



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Paul Coverdell National Acute Stroke Prevention

CDC-RFA-DP15-1514

Application Due Date: 04/27/2015

Paul Coverdell National Acute Stroke Prevention

CDC-RFA-DP15-1514

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-DP15-1514. 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:

Paul Coverdell National Acute Stroke Prevention

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-DP15-1514

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

93.946

F. Dates:

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

03/27/2015

2. Due Date for Applications:

04/27/2015, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

03/16/2015

Call time will be from 3:00-4:00 PM EST Dial: 800-369-2199 participant code 6534641

G. Executive Summary:

1. Summary Paragraph:

Stroke is the 4th leading cause of death in the U.S. and a leading cause of severe disability, and yet, stroke is preventable. To date, there has been little development of integrated stroke care across the continuum from onset of stroke through early pre-hospital care, Emergency Department (ED) and hospital care, and transition to post-hospital care, rehabilitation, and recovery.

During 2012-2014, the CDC provided funding to 5 states to engage in pre-hospital Emergency Medical Services (EMS) quality improvement as well as post-hospital transitions of care (TOC). Based on this work, we have learned that partnerships between EMS and EDs are critical to providing timely acute stroke care; and that the early post-hospital period is a vulnerable time for patients discharged to home. Building on this knowledge gained, we see a need to further improve the quality of transition from hospital to home, reintegration with the patient's primary care provider and access to community resources, enhanced patient and caregiver education, and ongoing rehabilitation and secondary prevention. Further, community education to prevent first stroke may be effective in addressing race/ethnic disparities in stroke mortality. This comprehensive approach to a stroke system of care requires multiple partnerships throughout clinical and community participants.

a. Eligible Applicants:

Limited

b. FOA Type:

Cooperative Agreement

c. Approximate Number of Awards:	6
d. Total Project Period Funding:	\$24,000,000
e. Average One Year Award Amount:	\$790,000
f. Number of Years of Award:	5
g. Estimated Award Date:	06/30/2015
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Consistent with the cited authority for this announcement and applicable grants regulations, sources for cost sharing or matching may include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple sectors such as public health, transportation, education, health care delivery, and agriculture.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Stroke is largely preventable, yet nearly 800,000 strokes and transient ischemic attacks (TIAs) occur each year, leading to ~130,000 deaths annually, and significant morbidity in survivors. To address this public health burden, CDC has initiated and progressively expanded the Paul Coverdell National Acute Stroke Program since 2001 to the present to improve quality of care for acute stroke patients from stroke onset through hospital discharge through organized quality improvement activities. During the 2012-2014 Coverdell Program, initial partnerships with Emergency Medical Services (EMS) began with the goal of improving EMS pre-hospital care for acute stroke and development of EMS data collection for acute stroke quality improvement (QI) data, linking that data with hospital data to improve EMS education on acute stroke, and improving the relationship between EMS and ED hospital staff to improve acute stroke care. Similarly, initial efforts to identify needs in post-hospital transition of care (TOC) identified opportunities to improve the transition from hospital to next care setting, patient education, and access to community resources post discharge, re-integration with primary care providers, and prevention of early complications post discharge from hospital. To build on existing successful activities of this program, this project will address improving the quality of care (QoC) provided by pre-hospital care providers, emergency department and in-hospital care providers, and early post-hospital care providers to maximize recovery from stroke and prevention of secondary stroke and stroke complications. This FOA will focus on: Community Education, EMS, Acute Care, Recovery, and Ongoing Secondary Prevention, as seen in the figure of the components of a stroke system of care. The specific aims of this FOA include: • Improved systems of stroke care through coordination of stroke prevention and care activities (primarily secondary stroke prevention but also elements of primary prevention), reduced time to treatment, improved transitions from EMS to ED, and improved transitions from hospital to home and return to primary care provider. • Improved EMS QoC; improved ED and hospital QoC as measured by adherence to established guidelines for care and quality metrics. • Improved cholesterol, hypertension, and tobacco control; improved early medication adherence post-hospital; improved access to community services and rehabilitation; improved receipt and

understanding of on-going post-stroke care; reduced 30-day hospital readmissions and 30-day mortality following acute stroke. • Development and use of integrated data collection systems that can link across the continuum of care for EMS, hospital, and post-hospital care to address data-driven QI in these different care settings. • Strengthen statewide infrastructure to reduce the burden of stroke morbidity and mortality, and eliminate disparities in care for stroke. Care coordination across care settings is a major component of the National Quality Strategy (Conway, JAMA 2013), yet to date there are limited quality measures that address these transitions of care across settings, especially measures that address the unique needs of stroke patients or measures that address patient reported outcomes. This FOA will address this important area for acute stroke patients by identifying and patient needs in the early post-discharge period.

b. Statutory Authorities

This program is authorized under Section 317(k)(2) of the Public Health Services Act (PHS Act), 42 U.S.C. 247b(k)(2) as amended.

c. Healthy People 2020

This FOA addresses the Healthy People 2020 Heart Disease and Stroke focus areas of:

HDS-3 Reduce stroke deaths

HDS-6 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years

HDS-7 Reduce the proportion of adults with high total blood cholesterol levels Reduce the proportion of adults with high total blood cholesterol levels

HDS-17 (Developmental) Increase the proportion of adults aged 20 years and older who are aware of and respond to early warning symptoms and signs of a stroke

HDS-19.3 (Developmental) Acute reperfusion therapy within 3 hours from symptom onset for patients with strokes (Developmental) Acute reperfusion therapy within 3 hours from symptom onset for patients with strokes

HDS-20.2 (Developmental) Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels

HDS-21 (Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.

HDS-23 (Developmental) Increase the proportion of adult stroke survivors who are referred to a stroke rehabilitation program at discharge.

d. Other National Public Health Priorities and Strategies

Long Term Objective 5.4: Reduce death and disability due to heart disease and stroke.

5.4.1b: Reduce the age-adjusted annual rate per 100,000 population of: Stroke-related deaths.

5.4.2: Increase the age-adjusted proportion of persons age 18+ with high blood pressure who have it controlled (<140/90).

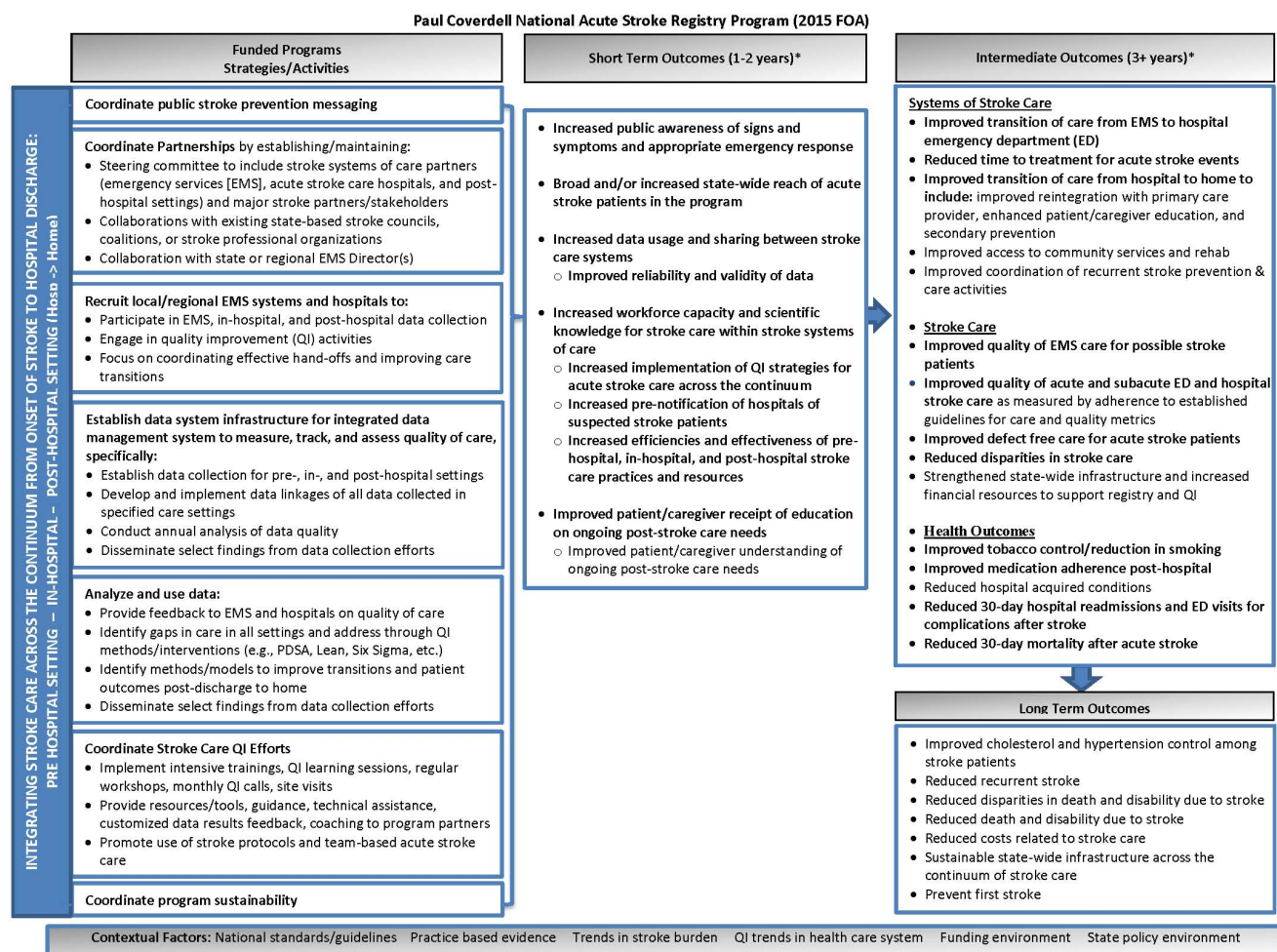
5.4.3: Maintain the age-adjusted proportion of persons age 20+ with high total cholesterol (≥ 240 mg/dL) at no higher than its current rate.

e. Relevant Work

This work builds on the previous work of the Paul Coverdell national Acute Stroke Registry and Project (02045 2004 Supplement, DP07-705, DP12-1203). In DP12-1203, in-hospital quality of care improvement continued as in DP07-705, and initial work was done in pre-hospital quality improvement as well as identifying areas in transitions of care post-hospital that could benefit from quality improvement interventions. Additional references for the Coverdell Program can be found at http://www.cdc.gov/dhdsp/programs/stroke_registry.htm

2. CDC Project Description

a. Approach



i. Purpose

This FOA will fund state health departments to develop comprehensive stroke systems of care which will improve the quality of care for acute stroke patients, improve recovery, improve adherence to post-stroke guidelines, and reduce complications, readmissions, and early mortality for acute stroke patients. These projects will be data-driven across pre-hospital, hospital, and post-hospital care, with linkable data across care settings for quality improvement purposes; will require support from EMS entities, hospitals, and post-stroke clinical care providers; and enhance post-stroke prevention through improved risk factor control as indicated by guidelines.

ii. Outcomes

The project is expected to achieve the following outcomes for the 5-year FOA project period:

Short Term Outcomes (1-2 Years)

1. Increased public awareness of signs and symptoms of stroke and knowledge of appropriate activation of emergency medical systems.
2. Maintenance of existing broad reach and/or increase the state-wide reach of the stroke system of care. As an example, if awardee already has a geographically broad reach or a high proportion of state stroke cases at participating program hospitals, this should be maintained and expanded as appropriate for their state. For awardees that do not have a broad state-wide program, the awardee is expected to increase the reach of their

program.

3. Increased data usage and sharing between components of the stroke care system that will result from having an integrated/linked data platform for pre-hospital data, in-hospital data, and early post-discharge data. While not required, linking with Medicare or other similar data for even longer term outcomes is optional for further understanding of post-stroke patient care needs.

a. Improved reliability and validity of data as determined through annual data validation of select and highly important data elements, as well as quarterly data quality reviews.

4. Increased workforce capacity and scientific knowledge for stroke surveillance within stroke systems of care. Providing resources, tools, guidance, and technical assistance to EMS and hospital stroke care providers will increase the knowledge, skills, and abilities of these providers in providing evidence-based stroke care.

a. Increased implementation of quality improvement (QI) strategies for acute stroke care across the continuum of stroke care (EMS care, hospital care, and early post-hospital care).

b. Increase efficiencies and effectiveness of pre-hospital, in-hospital, and post-hospital stroke care practices and resources (e.g. reduced door-to-needle time, increased use of thrombolytic therapy).

c. Increased pre-notification of hospitals by EMS of suspected stroke patients.

5. Improved patient and caregiver receipt of education on ongoing post-stroke care needs.

Intermediate Outcome (3+ years)

Stroke Systems of Care

1. Reduced time to treatment for acute stroke events.

2. Improved transition of care from emergency services to hospital emergency department (ED)

3. Improved transition of care from hospital to home, which may include reintegration with primary care provider, access to community resources, enhanced patient/caregiver education, and ongoing rehabilitation and secondary prevention.

Stroke Care

1. Improved quality of EMS care for possible stroke patients

2. Improved quality of acute and sub-acute ED and hospital stroke care as measured by adherence to established guidelines for care and quality metrics

3. Improved defect free care for acute stroke patients

Health Outcomes

1. Improved tobacco control/reduction in smoking post stroke.

2. Improved medication adherence post-discharge.

3. Reduced 30-day hospital readmissions and ED visits for stroke-related complications after stroke.

4. Reduced 30-day mortality after acute stroke.

Long Term Outcomes

1. Reduced disparities in stroke care, death, and disability should result from adherence to stroke care guidelines.

iii. Strategies and Activities

The following primary strategies and activities are required to assist in the implementation of this FOA. The applicant may include additional strategies/activities.

1. Coordinate and/or promote public stroke prevention messaging.

2. Coordinate Partnerships by establishing/maintaining a steering committee for the program that will advise and guide the work of the program and establish program partnerships within 6 months of being awarded.

a. Steering committee should have a least one stroke clinician (stroke physician, stroke coordinator, stroke nurse) with knowledge of acute stroke care guidelines and practice; a person with special knowledge of post-stroke care needs of stroke patients discharged to home (could be the same person as the stroke clinician or an additional person); and an EMS professional with knowledge of pre-hospital stroke care.

b. Establish or maintain partnership with any existing state stroke coalitions, initiatives, or stroke

professional organizations.

c. Establish or maintain a partnership with state and/or regional EMS Directors.

3. Recruit local/regional EMS systems and hospitals.

a. Recruit at least 1 local or regional EMS system in Year 1 to participate in EMS data collection for quality improvement, engage in quality improvement activities, and focus on improving the transition of patients from EMS to Emergency Department (ED). Recruit additional local or regional EMS systems each year for the duration of the funding period.

b. Recruit hospitals to participate in in-hospital data collection for quality improvement, engage in quality improvement activities, and focus on improving the transition of patients from EMS to ED.

c. Recruit at least 3 hospitals or integrated healthcare systems (e.g. accountable care organizations, integrated in-patient/out-patient healthcare systems) by Year 2 to participate in the activities listed in 3.b. (recruitment), and also participate in post-hospital data collection for 30 day follow-up, that will support improving the early post-discharge transition from hospital to home. Increase hospital participation each year for the duration of the funding period. Note: CDC will provide technical assistance and guidance on reasonable increase per year.

4. Establish data infrastructure by implementing an integrated data management system for measurement, tracking, and assessment of quality of care.

a. Establish and maintain data collection system(s) for pre-hospital data, in-hospital, post-hospital follow-up data as specified by CDC. Note: CDC will provide guidance and technical assistance for functional requirements and options for developing data collection systems.

b. Develop and implement data linkages at the individual record level between the pre-, in-, and post-hospital settings.

c. Conduct annual analysis of data quality. Note: CDC will provide guidance on expectations for this activity.

d. Submit data to CDC according to CDC guidelines. Awardee's are advised that CDC will be developing a data sharing policy for Coverdell data collected under this Funding Opportunity Announcement that will be in accordance with CDC's data sharing policy and guidelines as required by the Office of Management and Budget.

5. Analyze and use data to improve care AND transitions of care (EMS-Hospital, Hospital-Home) through the following activities:

a. Provide feedback to EMS and hospitals on quality of care using performance measures of care.

Notes:

--CDC will provide guidance on performance measures of care

--Performance measures of care refer to measures that track the quality of care delivered to stroke patients.

These measures are distinct from the performance measures of the FOA that are intended to track progress and outcomes of the FOA. See section CDC Evaluation and Performance

Measurement Strategy for further details.

b. Provide feedback to hospitals on 30-day outcomes.

c. Identify gaps in care in all settings (i.e. EMS, hospital, post-hospital) and address them through systematic quality improvement (QI) methods and interventions. Example QI methods include: PDSA, Lean, Six Sigma.

d. Identify methods, models, systems, and/or processes, to improve transitions and patient outcomes post-discharge to home.

e. Disseminate select findings from data collection efforts.

6. Coordinate stroke care QI efforts

a. Provide stroke care quality improvement (QI) efforts (e.g. training, technical assistance, QI training programs, education, workshops, site visits, etc.) that demonstrate coordination between care providers in different care settings (e.g., EMS-Hospital; Hospital-Primary Care Provider; Community-Clinical linkages) as well as within-in care setting QI.

b. Provide resources, tools, guidance, technical assistance, customized data results feedback, coaching to

program partners (hospitals, EMS) to improve quality of care.

c. Promote the use of stroke protocols and team-based care appropriate to various care settings.

7. Development of sustainability plan and/or mechanisms to support ongoing coordinated stroke care systems by end of Year 3 and update/revise yearly as needed.

1. Collaborations

Applicants are required to collaborate with CDC funded programs as well as other organizations external to CDC.

Collaborations and strategic partnerships are crucial to implement program strategies and sustain outcomes. They allow for more efficient use of existing resources and exchange of information between experts working in various areas of public health and other sectors. Applicants are encouraged to use evidence-based collaboration models as appropriate (e.g., PRECEDE/PROCEED model or Mobilizing for Action through Planning and Partnerships [MAPP]).

a. With CDC-funded programs:

1. Awardees are expected to engage with applicable subject matter experts within the CDC's Division for Heart Disease and Stroke Prevention (DHDSP). DHDSP will provide technical assistance, communication, facilitation, and additional support to fully enhance the project.

2. Awardees are expected to engage in network collaborations with other awardees under this funding opportunity.

3. Applicants are expected to work with other applicable units within the Health Department to advance program outcomes. Depending on the Health Department organizational structure, this may include Heart Disease and Stroke Prevention programs, EMS units, or healthcare quality improvement programs.

b. With organizations external to CDC:

Successful applicants are expected to establish/maintain/expand collaboration with: EMS entities within their state; state-based stroke councils or initiatives within their state if such exists; stroke professional organizations within their state if such exist; acute care hospitals; major stroke partners, academic partners, and stakeholders in their state that are related to stroke, other non-Federal partners, and Quality Improvement Organizations (QIOs). External collaborations are required, and should be supported by MOUs or letters of support that detail the partner's specific commitment to the strategies and activities supporting the desired outcomes. (Letters of support should be included as Appendices).

2. Target Populations

Target populations include acute stroke patients (intracerebral hemorrhage, ischemic stroke, potential acute stroke patients, and patients presenting with a transient ischemic attack (TIA)).

a. Inclusion

All individuals diagnosed with an acute stroke (ischemic stroke or intracerebral hemorrhage) or transient ischemic attack (TIA) presenting to acute care hospitals or emergency departments, and all individuals presenting to EMS with a potential acute stroke or TIA. CDC encourages but does not require the inclusion of patients presenting with stroke in pregnancy (including peripartum stroke). CDC encourages the inclusion of patients with acute stroke or TIA that are in ED boarding. CDC strongly encourages the inclusion of patients presenting with subarachnoid hemorrhage.

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

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

b. Evaluation and Performance Measurement:

In an effort to continue to build evidence around effective stroke care strategies across the system of care, applicants must evaluate the implementation and impact of the strategies and disseminate findings of these evaluations over the course of the project period. Evaluation and performance measures are directly linked to the program process and outcome objectives and strategies. Evaluation findings will be used to refine and improve program activities. Findings will also demonstrate the value and impact of the program on improving public health outcomes. CDC will work with successful applicants through the five-year project period to demonstrate program impact through process evaluation, and short and intermediate-term outcome evaluation. Process evaluation methods will be used to assess the extent to which planned program activities have been implemented and have led to desired programmatic outcomes and to demonstrate the feasibility and sustainability of the strategies. Short and intermediate term outcome evaluation will assess whether the project activities are leading to intended long-term outcomes, as well the as reach and impact of the program. CDC will work with awardees to ensure appropriate dissemination of program impact and lessons learned.

Evaluation findings will (1) contribute to the continuous program and quality improvement of program efforts, (2) contribute to the evidence base for coordinating stroke care in all settings, (3) document and share lessons learned to support replication of program strategies in other states, and (4) inform future funding opportunities at CDC.

CDC will use a three-pronged evaluation approach. Awardees are required to (1) report on CDC outcome performance measures as specified in this FOA, (2) develop and implement a state-specific evaluation plan, and (3) participate as requested in a cross-site evaluation (as resources permit).

i. CDC Evaluation and Performance Measurement Strategy:

CDC will work with awardees to operationalize the required performance measures and assist with the identification of sound data collection approaches and/or the availability of existing data collection instruments. CDC will manage and synthesize the required performance measure data submitted by awardees. In addition, CDC will work with awardees to jointly refine process performance measures that will be used to monitor progress toward the outcomes specified in the Logic Model.

Note:

- The following performance measures are intended to track progress and outcomes of the FOA. The performance measures of care refer to measures that track the quality of care delivered to stroke patients. Therefore there are two separate sets of measures specified in the FOA.
- CDC will work with awardees on full measure specifications post-award. Proposed process and outcome performance measures include:

Process-level Performance Measures	
Public Awareness	1. # and types of activities that promote public awareness on signs and symptoms and appropriate emergency response
Partnerships	2. # of partnerships and types of partnerships between state Coverdell Program and other stroke-related entities
Recruitment	3. # of local or regional EMS agencies recruited to participate in state Coverdell activities
	4. # of hospitals recruited to participate in state Coverdell activities (in-hospital care; post-hospital care)

Data Infrastructure	<p>5. % of EMS agencies that submit data to an integrated data management system for the purposes of the Coverdell program's EMS data-driven QI activities and performance monitoring for potential acute stroke patients.</p> <p>6. % of hospitals that submit data to an integrated data management system for the purposes of the Coverdell program's in-hospital data-driven QI activities and performance monitoring for acute stroke patients.</p> <p>7. % of hospitals that submit 30-day post discharge data to an integrated data management system for the purposes of the Coverdell program's in-hospital data-driven QI activities and performance monitoring for acute stroke patients.</p> <p>8. Submission of annual chart re-abstraction results according to CDC guidelines</p>
Data Use	<p>9. # of and types of reports created using quality of care data from EMS and hospitals</p> <p>10. # and type of systematic QI methods/interventions implemented by EMS agencies as a result of quality of care data reports</p> <p>11. # and type of systematic QI methods/interventions implemented by hospital staff as a result of quality of care data reports</p> <p>12. # and type of systematic QI methods/interventions implemented by hospital staff as a result of quality of care data reports to improve transition of care from hospital to home</p>
Quality Improvement	<p>13. # and type of stroke QI efforts implemented by state Coverdell program for EMS and hospital staff</p> <p>14. % of EMS agencies that have participated in stroke QI efforts implemented by state Coverdell program</p> <p>15. % of hospitals that have participated in stroke QI efforts implemented by state Coverdell program</p>
Sustainability	<p>16. Sustainability plan submitted to CDC by end of Year 3</p> <p>17. Revisions/updates to sustainability plan in years 4 & 5 as necessary</p>
Short-Term Outcome Performance Measures	
Public Awareness	<p>18. % of patients with acute stroke presenting to an ED that arrive by EMS</p> <p>19. % of patients with acute stroke who arrive within 3 hours of time last known to be well</p>
Reach	<p>20. % of state acute stroke admissions in participating hospitals</p> <p>21. % of state acute stroke patients transported by EMS agencies participating in state Coverdell program</p>

Data Linkage	<p>22. Proportion of EMS agencies that have data linked to in-hospital data</p> <p>23. % of EMS run sheets entered into in-hospital data collection tool</p>
Data Reliability/ Validity	<p>24. % concordance between original abstractor and re-abstractor for each specified data element.</p> <p>25. % missing data for select data elements by calendar quarter.</p> <p>26. # of cases with improbable dates/times by calendar quarter</p>
Workforce Capacity	<p>27. # and type of trainings provided to EMS and to hospital stroke professionals</p> <p>28. Proportion of EMS and hospital stroke professionals with improved scores in pre and post tests administered during training events</p>
Stroke Care	<p>29. % of hospitals that implemented changes in stroke care practices</p> <p>30. % of EMS agencies that implemented changes in stroke care practices</p> <p>31. % (or #) of hospital QI interventions that resulted in an improvement in a select performance measure of care</p> <p>32. % (or #) of EMS QI interventions that resulted in an improvement in a select performance measure of care</p> <p>33. % of hospitals with improvement in a select performance measure of care</p> <p>34. % of EMS agencies with improvement in a select performance measure of care</p>
Patient Education	<p>35. % of patients and/or caregiver that received educational materials during the hospital stay addressing all stroke education areas (i.e. activation of emergency medical system, follow-up after discharge, medications adherence, risk factors, signs and symptoms of stroke)</p> <p>36. % of hospitals implementing the use of teach back (or other methods) to determine patient and/or caregiver understanding of stroke education</p>
Intermediate Outcome Performance Measures	
Systems of Stroke Care	<p>37. Median door-to-needle time by calendar quarter</p> <p>38. % of patients with door-to-needle time within 60 minutes by calendar quarter</p> <p>39. % of EMS-hospital teams reporting use of feedback from hospital to EMS</p> <p>40. % of stroke patients that had a follow-up appointment scheduled prior to hospital discharge</p>

Stroke Care	41. % adherence to Coverdell patient-level performance measures of care for EMS 42. % adherence to Coverdell patient-level performance measures of care for in-hospital and transition of care 43. % of patients with defect-free in-hospital care 44. % of patients with defect-free care by EMS 45. # of EMS, in-hospital, or TOC performance measures with significant race (black, white) or gender disparities
Health Outcomes	46. % of patients identified as smokers on hospital admission for acute stroke who are still smoking at 30-days post hospital discharge 47. % adherence to discharge medications at 30 days (for each medication class: antihypertensive, statins, anticoagulant, antiplatelet) 48. % of patients readmitted within 30 days after hospital discharge for acute stroke (crude, and risk-adjusted for demographics and stroke severity) 49. % of patients presenting to the emergency department within 30 days after hospital discharge for acute stroke (crude, and risk-adjusted for demographics and stroke severity) 50. 30-day mortality rate after acute stroke by stroke type (crude, and risk-adjusted for demographics and stroke severity)

Draft patient-level performance measures of care (Draft data dictionary available upon request)			
Draft EMS Measures			
1	% of stroke transports with an on-scene time < 15 minutes		
2	% of stroke transports with a blood glucose checked and recorded		
3	% of stroke transports where EMS called in a stroke alert pre-notification		
4	% of stroke transports that had a stroke screen completed and recorded		
5	% of stroke transports that had a documented the time last known to be well		
6	% of stroke transports that had a documented time of discovery		
7	% of stroke transports that had a thrombolytic stroke check completed and documented		
8	% of stroke transports where EMS diagnosis agreed with hospital diagnosis		
Hospital Measures (potentially different measures for acute stroke ready hospitals)			
1	VTE prophylaxis provided by end of hospital day 2		
2	Antithrombotic medication by end of hospital day 2		
3	Antithrombotic medication at discharge		

4	% of ischemic stroke patients that arrive by 2 hours of time last known well and are treated with IV tPA by 3 hours of last known well
5	Dysphagia screening performed and passed prior to food, fluids, or medication by mouth
6	Anticoagulation on discharge for patients with atrial fibrillation/flutter
7	Statin medication provided on discharge
8	Smoking cessation counseling and/or treatment provided
9	Assessed for rehabilitation needs
10	Stroke Education: Patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
11	% ischemic stroke patients with initial NIHSS score recorded
12	Median door-to-needle time
13	% patients with door-to-needle time $\leq$ 60 minutes
Draft Transition of Care (TOC) Measures	
1	% of stroke patients discharged to home who have died by 30 days
2	% of stroke patients who were seen in ED within 30 days of discharge
3	% of stroke patients who were readmitted to the hospital within 30 days of discharge
4	% of stroke patients reporting blood pressure (BP) $>$ 140 systolic or $>$ 90 diastolic among those checking their BP at home
5	% of stroke patients checking the BP at home
6	% of stroke patients reporting 2 or more falls within 30 days of discharge
7	% of stroke patients who stopped taking medications since discharge
8	% of stroke transports where EMS diagnosis agreed with hospital diagnosis
9	% of stroke patients that had a follow-up appointment scheduled prior to discharge

cross-site evaluation (as resources permit), CDC will: lead the design, work with funded sites to coordinate data collection, oversee analysis, and oversee reporting for this effort. The cross-site evaluation of funded programs will focus on implementation processes and the extent to which the FOA-identified outcomes have been achieved.

ii. Applicant Evaluation and Performance Measurement Plan

Evaluation and performance measurement are a critical component of this work. Applicants must provide an overall description program evaluation plans and performance measurement in a manner that is consistent with the CDC evaluation and performance measurement strategy. Applicants are encouraged to work with professional evaluators (either internal or external) to meet the evaluation requirements of this FOA. In developing evaluation and performance measurement plans, applicants are encouraged to use the following resource: CDC Framework for Program Evaluation in Public Health (Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR 1999; 48, No. RR-11) (www.cdc.gov/eval). At a minimum, the evaluation and performance measurement plan must:

- Describe commitment to allocate at least 10% of the total funding award to evaluation activities.
- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes
- Describe the type of evaluations to be conducted (i.e. process and/or outcome)
- Describe key evaluation questions to be answered
- Describe how reach of the proposed strategies will be measured
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data
- Describe how evaluation findings will be used for continuous program improvement and quality improvement
- Describe how evaluation and performance measurement results will be shared with CDC
- Describe how evaluation and performance measurement results will be disseminated beyond CDC

c. Organizational Capacity of Awardees to Execute the Approach

Applicants must provide:

1. Evidence that they have the organizational capacity to facilitate the program strategies and activities and meet the project period outcomes by describing their program staffing structure, the role of each proposed staff member or relevant contractor, their relevant skills, and the percent time expected of each staff for each major objective proposed in the work plan.
2. Evidence that they have the organizational capacity to hire adequate staff or contractors to meet the project period outcomes.
3. Evidence that they have the organizational capacity to execute contracts as necessary for fulfilling requirements of this FOA.
4. Evidence that they have organizational capacity that encompasses and includes stroke clinical experts, state EMS entities, and quality improvement expertise. A list of proposed staff and steering/coordinating committee members along with their CVs and letters of support or Memorandums of Understanding from each. Experts in acute stroke care, EMS officials or entities, and hospital stroke coordinators or nursing, and experts in post-stroke care are strongly advised to be members of the program's steering committee (see section 2.a.1 under iii. Strategies and Activities).
5. Evidence of relevant experience relevant to the work of this FOA.
6. Evidence of the ability to collect linkable data from EMS, hospitals, and data on up to 30-days post-hospital care, and submit this as de-identified limited data to CDC through CDC's secure data systems on a quarterly basis.

d. Work Plan

The applicant is required to provide a general program work plan for the five-year program and a detailed description of their first year plan. The work plan should include outcomes, program strategies, activities, and specific, measurable, achievable, realistic, and time-phased objectives. For each major objective, the assigned staff should be delineated and their estimated percentage time should be included.

The work plan must include at a minimum:

1. Program strategies to be used during the first year of the project period. While the work plan for year one should have sufficient detail of proposed activities, the activities for years 2-5 can be in general terms sufficient to address not only short term outcomes, but also intermediate outcomes.
2. Activities for the first year of the project period; the activities must be in alignment with the proposed objectives and program strategies and activities,
3. Outcomes for the first year of the project period
4. Specific, measureable, achievable, realistic, and time-phased objectives for the first year of the project period.
5. Timeline for the first year of the project period.
6. Budget and budget narrative for the first year of the project period including expenses necessary to achieve progress and success in pre-hospital, hospital, and post-hospital settings.

Note: Proposed work-plan may be adjusted post-award, to better address DHDSP’s priorities.

The following is a sample work plan template. You are not required to use it.

Project Period Outcome: <i>[from Outcomes section and/or logic model]</i>		Outcome Measure: <i>[from Evaluation and Performance Measurement section]</i> Or SMART Outcome Objective: <i>[should draw on measures in Evaluation and performance Measurement section]</i>	
Strategies/Activities	Process Measure <i>[from Evaluation and Performance Measurement section]</i> Or SMART Outcome Objective: <i>[should draw on measures in Evaluation and performance Measurement section]</i>	Responsible Position/Party	Completion Date
1.			
2.			
3.			

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

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

CDC will provide technical assistance (TA) that supports the required activities and anticipated program outcomes. This TA will encompass partnership development, data collection and linkage, quality improvement for pre-hospital, in-hospital, and post-discharge care for acute stroke patients. Specifically, CDC will provide TA on the development of data collection platforms if necessary and will specify required data collection. Quality of care metrics will be determined by CDC with input from awardees.

CDC will implement multiple venues for information sharing with awardees, including lessons learned, promising and challenging practices, evaluation results, etc. through a combination of conferences, guidance, material development, webinars, conference calls, and working groups related to this cooperative agreement.

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:	
3. Fiscal Year:	2015
Estimated Total Funding:	\$24,000,000
4. Approximate Total Fiscal Year Funding:	\$4,740,000
5. Approximate Project Period Funding:	\$24,000,000
6. Total Project Period Length:	5 year(s)

- 7. Expected Number of Awards:** 6
- 8. Approximate Average Award:** \$790,000 Per Budget Period
- 9. Award Ceiling:** \$800,000 Per Budget Period
- 10. Award Floor:** \$700,000 Per Budget Period
- 11. Estimated Award Date:** 06/30/2015

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

Direct Assistance (DA) is available through this FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments
Special district governments

2. Additional Information on Eligibility

The award ceiling for this FOA is \$800,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. ([http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf](http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf))

3. Justification for Less than Maximum Competition

The purpose of this FOA is to fund state health departments to develop comprehensive stroke systems of care which will improve the quality of care for acute stroke patients, improve access to rehabilitation and recovery, improve adherence to post-stroke guidelines, and reduce complications, readmissions, and early mortality for acute stroke patients. These projects will be data-driven across pre-hospital, hospital, and post-hospital care, with linkable data for quality improvement purposes; will require support from EMS entities, hospitals, and post-stroke clinical care providers; and enhance post-stroke prevention through improved blood pressure control, cholesterol management, use of antithrombotics as indicated by guidelines.

State health departments are the only agencies who are uniquely positioned to develop strong state level task forces to develop these stroke systems of care that can be used to focus on an comprehensive approach to improving quality of care at all points along the continuum of care that will have the largest reach and impact on decreasing morbidity and mortality from stroke, reducing disparities in the delivery of care, and improving outcomes.

4. Cost Sharing or Matching

Cost Sharing / Matching No
Requirement:

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Consistent with the cited authority for this announcement and applicable grants regulations, sources for cost sharing or matching may include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple sectors such as public health, transportation, education, health care delivery, and agriculture.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. 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: **03/27/2015**

b. Application Deadline

Due Date for Applications: **04/27/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 03/16/2015

Call time will be from 3:00-4:00 PM EST Dial: 800-369-2199 participant code 6534641

5. CDC Assurances and Certifications

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

- Complete the applicable assurances and certifications on an annual basis, name the file “Assurances and Certifications” and upload it as a PDF file at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx)

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

6. Content and Form of Application Submission

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

7. Letter of Intent

All applicants are requested to submit LOIs. The LOI should include the following information:

- Descriptive title of proposed project
- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application
- Number and title of this FOA
- Names of participating institutions or organizations

LOIs may be sent via email, U.S. express mail or delivery service to:

[Grants Management Officer (GMO) or Grants Management Specialist (GMS) point of contact] – DP15-1514

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Rd, MS E-14

Atlanta, GA 30341

[Insert email address]

LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Dr. Sheila Weagle

CDC, NCCDPHP

Address: 4770 Buford Hwy NE, MS F-72, Atlanta, GA 30341

Telephone number: 770-488-6093

Fax: 770-488-8334

Email address: sweagle@cdc.gov

8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan, how these strategies will be evaluated over the course of the project period. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

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

Applicants must file letters of support, as appropriate, name the file “Letters of Support”, and upload it as a PDF file at www.grants.gov.

Letters of support must define the actual role and involvement the said supporter will contribute to the project.

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.

Inclusion: Applicants must address how they will include specific populations who can benefit from the program.

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)

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 should submit CVs/Resumes as a separate file and must name this file “CVs/Resumes” and upload it at www.grants.gov.

Applicants may submit letters of support from relevant partners. Letters of support should be submitted as a separate file and must name this file “Letters of Support” 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 Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

In addition to budget items: salaries and wages through total indirect costs, applicants must submit an itemized budget narrative on data collection costs.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

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

3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: [http://www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.pdf)).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

<http://www.thecommunityguide.org/tobacco/index.html>

<http://www.cdc.gov/obesity/strategies/food-serv-guide.html>

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See <http://www.cdc.gov/grants/additionalrequirements/index.html#ar12> for detailed guidance on this prohibition and <http://www.cdc.gov/od/pgo/funding/grants/Anti-LobbyingRestrictionsforCDCGranteesJuly2012.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.

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/GrantsgovApplicantUserGuide.pdf/ce754626-c2aa-44bc-b701-30a75bf428c8>

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by

HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases.

a. Phase I Review

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCCDPHP 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

i. Approach

Maximum Points: 45

The applicant must describe the core information to understand how the application will address the public health problem and supports public health priorities.

- Background (5 points)

The extent to which the applicant:

- o Describes how the proposed program will address the public health priorities outlined in the FOA.
- o Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic mode.
- o Identifies the expected outcomes to be achieved by the end of the project period.

- Program Strategy (15 points)

The extent to which the applicant:

- o Provides a comprehensive description of the program strategies that the applicant intends to use to meet the project period outcomes.
- o Describes an overall strategy and activities consistent with the CDC Project Description and logic model.

- o Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- o 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.
- Work Plan (25 points)
 - o The extent to which the applicant develops and describes a work plan that is aligned with the strategies/activities, outcomes, and performance measures (program performance measures and patient-level performance measures in the approach).
 - o Develops a comprehensive work plan for the first budget period.
 - o A more general description of work plans for Years 2-5 is provided.
 - o The work plan describes an approach to develop the infrastructure to collect linkable data from EMS, hospitals, and data on 30-day post-hospital care, and submit this as de-identified limited data to CDC through CDC's secure data systems on a quarterly basis.

ii. Evaluation and Performance Management

Maximum Points: 25

Evaluate the extent to which the applicant:

- o 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.
- o Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- o 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 (includes both program performance measures and patient-level performance measures).

iii. Applicant

Maximum Points: 30

- o Evidence of relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- o Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- o Demonstrates experience and capacity to implement the evaluation plan.
- o 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.
- o Provides evidence of the ability to engage in quality improvement with EMS and hospitals, including post-hospital setting.
- o The budget aligns with the proposed work plan.

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

Applications will be funded in order by score and rank determined by the review panel.

2. Announcement and Anticipated Award Dates

The anticipated award date is June 30, 2015. Awards will be announced through electronic Notice of Awards from CDC PGO.

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).

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

Reporting provides continuous program monitoring and identifies successes and challenges 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 to validate continuous 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.

<u>Report</u>	<u>When?</u>	<u>Required?</u>
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 Grantee Performance Measures for FOA	Annually in APR.	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Annual Report	90 days after the end of the budget period. CDC will determine content of report by the end of the budget period.	Yes
EMS quality of care data as specified by CDC, linked or linkable to hospital data	Within 2 weeks of each calendar quarter. Uploaded through CDC’s secure data transfer systems according to CDC specifications, as a SAS dataset.	Yes
Hospital Infrastructure Report	Annually, uploaded through CDC’s secure data transfer systems according to CDC specifications, as a SAS dataset.	Yes

Hospital quality of care data as specified by CDC	Within 2 weeks of each calendar quarter. Uploaded through CDC's secure data transfer systems according to CDC specifications, as a SAS dataset.	Yes
Post-hospital outcome data as specified by CDC	Within 2 weeks of each calendar quarter. Uploaded through CDC's secure data transfer systems according to CDC specifications.	Yes
Report on data quality	Annually, to be included in the APR	Yes
Sustainability Report	Annually, to be included in the APR beginning in Year 3	Yes

* Any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities may be subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance.

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

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

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
 - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
 - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
 - Awardees must describe success stories.
- **Challenges**

- Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
- Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
 - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

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

The carryover request must:

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

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

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for awardees at the beginning of the award period.

Program performance measures should be reported in the annual report and represent the 12-month budget year.

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.

Effective October 1, 2012, CDC grantees are required to submit their upcoming FFR (SF 425) electronically through eRA Commons. Per Federal Register Notice published Monday, June 11, 2012. <http://www.gpo.gov/fdsys/pkg/FR-2012-06-11/pdf/2012-14049.pdf>

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).

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:

Sheila Weagle, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy MS F-72
Atlanta, GA 30341
Telephone: (770) 488-6093
Email: HTA9@cdc.gov

Grants Staff Contact

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

Kenya Anderson, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road

MS E-09

Atlanta, GA 30341

Telephone: 770.488.2487

Email: vfz6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

E-mail: pgotim@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348.

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

Optional attachments, as determined by CDC programs

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

http://www.cdc.gov/dhdsp/programs/stroke_registry.htm

<http://www.cdc.gov/chronicdisease/index.htm>

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/additionalrequirements/index.html>

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

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

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

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.