

Centers for Disease Control

Center for Global Health

Program Expansion Supplement to Cooperative Agreement on Immunization with the World Health Organization (WHO)
CDC-RFA-GH13-13010501SUPP18
Application Due Date: 10/14/2017

Signature _____ Date _____

Program Expansion Supplement to Cooperative Agreement on Immunization with the World Health Organization (WHO)

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

Program Expansion Supplement to Cooperative Agreement on Immunization with the World Health Organization (WHO)

Announcement Type:

Agency Notice of Funding Opportunity Number:

CDC-RFA-GH13-13010501SUPP18

Catalog of Federal Domestic Assistance Number:

93.185

Key Dates:

Due Date for Application: **10/14/2017**

Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Additional Overview Content:

Executive Summary:

WHO and CDC are partners in the Global Polio Eradication Initiative, the Global Measles and Rubella Initiative, and the Global Immunization Vision and Strategy (GIVS). This program expansion supplement supports WHO's efforts on polio eradication, measles mortality reduction, and other vaccine preventable disease (VPD) control. Primarily focused on field and laboratory based surveillance and supplemental immunization activities. The global surveillance network established for polio and measles is also used as the foundation for other surveillance networks such as the Global Disease Detection (GDD) initiative, and other global health priorities.

This co-agreement will support the US Government endorsed global Polio Eradication Initiative and the Global Immunization Vision and Strategy. WHO, in conjunction with CDC and other immunization partners, will provide technical programmatic assistance for supplemental immunization activities in priority countries for the polio and measles initiatives. As agreed by CDC and WHO, this program may also support activities to strengthen routine immunization delivery systems and capacities in developing countries to achieve globally agreed goals for disease control, elimination, and eradication.

The US Congress supplies funds to CDC to provide programmatic support and procurement of vaccines critical to the success of the global initiatives for polio eradication, measles elimination and mortality reduction as well as contributing to overall immunization systems strengthening. CDC's successes in these program areas are in part due to WHO's leadership role in coordination of field activities and liaison with national governments to ensure a harmonized approach to immunization activities, and has developed excellent relationships with all the major partners which further contributes to the effective functioning of programs.

The proposed program supports and is directly related to the achievement of the objectives established by CDC Center for Global Health Global Immunization Division and WHO for the control and prevention of VPDs.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the CGH:
Long Term Objective 10.B.1: Help domestic and international partners achieve World Health Organization's goal of global polio eradication.

Long Term Objective 10.B.2: Work with global partners to reduce the cumulative global measles-related mortality by 90% compared with 2000 estimates (baseline 777,000 deaths) and to maintain elimination of endemic measles transmission in all 47 countries of the Americas.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Sections 301 (c), 307, **and 317** of the Public Health Service Act **(**42 U.S.C. section**s** 241 (c), 242**l, and 247b);** and section 104 of the Foreign Assistance Act of 1961 **(**22 U.S.C. 2151b**)**

Background

The United States, as a member government of the United Nations (UN) and a representative to the World Health Assembly (WHA), supports WHA Resolutions for the global eradication of polio (1988), a 95% reduction in global measles mortality (2010), and the adoption of the Global Immunization Vision and Strategy (GIVS) in 2005. The World Health Organization (WHO) is one of the UN organizations spearheading the polio eradication, measles mortality reduction and GIVS initiatives along with the US Centers for Disease Control and Prevention (CDC) and other partners. The U.S. Congress provides funds to CDC for programmatic support and procurement of vaccines critical to the success of the global initiatives for polio eradication and measles mortality reduction.

Since the WHA resolution of 1988 calling for global polio eradication, global polio incidence has declined by more than 99 percent from more than 350,000 cases annually to 642 reports for 2011, in 16 countries that have had outbreaks of polio due to ongoing transmission or new importations. The number of endemic countries has been reduced from 125 in 1988 to four in 2011 (Afghanistan, India, Nigeria and Pakistan), and India was removed from this list in 2012. The American, Western Pacific and European Regions of WHO have already achieved regional eradication of polio. The greatest remaining challenge is to eliminate polio in the three remaining endemic countries, each of which presents unique challenges and threats to the global initiative. As long as polio transmission occurs anywhere in the world it remains a significant threat to American children. Polio eradication is of great importance to the United States, both for public health and humanitarian reasons. CDC will continue to collaborate with partners to address the country-specific challenges and ensure political support to achieve the global polio

eradication goal.

Measles elimination and mortality reduction is also of immense importance to the United States. Measles vaccination is one of the most cost-effective public health interventions available - it costs less than $1 to vaccinate a child against measles – yet more than 871,000 childhood deaths were attributed to measles in 1999. Since 2001 CDC has been a spearheading partner in the Measles Initiative and supported a decade of accelerated measles control efforts that resulted in a 78% reduction in measles deaths globally between 2000 and 2008. Building on the success in reducing measles mortality, GIVS, endorsed by the WHA in 2005 and re-confirmed in 2008, called for a 90% reduction in measles mortality globally by 2010. Having come close to this goal in 5 of 6 regions, the World Health Assembly in 2010 endorsed a more ambitious target of a 95% reduction for 2015. Additionally GIVS outlines strategies to immunize more people against more diseases, introduce newly available vaccines and technologies, and to provide other critical health interventions at immunization contacts.

Both the polio and measles initiatives clearly demonstrate the impact of immunizations on averting disease, disability and death. More than 2 million deaths have been prevented worldwide as a result of immunization activities for polio, measles and other VPDs, since 2003 alone. While both polio and measles have been successfully eliminated from the Western Hemisphere, experience has shown that American children remain at risk for both diseases as long as they persist anywhere in the world. The US Government is compelled to ensure that American children, and children across the globe, are protected from these dangerous yet easily preventable diseases.

The potential for further expansion of the surveillance, laboratory and immunization delivery infrastructures developed through the polio and measles initiatives is enormous. This infrastructure can be used as a foundation for the reduction of other VPDs, emerging health priorities, and provision of other health interventions. The surveillance and laboratory networks and expertise are already being used as a platform for detection of other diseases such as rotavirus. CDC will continue to take a leadership role in the surveillance and control of VPDs, and addressing other global health priorities (e.g. influenza, malaria, safe water).

Purpose

The purpose of this supplement is to provide resources to support an extension of the current FOA whose purpose is to support the US Government-endorsed Global Polio Eradication Initiative, Global Measles Initiative, and the Global Immunization Vision and Strategy, 2006-2015. In particular this agreement provides resources to WHO to support polio, measles, and other VPD surveillance, global laboratory networks for polio and measles, planning and implementation of supplemental immunization campaigns, and strengthening of routine immunization delivery systems and capacities in developing countries. All are critical to achieving globally agreed goals for disease eradication, elimination and reduction. Additionally this agreement may be used to support activities to address other global health priorities in line with CDC goals.

This program addresses the “Healthy People 2020” focus area(s) of Immunization and Infectious Disease, and Maternal, Infant and Child Health.

Program Implementation

Recipient Activities

- Collaborate with CDC, United Nations Children's Fund (UNICEF), other global immunization partner agencies and national governments, for planning and implementation of strategies to achieve the globally agreed goals of measles mortality reduction and regional elimination, polio eradication, and control of other vaccine preventable diseases (VPD).
- Use surveillance to assess, define, and prioritize the needs of high-risk countries to determine appropriate strategies to achieve globally agreed goals.
- Develop plans of action in conjunction with other worldwide partners for polio eradication, measles control and elimination, and routine immunization strengthening activities in selected countries.
- Provide technical assistance in the planning, monitoring, execution and evaluation of polio, measles and other immunization-related activities supported by this cooperative agreement.
- Strengthen and expand field and laboratory-based surveillance systems to further enhance detection and diagnostic capabilities for polio, measles, other VPDs and other diseases of global importance.
- Identify expert staff to complete short and long-term assignments with Ministries of Health in other countries, and WHO regional and country offices, as appropriate.
- Participate in international meetings to determine objectives, strategies, and priorities for the polio eradication, measles mortality reduction and GIVS initiatives.
- Support development and implementation of strategies to address other mutually agreed global health priorities as determined in consultation with CDC, if and when required.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

- Provide technical assistance to WHO in support of the activities implemented under this agreement.
- Collaborate with WHO to provide programmatic support to national governments for planning, implementing, and evaluating polio eradication, measles mortality reduction, and other globally agreed VPD control activities.
- Assist in providing technical training, support, and consultation to expert staff hired by WHO to assist in the polio eradication, measles mortality reduction and GIVS strategies.
- Provide expertise for the maintenance and development of surveillance structures, including assessment, strategy design, evaluation and assistance in priority countries.
- Provide laboratory expertise to WHO for the strengthening and expansion of laboratory-based surveillance systems.
- Collaborate with and provide technical assistance to WHO to determine appropriate strategies to address other mutually agreed global health priorities that may be addressed

through this CDC-WHO agreement, if and when required.

Section II. Award Information

Type of Award: Cooperative Agreement
CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: U66 Immunizatio

Fiscal Year Funds: 2018

Approximate Total Supplemental Funding: $30,000,000

This amount is subject to availability of funds. Includes indirect costs.

Approximate Number of Awards: 1

Approximate Average Award: $30,000,000

This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range: $0

Ceiling of Individual Award Range: $0

This ceiling is for a 12-month budget period.

Anticipated Award Date: 01/01/2018

Budget Period Length: 12 month(s)

Project Period Length: 1 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category: Others (see text field entitled "Additional Information on Eligibility" for clarification)

The eligible applicant for this funding opportunity is the World Health Organization (WHO). No other applications are solicited.

Required Registrations

System for Award Management and Universal Identifier Requirements

An organization must be registered at the three following locations before it can submit an

application for funding at www.grants.gov.
a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.
b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process 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.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Other

Special Requirements

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters

difficulty accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.
If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: ____. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note:

appendices will not be counted toward the narrative page limit. This additional information includes:

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

No more than ____ electronic attachments should be uploaded per application.

CDC Assurances and Certifications: *All applicants are required to sign and submit "Assurances and Certifications" documents indicated at* http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx.
Applicants may follow either of the following processes:

- *Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov*
- *Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx*

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

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.
This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.
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.

Application Deadline Date

Due Date for Applications: **10/14/2017**

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Intergovernmental Review

Executive Order 12372 does not apply to this program.

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 recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C 4712.

Copyright Interest Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting

authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http:// frwebgate.access.gpo.gov /cgi-bin/getdoc.cgi ?dbname= 109_cong_bills&docid= f:s2590enr.txt.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf

Funding Restrictions

Funding Restrictions:
Restrictions, which must be taken into account while writing the budget, are as follows:
In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a

substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:
http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction.
Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.
In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application:
Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Recipients can complete the application package off-line, and then upload and submit the application via the Grants.gov website. The recipient must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the recipient will receive instructions from OGS TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-GH13-13010501SUPP18**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

N/A Maximum Points: 0

A technical review will be conducted for this award

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by **CGH** and PGO. Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled “Criteria”.

Selection

CDC will provide justification for any decision to fund out of rank order.

Anticipated Announcement and Award Dates

Anticipated Announcement Date - December 1, 2017

Anticipated Award Date - January 1, 2018

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.
Unsuccessful recipients will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. All NOFOs from the Center for Global Health must include AR-35. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations,

visit the National Archives and Records Administration: http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

See original announcement, CDC-RFA-GH13-1301

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

Reporting

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http:// frwebgate. access. gpo.gov /cgi-bin /getdoc.cgi ?dbname= 109_cong_bills &docid= f:s2590enr .txt.pdf
- https://www.fsrs.gov /documents /ffata_legislation_ 110_252.pdf

Semi-annual basis (known as interim progress report/application for continued funding)

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

Sandy Templeton, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Center for Global Health/Global Immunization Division
1600 Clifton Road NE, MS A-04
Atlanta, GA GA 30329-4027
Telephone: 404.718.8795
Email: ynd3@cdc.gov

For **application submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: ogstims@cdc.gov

Rhonda Latimer, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Email: ito1@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.