

Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

Increasing Awareness and Implementation of the Standards for Adult Immunization Practice Through Partnerships With State and Local Immunization Programs - Financed Solely by PPHF 2015 Prevention and Public Health Funds.

CDC-RFA-IP15-1502PPHF15

Application Due Date: 07/30/2015

Increasing Awareness and Implementation of the Standards for Adult Immunization Practice Through Partnerships With State and Local Immunization Programs - Financed Solely by PPHF 2015 Prevention and Public Health Funds.

CDC-RFA-IP15-1502PPHF15

TABLE OF CONTENTS

Part I. Overview Information

A. Federal Agency Name
B. Funding Opportunity Title
C. Announcement Type
D. Agency Funding Opportunity Number
E. Catalog of Federal Domestic Assistance (CFDA) Number
F. Dates
G. Executive Summary

Part II. Full Text

A. Funding Opportunity Description
B. Award Information
C. Eligibility Information
D. Required Registrations
E. Review and Selection Process
F. Award Administration Information
G. Agency Contacts
H. Other Information
I. Glossary

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-IP15-1502PPHF15. 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:

Increasing Awareness and Implementation of the Standards for Adult Immunization Practice Through Partnerships With State and Local Immunization Programs - Financed Solely by PPHF 2015 Prevention and Public Health Funds.

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.

non-research only

D. Agency Funding Opportunity Number:

CDC-RFA-IP15-1502PPHF15

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

93.733

F. Dates:

1. Due Date for Letter of Intent (LOI):	**[Insert 10 days from date of publication]**
2. Due Date for Applications:	**07/30/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

This FOA is intended to support state and local immunization programs to collaborate with 1. community health centers, 2. pharmacies/ pharmacists, and 3. either clinical practice groups or large healthcare systems and organizations to improve and expand the implementation of the Adult Immunization Standards (aka "the Standards"), specifically to:

1. increase the routine clinical practice of healthcare providers (HCP) assessing immunizations needs among all of their adult patients,

2. improve and expand HCP recommendation to their adult patients to get all Advisory Committee on Immunization Practices (ACIP) recommended immunizations,

3. improve the ability and process for HCP to either provide the ACIP recommended adult immunizations in their practice settings or refer their adult patients to other HCP who can provide these recommended adult immunizations, and

4. document administration of adult immunizations in immunization information systems for all of their adult patients.

This FOA is also intended to support state and local immunization programs to develop and implement processes to best utilize Section 317 vaccine purchase funds to increase delivery of all ACIP adult recommended immunizations to uninsured adults.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	10
d. Total Project Period Funding:	$10,000,000
e. Average One Year Award Amount:	$1,000,000
f. Number of Years of Award:	2
g. Estimated Award Date:	09/01/2015
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Adult vaccination rates are well below the national Healthy People 2020 goals and racial and ethnic disparities in vaccination coverage rates among adults are substantial. Barriers that exist for improving vaccination rates in adults include limited patient awareness of the need for vaccines as an adult, shortcomings in terms of incorporation of adult immunizations into routine patient care structure, and record keeping and documentation of adult immunizations, including limited use of immunization information systems (IIS) by adult vaccine providers.

The purpose of this cooperative agreement is to develop and implement programs designed to increase adult immunization rates and reduce immunization rate disparities among adults, drawing on the principles of the Community Guide to Preventive Services for what works to improve immunization rate and the Standards for Adult Immunization Practice(aka " the Standards").

Awardees are expected to demonstrate measurable progress in addressing the following objectives with the goal of improving vaccination rates, through:

1. Collaboration with community health centers (CHC), pharmacies/ pharmacists, and clinical practice groups or large healthcare organizations/ systems to improve and expand the implementation of the Adult Immunization Standards (aka "Standards"), in the four key components of the Standards:
    - Increasing the routine clinical practice of assessing which vaccines are needed for adult patients
    - Improving and expanding healthcare providers' recommendation for needed adult vaccines among their adult patients
    - Improving the ability and process to provide recommended adult vaccinations on-site in clinical practice or the ability and process to refer adult patients to other provider sites which can provide the recommended adult vaccines
    - Improving and expanding the ability and practice of adult healthcare providers to routinely and accurately document delivery of adult vaccinations among their adult patients, specifically through increased use of the immunization information systems (aka 'registries'); and
2. Developing and implementing strategies to best utilize available Section 317 vaccine purchase funds to expand access to all Advisory Committee on Immunization Practices (ACIP) recommended adult vaccines to uninsured adults. Such strategies could include working with community health centers (CHC) and possibly other community groups that serve uninsured adults to increase delivery of immunization services to uninsured adults and reduce disparities in adult vaccination coverage.

Applicants will propose a technical package of activities directed towards the above objectives. Proposed activities should be supported by evidenced based strategies as described in the Community Guide to Preventive Health Services.

b. Statutory Authorities

This project is authorized under the Patient Protection and Affordable Care Act (PL111-148), Title IV, Section 4002 (Prevention and Public Health Fund)and section 317 of the Public Health Service Act (42 U.S.C. 247b).

c. Healthy People 2020

~~Measureable outcomes of the program will be in~~ alignment with Healthy People 2020 goals for immunization and infectious disease. These include but are not limited to specific objectives:

(IID-1) Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases

Influenza Vaccination Goals for Adults IID-12.12Increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza

IID-12.14(Developmental) Increase the percentage of pregnant women who are vaccinated annually against seasonal influenza

Hepatitis B Vaccination Goals for Adults

IID-15 (Developmental) Increase hepatitis B vaccine coverage among high-risk populations IID-15.1 (Developmental) Increase hepatitis B vaccine coverage among long-term hemodialysis patients IID-15.2 (Developmental) Increase hepatitis B vaccine coverage among men who have sex with men IID-15.3 Increase hepatitis B vaccine coverage among health care personnel IID-15.4(Developmental) Increase hepatitis B vaccine coverage among injection drug users

Pneumococcal Vaccination Goals for Adults

IID-13 Increase the percentage of adults who are vaccinated against pneumococcal disease

IID-13.1 Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease IID-13.2 Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated against pneumococcal disease IID-13.3 Increase the percentage of institutionalized adults (persons aged 18 years and older in long-term or nursing homes) who are vaccinated against pneumococcal disease

Zoster Vaccination Goals for Adults

IID-14Increase the percentage of adults who are vaccinated against zoster (shingles)

In addition, HP2020's Health Communication and Health Information Technology objectives point to importance of using the internet and social media. These include: (HC/HIT-8) Increase the proportion of quality, health-related websites and (HC/HIT-13) (Developmental) increase social marketing in health promotion and disease prevention.

Source: http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=23

[CU1]This FOA doesn't specifically address this issue. Recommend deleting

d. Other National Public Health Priorities and Strategies

This FOA aligns and supports other relevant national strategies:

Standards for Adult Immunization Practice:

This FOA aims to develop models for implementation of the National Vaccine Advisory Committee's Standards for Adult Immunization Practice which were published in February 2014.

Community Preventive Services Task Force

This FOA directs applicants to propose evidence-based interventions, drawing on the Community Preventive Services Task Force findings and the systematic reviews. Relevant evidence-based intervention identified in the Community Guide include but are not limited to reminder-recall, standing orders, provider assessment and feedback, use of IIS, use of health systems interventions, and multi-component interventions rather than stand-alone unilateral activities.

Source: http://www.thecommunityguide.org/vaccines/vpd-jphpm-recs-IIS.pdf

HHS Action Plan to Reduce Racial and Ethnic Health Disparities

This plan calls on HHS agencies to work to promote integrated approaches, evidence-based programs and best practices to reduce health disparities. A number of adult immunization disparities persist and may be worsening. This project aims to develop small models on the practice or community level to address disparate immunization rates among adults. Source: http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&;lvlid=33&;ID=285

National Adult and Influenza Immunization Summit

The National Adult and Influenza Immunization Summit (NAIIS) is dedicated to addressing and resolving adult and influenza immunization issues. A key priority for the Summit is the implementation of the Standards of Adult Immunization Practice . For more information please see: http://www.izsummitpartners.org/about/.

e. Relevant Work

From 2011-2013, ten immunization programs were funded to improve adult immunization infrastructure. The emphasis of this current FOA reflects the experience gained with the first FOA and those aspects of the first FOA which were the most productive for most awardees. For more information please see prior FOA: http://api.ning.com/files/b23b7QCf*lPWJhMksgbE5WHZIPaGYPK2440lGjLkpPL60G8544hqmc1yPXiAtfIN EkUE*tTnXd51mmDctsB61AsTu3zpC5AB/IP111107PPHF11FOAFinal3.29.11amend42611.pdf

2. CDC Project Description

a. Approach

Activities of Immunization Programs	Short term Outcomes (must complete within project period)	Intermediate Outcomes (must completed within project period)	Long-term Outcomes
1. Collaborate with: a. Community Health Centers (CHC) b. Pharmacies/ pharmacists, and c. Clinical Practice Groups or Large Healthcare Systems/ Organizations To implement the Adult Immunization Standards (aka "Standards") among healthcare providers (HCP) by: - Improving the frequency and quality of how HCP assess which vaccines are needed among their adult patients - Strengthening the delivery of HCP recommendation to their adult patients to get ACIP recommended adult immunizations - Improving the frequency and process of how clinical practices deliver adult immunizations or refer their adult patients to	1. Identified and engaged collaborators noted in activity 1 to: -Inform providers about adult immunization recommendations, coverage rates, and the Standards. -Assess barriers to implementing the Standards -Identify strategies to implement potential approaches such as expanding effective reminder/recall or standing orders, or other Evidence Based methods as described in the Community Guide to Prevention -Developed methods to track progress for implementation of these strategies for each group 2.Assessed current use of 317 funds available for purchase of adult vaccines -Identified potential methods to better utilize 317 funds for vaccinations for uninsured adults.	1. Strategies to implement Standards have begun and tracked: a. Pharmacy Outcomes Measures- change in the number and proportion of pharmacist who: -routinely assess adult patient vaccination needs -are trained in using the vaccine registry - entering doses into registry, and -Change in the number of doses administered by pharmacists entered into registry b. CHC Outcomes Measures- change in the number and proportion of CHC: - offering adult vaccines -entering adult vaccinations into the IIS. -providing adult vaccines by vaccine type -using standing orders and/or reminder/ recalls systems to offer	The vaccination assessment becomes a routine part of adult HCP practice. Providers improve their delivery of immunization services or improve referral protocols for providers who do offer recommended adult vaccines More adult vaccinations are documented in vaccine registries. A greater degree of collaboration among multiple healthcare providers is achieved, especially through the use of IIS. A greater degree of Section 317 funds are used to assist in providing ACIP recommended vaccines for uninsured adults

other provider sites which can provide the recommended adult vaccines - Improve HCP documentation of adult immunizations in their jurisdiction's immunization information systems (aka registry) 2. Develop strategies to best utilize available Section 317 vaccine purchase funds to expand access to all ACIP recommended adult vaccines to uninsured adults.		adult vaccines c. Provider and/or Health Systems groups Outcomes Measures- change in number of medical provider offices or systems -engaged with annually to assist with implementation Standards, and - change in numbers and types of systems-level interventions initiated in practices 2. Implemented strategic plan to better utilize 317 funds for uninsured adults - Track progress of implementation: using these outcome measures: - change in numbers of vaccines by vaccine type designated for uninsured adults in Section 317 funds - types of changes in program approach to reach uninsured adults	and racial/ethnic disparity is reduced.

i. Purpose

This FOA is intended to support state and local immunization programs to collaborate with partners to implement the Adult Immunization Standards in clinical practice in their communinities to promote increased adult immunization coverage and reduce racial and ethnic immunization and disease disparities.

ii. Outcomes

1. Immunization programs and collaborators (community health centers, pharmacies/pharmacies, and either large healthcare organizations or medical practice groups) implement improved strategies to reach and vaccinate uninsured adults, as documented in the Adult Immunization Standards.

Awardees will track progress of implementation through use of the measures listed below:

a. Pharmacy Outcomes Measures

- Change in the number and proportion of pharmacists who routinely assess adult patient vaccination needs

- Change in proportion and number of pharmacists trained in using the state immunization information system (IIS = registry)

- Change in the proportion and number of pharmacies or pharmacist entering doses into registry

- Change in the number of doses administered by pharmacists entered into registry

b. CHC Outcomes Measures

- Change in the number and proportion of CHC offering adult vaccines

- Change in the number and proportion of CHC entering adult vaccinations into the IIS.

- Change in the number and proportion of community health centers providing adult vaccines by vaccine type

- Change in the number and proportion of community health centers using standing order and/or reminder/ recalls systems to offer adult vaccines

c. Provider and/or Health Systems groups Outcomes Measures

- Change in the number of medical provider offices or health systems the awardee has engaged with annually to assist with implementation of one or more parts of the Standards

- Change in numbers and types of systems-level interventions initiated in provider or health systems to implement adult immunizations (e.g. reminder-recall, standing orders programs, etc.)

- Change in number of state and/or local chapters of provider groups that the awardee has engaged with to educate providers and/or the public about vaccine recommendations and low vaccination rates for adults

2. Implement strategic plan to better utilize 317 funds for uninsured adults

- Awardee will track progress using these outcome measures:

- change in numbers of vaccines by vaccine type designated for uninsured adults in Section 317 funds
- types of changes in program approach to reach uninsured adults

iii. Strategies and Activities

The awardee will propose a combination of activities to address the stated objectives and to be able to collecte data on the shared outcomes. Applicants must select evidence-based strategies the meet their needs or describe the rationale for developing and evaluating new strategies or practice-based interventions. Awardees are also encouraged to conduct outreach with other US immunization programs with experience in implementing adult vaccination programs.

In the first phase of the project, efforts will focus on building a successful outreach and relationships with provider groups, including jurisdictional organizations to help with identifying specific provider groups and health systems to work with on implementation of the standards. They will also participate in monthly individual conference calls and monthly all awardee calls with CDC.

In the second phase of the project, efforts will focus on implementing the national adult immunization standards among the collaborating provider groups, as targeted by the awardee. Monthly calls as above will continue for the duration of the project.

Applicants will be expected to come to Atlanta, GA for a 2-day cooperative agreement kick off meeting and then a reverse site visit meeting one year into the project to present interim reports and share lessons learned with other awardees.

1.Collaborations

Awardees are required to collaborate with CDC-funded programs and with organizations external to CDC below.

a. With CDC-funded programs:

Applicants are required to collaborate with CDC to improve technical assisstance, program guidance, and program evaluation efforts.

b. With organizations external to CDC:

Applicants are required to collaborate with external partners that have a role in achieving the FOA outcomes and proposed activities, including:

1. Community Health Centers (CHC) with adult patient populations
2. Pharmacies/ pharmacists, and
3. Either Clinical Practice Groups (e.g. large doctor's offices with adult patients) or Large Healthcare Systems/ Organizations

2. Target Populations

The target population for this FOA and for work conducted by the awardees include adult patient populations who currently or may in the future seek healthcare from pharmacies, community health centers, large healthcare organizations, or large clinical practice sites, especially racial and ethnic minority groups, where applicable. Implementation of the Adult Immunization Standards may increase overall and individual immunization coverage among adult groups, especially among racial and ethnic minority groups.

a. Inclusion

n/a

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

Not applicable. One Funding Announcement Opportunity for all applicants.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC Strategy for monitoring and evaluating program and awardee performance will include several activities, spanning both process and outcome evaluation and will be consistent with the logic model and approach presented earlier. This will include at minimum awardee quarterly progress reports, annual reports, and final report. Data will be used to improve CDC technical assistance and strategies for increasing adult immunization coverage.

Process measures	Intermediate Measures	Long-Term Outcome Measures
-awardee has identified and engaged collaborating community health centers, pharmacies/ pharmacists, and clinical practice groups or large healthcare	-collaborators have implemented strategies to implement the Standars among collaborating healthcare provider groups, including tracking progress	The vaccination assessment becomes a routine part of adult HCP practice.

organizations to implement the Adult Immunization Practice Standards.	on a quarterly basis.	
-collaborators, as above, have informed providers about adult immunization recommendations, coverage rates, and the Standards	(Pharmacy Specific Measures) change in the number and proportion of pharmacist who routinely assess adult patient vaccination needs	Providers improve their delivery of immunization services or improve referral protocols for providers who do offer recommended adult vaccines
-collaborators, as above, have assessed and explained barriers to implementing the Standards	(Pharmacy Specific Measures) change in the number and proportion of pharmacist who are trained in using the immunization information sytem or 'registry'	More adult vaccinations are documented in vaccine registries.
-collaborators, as above, have identified strategies to implement potential approachs such as expanding effective reminder/ recall or standing orders, or other Evidence Based methods as described inteh Community Guide to Prevention	(Pharmacy Specific Measures) change in the number and proportion of pharmacist who are entering vaccine doses given into the registry	A greater degree of collaboration among multiple healthcare providers is achieved, especially through the use of IIS.
-awardee has assessed current use of Section 317 funds available for purchase of adult vaccines	(Pharmacy Specific Measures) change in the number of adult vaccine doses administered by pharmacists and entered into the registry	A greater degree of Section 317 funds are used to assist in providing ACIP recommended vaccines for uninsured adults and racial/ethnic disparity is reduced.
-awardee has identified potential methods to better utilize Section 317 funds to purchase vaccinations for uninsured adults	(Community Health Center (CHC) Measures) Change in the number and proportion of CHC offering adult vaccines, by type of vaccine	
	(Community Health Center (CHC) Measures) Change in the number and proportion of CHC entering adult vaccinations into the registry	
	(Community Health Center (CHC) Measures) Change in the number and proportion of CHC using standing order and/or reminder/ recall system to offer adult vaccines	
	(Provider and/or Health Systems Measures) Change in the number of medical providers officer or systems engaged by the awardee to assist with implementation of the Standards	
	(Provider and/or Health Systems Measures) Change in the number and types of system-level interventions initiated in medical providers offices, practices or health systems	
	Awardee has implemented	

	strategic plan to better utilized 317 funds for uninsured adults	
	Change in the number of adult vaccines by type designated for uninsured adult in Section 317 funds	
	Types of changes in program approach to reach uninsured adults	

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that is consistent with the CDC strategy. Their plan must:

- Affirm their ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy.
- 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.

c. Organizational Capacity of Awardees to Execute the Approach

Applicants should demonstrate sufficient organizational capacity and conduct a high level of program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management. Applicants must demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities, achieve the project outcomes, and implement the evaluation plan. Applicant must clearly present a staffing plan and project management structure sufficient to acheive the project outcomes and which clearly defines staff roles. Applicants must also be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with applicalable cooperative agreement regulations.

d. Work Plan

Applicants must identify and address the activities under this FOA in no more than 15 pages. Specific details on how the proposed strategies will achieve the outcomes should be included. CDC will provide feedback and technical assistance to recipients to finalize the workplan post award.

For each selected activity, a descriptive plan, process, and timeline with milestones/measures and responsible staff for efforts related to each short term and intermediate outcome in the logic model must be provided for the two-year project. This includes descriptions of:

- staff and administrative roles and functions to support the project work plan and the outcomes. Awardees should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of this FOA;
- administrative and assessment processes to ensure successful implementation, reporting and quality assurance;
- organizational capacity to successfully achieve the project outcomes, including demonstrated experience leading to collective action;
- capacity and plans to successfully implement sustainable practices that result in the improved immunization rates of the target population.

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.

Awardees will be required to submit quarterly and annual progress reports. Format to be provided by CDC post-award.

(Section 220 – Prevention Fund Reporting Requirements) Prevention Public Health Fund (PPHF) Reporting Requirements:

This award requires the awardee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public. Awardees provided funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Awardee reports must reference the NoA number and title of the coooperative agreement, and include a summary of the activities undertaken and identify any sub-awards (including the purpose of the award and the identity of each sub-recipient).

Responsibilities for Informing Sub-recipients: Awardees agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When an awardee awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

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

CDC will provide technical assistance in terms of project officer and subject matter expertise in the development and implementation of program planning, comprehensive evaluation plans, and capacity building among the awardees. This will include, at a minimum, monthly calls with each awardee, monthly all awardee calls to share best practices, and any additional technical assistance, as needed by awardees. CDC will also organize reverse site visits for awardees to improve program activites and promote greater collaboration. Information will be shared with awardees, at a minimum, through conference calls, reverse sites visits, and email and telephone.

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: H23 - Immunizat

The award issued under this FOA is contingent upon available funds in Prevention and Public Health Fund.

3. Fiscal Year: 2015

Estimated Total Funding: $10,000,000

4. Approximate Total Fiscal Year Funding: $10,000,000

5. Approximate Project Period Funding: $10,000,000

6. Total Project Period Length: 2 year(s)

7. Expected Number of Awards: 10

8. Approximate Average Award: $1,000,000 Per Project Period

9. Award Ceiling: $1,250,000 Per Project Period

10. Award Floor: $400,000 Per Project Period

11. Estimated Award Date: 09/01/2015

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: 24 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments
City or township governments
Special district governments

Government Organizations:

State (includes the District of Columbia)
Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

2. Additional Information on Eligibility

State and local governments or their Bona Fide Agents (this includes the District of Columbia, City of New York, Philadelphia, Houston, Chicago, San Antonio, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)

Limited Competition

Assistance will be provided only to the current 64 immunization program awardees because they have the necessary infrastructure in place to perform the activities required and have the experience needed to successfully complete the required objectives. Included among these awardees are the District of Columbia, City of New York, Philadelphia, Houston, Chicago, San Antonio, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Competition is limited to the entities listed above because they have the primary responsibility for carrying out the public health assurance functions required to achieve the desired outcomes and performance goals established by CDC.

The following 10 immunization programs are not eligible because they used funding under previous PPHF supported cooperative agreement to develop adult immunization infrastructure (CDC FOA IP11-1107PPHF11): Arkansas, Chicago, Connecticut, Iowa, Massachusetts, Minnesota, Oregon, Utah, Virginia, and Washington.

The award ceiling for this FOA is $1,250,000. 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)

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:	No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: http://www.cdc.gov/od/pgo/funding/docs/Financial ReferenceGuide.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. 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: **[Insert 10 days from date of publication]**

b. Application Deadline

Due Date for Applications: **07/26/2015**, 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.

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

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

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.

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.

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)

Applicant evaluation plan and performance measurement plan must allign with existing logic model and previously outlined outcome measures under outcome section. Awardee will be expected to complete and submit quarterly, annual progress and final reports to project officer.

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.

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

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 Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal

governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it atwww.grants.gov.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically 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).
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

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

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 l#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.

Please see Prevention and Public Health Fund restrictions, as applicable.

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

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 NCIRD 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

Approach	**Maximum Points: 50**

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model to collaborate with community health centers, pharmacies/ pharmacists, and either clinical practice groups or large healthcare organizations to implement the Adult Immunization Practice Standards and to better utilize funds for vaccines for uninsured adults.
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

Evaluation and performance management	**Maximum Points: 25**

Evaluate the extent to which the applicant:

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach to collaborate with community health centers, pharmacies/ pharmacists, and either clinical practice groups or large healthcare organizations to implement the Adult Immunization Practice Standards and to better utilize funds for vaccines for uninsured adults..
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods

Applicant's organization capacity to implement approach	**Maximum Points: 25**

Evaluate the extent to which the applicant addresses the items below. Guidance for Developing FOAs (new, non-research, domestic), Version 3.0 Page 23

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes to collaborate with community health centers, pharmacies/ pharmacists, and either clinical practice groups or large healthcare organizations to implement the Adult Immunization Practice Standards and to better utilize funds for vaccines for uninsured adults.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart.
- Budget: When scoring budgets, CDC programs must assess whether the budget aligns with the proposed work plan. For additional guidance, check with the CIO extramural program office, GMO, or GMS.

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

2. Announcement and Anticipated Award Dates

CDC will notify selected applicants by telephone prior to issuance of an official Notice of Award (NoA). Awards will occur no later than September 30, 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.

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).

The Paperwork Reduction Act of 1995 (PRA): Offerors should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including States, are subject to PRA requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public.

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

Awardees will be required to submit quarterly and annual progress reports. Final format to be provided by CDC post-award.

(Section 220 – Prevention Fund Reporting Requirements) Prevention Public Health Fund (PPHF) Reporting Requirements:

This award requires the awardee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public. Awardees provided funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Awardee reports must reference the NoA number and title of the coooperative agreement, and include a summary of the activities undertaken and identify any sub-awards (including the purpose of the award and the identity of each sub-recipient).

Responsibilities for Informing Sub-recipients: Awardees agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When an awardee awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

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.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

Awardees will be expected to provide quarterly and annual progress reports to project officer. Format to be developed after award annoucement.

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.

Awardee must follow stated outlined evaluation plan, process, intermediate, and outcome measures.

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.

Awardees must completed all request reporting requirement for use of Prevention and Public Health Funds. Specific guidelines and templates will be shared with awardee once project begins.

(Section 220 – Prevention Fund Reporting Requirements) Prevention Public Health Fund (PPHF) Reporting Requirements:

This award requires the awardee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public. Awardees provided funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Awardee reports must reference the NoA number and title of the coooperative agreement, and include a summary of the activities undertaken and identify any sub-awards (including the purpose of the award and the identity of each sub-recipient).

Responsibilities for Informing Sub-recipients: Awardees agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When an awardee awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

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).

Final report expected to be submitted by awardee. Format of the final report to be developed by CDC and shared with awardees after initial award notice.

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:

David Kim, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: 404.639.0969
Email: ddk5@cdc.gov

Grants Staff Contact
For **financial, awards management, or budget assistance,** contact:

Michael Vance, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
Telephone: (770) 488-2686
Email: mav5@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

Please provide at least 3 letters of support from potential partners and collaborators for this project.

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.

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

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

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

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

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

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

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

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

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

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

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

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

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

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

current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

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

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

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

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

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

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

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

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

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

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

Plain Writing Act of 2010: 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.