. Each agency should be selected based on capacity, competency and the fellows' career goals. (2 points)
- Proposes a strategy to request projects and mentors from CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's Office of Health Equity for each fellow to receive a CDC rotation and appropriate public health project. (3 points)

Evaluation and Performance Management Components 1 and 2 25 points

- Applications should be evaluated on the following criteria. The extent to which the applicant:
 - Proposes a detailed plan to evaluate the experience of each fellow and each mentor to improve the overall implementation of the project. (5 points)
 - Proposes a detailed strategy to evaluate the quality of each project completed by each fellow. (5 points)
 - Describe the types of evaluation (process or outcome) that will be conducted to ascertain quality of experiences and projects. (5 points)
 - Proposes a detailed plan to collect data (career choices, continuing education) on each fellow for up 24 months to ascertain the impact of the fellowship experience. (5 points)
 - Proposes a detailed strategy to report data on fellows after the fellowship to CDC. (5 points)

Organizational Capacity to Implement the Approach – Components 1 and 2 40 points

Applications should be evaluated on the following criteria. The extent to which the applicant:

- Describes evidence of the required minimum of four years' experience administering similar public

health training programs. (15 points)

- Describes evidence of demonstrated experience in leadership development, health policy, and health equity, with concentrations in both behavioral and sexual health. (10)
- Describes extensive experience in provision of formal and informal instruction in the biomedical and behavioral sciences, policy leadership shadowing and learning experiences with government, business, health care, public health, and community partners, and health policy leadership forums. (5 points)
- Describes the institution's interactive curriculum covering the breadth and depth of the health system—from health care organizations, finance and economics, knowledge of the Affordable Care Act, health care quality, health policy, and the social and environmental determinants of health. (5 points)
- Describe the academic and practical capacity of its staff and faculty to provide an enriching public experience for fellows. (5 points)

Maximum Points: 0

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.

c. Phase III Review

N/A

2. Announcement and Anticipated Award Dates

Selected awardees will be informed via electronic mail from PGO between August 3-10, 2015.

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC PGO. 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.

Selected awardees will be informed via electronic mail from PGO between August 3-10, 2015.

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available

at <http://www.cdc.gov/grants/additionalrequirements/index.html>

The HHS Grants Policy Statement is available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>.

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

For more information on the C.F.R. visit <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>.

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)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
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

Two progress reports are required. The first is due after the first six months of the program and the second is due 30 days before the end of the first year of the project. The progress reports should include: the approved objectives for the period; the related activities undertaken during the time period of the report; the progress made towards the completion of the objectives as a result of the implementation of the activities; related barriers that presented themselves during the execution of the activities, anticipated action steps to address barriers. The reports should include a summary of qualitative and quantitative data collected to characterize the recruited fellows. This data should include demographics, educational background (fields of study), project descriptions and career plans.

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.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.grants.gov 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.

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

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances);
- and Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The awardee 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 through eRA Commons 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 PGO and include the date by which the Grants Officer will receive information.

Please complete the standard annual Federal Financial Reporting (FFR) form (SF-425) as required by law at the end of the award period.

e. Final Performance and Financial Report (required)

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).

A final comprehensive report is due at the end of the budget period detailing all activities conducted toward completion of program goals, a demographic summary of all mentored fellows and subject matter expertise of their mentors, and summary of all projects completed during the period. The report should be guided by the activities and outcomes presented in the logic models. A description of activities to recruit and place fellows is required. The report should include summary tables presenting fellows background data including educational status, geographic area of origin, race/ethnicity and subject area of CDC projects. A section of the report should include a budget narrative, detailing all expenditures during the period, compensation of staff and of the fellows

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

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000. For the full text of these requirements, see: <http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Tanya LeBlanc, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
, GA 30333
Telephone: (404) 639-2976
Email: tqs3@cdc.gov

Grants Staff Contact

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

Gladys Gissentanna, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
, GA 30341
Telephone: (770) 488-2741
Email: gcg4@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 Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@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

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

Please note additional documents that may be attached in support of the application:

• Resumes / CVs • Position descriptions • Letters of Support • Organization Charts • Non-profit organization IRS status forms, if applicable • Indirect Cost Rate, if applicable • Memorandum of Agreement (MOA)	

- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

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 74 and Part 92 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 will supersede 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](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](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 education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

Plain Writing Act of 2010: 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.

AMENDMENT 1: DATED 06/19/2015, ADDS THE FOLLOWING TO THIS FOA:

1. FOA Questions and Answers from e-mails and the informational conference call with applicants (Attached at the end of the FOA) 2. Clarification to Section H indicated in red.

J. Questions and Answers on FOA CDC-RFA-PS15-1508, Public Health Leader Fellowship Program

Question: I hope all is well. I need clarification regarding SF 424 A budget form for the above initiative. This is a five year grant, should the total amount requested for the 5 years be reflected on the SF 424A in sections "e" and "g" or just the 1st year with the reminding years requested under Section E - budget

estimates of federal funds needed for balance of the project section? Thank you for the clarification.

Answer: Section A and B of SF 424A is for first year budget and the future year budget should be reflected in Section E of SF 424A. Follow the instructions for the 424a.

Question: Just following up with a few additional questions/clarifications regarding the Public Health Leader Fellowship Program RFA (CDC-RFA-PS15-1508). The grants.gov application has a limited number of places that documents and appendices can be loaded. "Other attachments" is really the only place to upload documents without specific upload sites. For this reason, is it correct to assume that our Table of Contents, Work Plan, Letters of Support, Biosketches, Eligibility Summary, Institutional Indirect Rate Agreement, and my CV as PI (all documents requested in the RFA) should all be appropriately titled, listed in the Table of Contents, and loaded under Other Attachments? I am also assuming that the Organizational Chart requested on p.22 should be included as part of the Narrative Report.

Answer: Please list work plan, letters of support, biographical sketches, eligibility summary, institutional indirect rate agreement, agency organization chart, and curriculum vitae of staff and other documents requested in the FOA in the table of contents, label these documents appropriately and enter under H. Other Information, Optional Attachments.