Centers for Disease Control and Prevention

Center for Surveillance, Epidemiology, and Laboratory Services

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

CDC-RFA-OE17-17010502SUPP21

07/09/2021

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

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

Announcement Type:

Revision Type 3 (Competitive Supplement)

Agency Notice of Funding Opportunity Number:

CDC-RFA-OE17-17010502SUPP21

Assistance Listings Number:

93.967

Key Dates:

Due Date for Applications 07/10/2021

07/09/2021
Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Standard Time on the deadline date.

Additional Overview Content:

N/A

Executive Summary

An increasingly integrated health system requires health professionals who are prepared to practice, deliver, and integrate clinical and/or public health services across boundaries for the betterment of the public's health. This necessitates enhancements in the training and education of future health professionals and the faculty who are educating and training these students. This Notice of Funding Opportunity (NOFO) seeks to catalyze efforts to equip health professional students and faculty to reduce the leading causes of death and improve the health of populations through the development of a well-trained health workforce.
CDC announces a supplemental funding opportunity for the four national, non-profit organizations that previously were awarded funding under the Notice of Funding Opportunity (NOFO) CDC-RFA-OE17-1701 titled "CDC's Collaboration with Academia to Strengthen Public Health Workforce Capacity." The NOFO consists of three components (Parts A - Core Curricular Enhancements, B - Workforce Improvement Projects (WIPs), and C - Public Health Fellowship Programs). The four recipients are eligible to submit applications for this supplemental funding for Part B WIPs. These four organizations are as follows:

1. American Association of Colleges of Nursing
2. Association of American Medical Colleges
3. Association for Prevention Teaching and Research
4. Association of Schools and Programs of Public Health

This supplemental NOFO will award WIPs under Part B to strengthen public health workforce development while focusing on improving the health of populations and impacting broader educational practice and approaches nationwide, including but not limited to COVID-19 preparedness and response activities. Each project will address at least one of the strategic directions under Part B – Workforce Improvement Projects (1) Enhance the education system, (2) Increase the capacity of the existing workforce, (3) Strengthening systems and capacity to support the workforce.
There are 3 projects in this NOFO, pending available funding.
Measurable outcomes of the program will be in alignment with one (or more) of the following Government Performance and Results Act (GPRA)performance goal(s) for the Center for Surveillance, Epidemiology, and Laboratory Services.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the Center for Surveillance, Epidemiology, and Laboratory Services

GPRA goal(s)

GPRA goal(s)
Public Health Workforce and Career Development
Performance Measures for Long Term Objective: Develop and implement training to provide for competent, sustainable, and empowered public health workforce able to meet emerging and future health challenges.
This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52. Guidance on how CDC interprets the definition of research in the context of public health can be found at

https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

Section I. Funding Opportunity Description

Statutory Authority

The program is authorized under the Public Health Service Act sections 317(k)(2) [42 U.S.C. 247b(k)(2)], and 307 (42U.S.C. Sections 242(l), 301 [42 U.S.C. 241], and 319D(b)(1)(A) [42 U.S.C. 247d-4(b)(1)(A)].
In addition, this program is authorized under 4002 of the Patient Protection and Affordable Care Act, Prevention and Public Health Funds (42U.S.C. 300u-11),
the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123),
the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), 2020 (P.L. 116 -136 STAT. 554),
and the Paycheck Protection Program and Healthcare Enhancement Act, 2020 (P.L. 116-139).

Background

N/A

Purpose

This component provides funding derived from CDC programs, including the CDC Emergency Operations Center, for specific Workforce Improvement Projects (WIPs) to strengthen public health workforce development while focusing on improving the health of populations and impacting broader educational practice and approaches nationwide, including but not limited to COVID-19 preparedness and response activities. WIPs are to be directed to qualified Council on Education for Public Health (CEPH)-accredited schools or programs of public health, Liaison Committee on Medical Education (LCME)-accredited medical colleges, or Committee on Collegiate Nursing Education (CCNE)-accredited baccalaureate and higher colleges of nursing as appropriate to the topic area and expertise required. Alternatively, depending on the unique specifications of the individual projects, specific WIPs may also be suitable as “in-house” projects conducted either solely by the applicant organization or in partnership with other institutions or organizations. Awardees will promote opportunities for WIPs among constituent academic institutions; coordinate the process to identify appropriate academic institutions to compete for WIPs, in a manner consistent with federal guidelines; and provide comprehensive and coordinated management of WIPs to include maintenance of an electronic application and tracking functionality, and documentation with performance-based reporting to CDC.
This NOFO supports and builds the Public Health Infrastructure as defined in Healthy People 2020. The activities supported by this funding opportunity seek to develop a capable and qualified workforce able to effectively assess and respond to public health needs:

https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure.
National Public Health Workforce Strategic Roadmap: https://www.cdc.gov/csels/dsepd/
Applicants must specify which WIP they are applying to manage. Depending upon eligibility, an applicant may apply for more than one WIP.
The three (3) projects described below address the following National Public Health Workforce Strategy priority areas:

- Enhance the education system
- Increase the capacity of the existing workforce
- Strengthening systems and capacity to support the workforce

Project 1 Title: Public Health Emergency Preparedness and Response Applied Research and Practice Training Program
Strategic Priority Area(s): Increase the capability of the existing workforce; Strengthen systems and capacity to support the workforce.
Contribution to Public Health Workforce: Expanding community knowledge in p**ublic health emergency preparedness and response** (PHEPR) research and practice can support a culture of health in the communities they serve and impact the overall health of communities through effective systems and population health strategies.
Eligibility: The applicant should have knowledge of and partnerships with public health education providers.
Description: Natural disasters and humanmade hazards that threaten the public's health and safety can happen anyplace and at any time in the United States. In recent years, the frequency and magnitude of disasters has increased. The Centers for Disease Control and Prevention (CDC)'s Center for Preparedness and Response (CPR) works to ensure that CDC and state, tribal, local and territory (STLT) public health departments are prepared to respond to public health threats wherever and whenever they occur. CDC plays a pivotal role in ensuring that state and local public health systems have the knowledge they need to prepare for, respond to and recover from any public health hazard or threat. However, successful prevention, mitigation, response, and recovery activities often require a whole-community approach. This approach can easily be hampered by an unprepared workforce and more general public lack of understanding of public health's role and the science of public health emergency preparedness and response. Formal training in public health occurs through the nation's college and university system, is often expensive, and can only reach small portions of the population at any given time because of enrollment limitations. Informal training or targeted training on specific practices like personal protective equipment (PPE) use or contact tracing has increased to respond to demands of the COVID-19 pandemic. An organized infrastructure is needed to rapidly expand opportunities for the general public to gain a better understanding of public health preparedness and response research and practice and to enhance the PHEPR research knowledge of already trained public health and related professionals.
Need for Project: The field of public health emergency preparedness and response (PHEPR) is vast, described in part through CDC's Public Health Emergency Preparedness (PHEP) capabilities. These focus on the functional aspects of response but also on aspects expanding beyond those capabilities to include understanding the root cause of disasters; how to prevent and mitigate disasters; and the impact of disasters on people and the broader social, ecological, and infrastructure context, are all crucial. Preparing the public and current and future workforce in the field of PHEPR is critical to build the capacity of communities to adequately respond to

public health threats. Expanding community knowledge in PHEPR research and practice can support a culture of health in the communities they serve and impact the overall health of communities through effective systems and population health strategies.
Creating a structure around already available on-line, public courses is the first step towards ensuring appropriate knowledge is available for dissemination. Developing a certification training program as a next step can provide the education and preparation to help improve our nation's understanding of PHEPR, perhaps leading to improved capacity to and engagement in response and shaping the future of the workforce to support response. Finally, making the public aware of the need for and availability of these trainings, and supporting the tracking of their use, is the final step in creating an innovative approach via a publicly available, multi-certificate public health emergency preparedness and response training program to merge academia and practice.
Target Population: The target population is the general public, public health practitioners, healthcare professionals, laboratorians, epidemiologists, veterinarians, first responders, educators, and students.
Key Activities:
The recipient is expected to accomplish the following activities:

- Develop at least five certificates with supporting curricula, as determined by subject matter experts (SMEs), in PHEPR specific areas (e.g. applied research and evaluation, policy, emergency management, community resilience), based on the adult education model with a focus on public health.
- In close partnership with SMEs, determine the goal of each certification including the courses and the number of hours that can fulfill the goal (e.g. seven courses for fifteen hours to obtain the certificate). Each certification should include an introduction to PHEPR and at least one course on PHEPR science. Some of the certifications should be targeted to the general public and others should be targeted to public health or related practitioners.
- Collaborate with CDC TRAIN, schools of public health, or other sources to populate the curriculum with pre-existing courses for little to no cost. If a course or courses deemed significant are not available in the public forum, the recipient shall work with CDC to determine if a course can be developed or provided by an external partner or academic institution.
- Create a certificate portal on CDC TRAIN or a similar platform. Ensure the training program is widely available for the general public through dissemination efforts; ensure proper enrollment of participants; and develop and pilot a process to track participants; and evaluate the overall effectiveness of the training program.

CDC-CIO staff will provide guidance in selection of the certificate and curriculum topics; identification of subject matter experts and coordination with other projects (e.g. CDC TRAIN); and review draft and final products. CDC-CIO staff will monitor completion of activities and review pilot test results.
Outcomes: The purpose of this WIP is to leverage existing resources to expand public health training by rapidly creating a publicly, widely disseminated, multi-certificate public health emergency preparedness and response applied research and practice training program. This project should result in a training program that is focused on PHEPR that can be packaged and tailored for multiple audiences, including the general public, public health practitioners,

healthcare professionals, laboratorians, epidemiologists, veterinarians, first responders, educators, and students in other fields. The training program should include courses that can be used and applied in a local context and result in knowledge gained which advances the workforce in public health mitigation, preparedness, response, and recovery. The program should emphasize the science base of public health, describe scientific principles, and encourage further development of knowledge as a natural extension of public health practice. The goal of this WIP is to (1) create a certification approach across several PHEPR areas that are amenable to self-learning; (2) develop a multi-certificate public health emergency preparedness and response applied research and practice curricula across several PHEPR areas; and (3) to disseminate the trainings and certifications to be used by stakeholders, partners, and the general public. The final products will be packaged and promoted on CDC, national partner, and other websites so they can be accessed by the general public and used by the public health and other practitioners.

Review Criteria:

Technical Approach (40 Points):

Applicants shall provide a discussion of their technical approach for providing the services required for this Workforce Improvement Project (WIP). This discussion shall be in the applicant's own words; not simply a regurgitation of the requirements listed. This criterion will be evaluated according to the extent that it reflects a clear understanding of the subject areas to be addressed and on the soundness, practicality, and feasibility of the applicant's technical approach for providing the services required for this WIP .

Management and Staffing Plan (20 Points):

Applicants shall provide a management and staffing plan that describes their approach for managing the work outlined in this WIP by demonstrating their understanding of the labor requirements listed in this project description. This criterion will be evaluated according to the soundness, practicality, and feasibility of the management and staffing plan for this WIP.

Applicants shall provide a detailed statement of staffing proposed for this WIP, including:

1. Résumés from key personnel (limited to 2 pages in length per résumés) outlining the credentials and background of key management, professional, and technical personnel to be used for this WIP, including the percentage of time on this and other projects
2. A detailed plan that describes current staff available for this WIP and how the team will interface with CDC.

Letters of commitment must accompany résumés from any individual who is not currently employed by the applicant. For key positions, indicate the time the person(s) will have available to commit to this project.

Similar Experience (40 Points):

Past performance information is one indicator of an applicant's ability to perform the work successfully.

Provide information reflecting the applicant's organizational capacity for projects similar in complexity and scope. Proposed staff and the institution (applicant) should have demonstrated experience in knowledge synthesis, translation, dissemination, and evaluation. In addition, at least 20% of the proposed staff should have demonstrated knowledge and experience in public health preparedness and response at the STLT level. This criterion will be evaluated to determine appropriate experience of assigned personnel and of the applicant.

Additional Information: The following webpages may be of use while writing a project application: www.train.org and www.coursera.org.

Requested Budget: $400,000

Project 2 Title: Building COVID-19 Vaccine Confidence Among Nurses
Strategic Priority Area(s): 1. Enhance the education system, 2. Strengthen systems and capacity to support the workforce.
Contribution to the public health workforce: This project will lead to improved capacity to build COVID-18 vaccine confidence among nurses and their patients. Nurses will be educated, misinformation will be identified and addressed, and credible information will be shared widely. Case studies, lessons learned, and best practices will be shared.
Eligibility: Only organizations that directly support nurses and schools or nursing nationwide are eligible for this work. CDC is currently funding other organizations that support other healthcare personnel (e.g., physicians, hospitals, medical schools) and this project is specifically to improve vaccine confidence among nurses. Recent data shows that nurses are still skeptical about the COVID-19 vaccines and are hesitant to receive the vaccine when it is offered to them. This project aims to increase vaccine confidence among nurses and improve their ability to engage in effective COVID-19 vaccine conversations with their patients.
Description: As COVID-19 vaccines continue to roll out, high uptake of the vaccines is necessary to reduce the burden of disease and control the pandemic. In order to achieve high uptake of COVID-19 vaccines, it is critical to ensure high confidence in these vaccines, specifically around vaccine development, safety processes, approval, and recommendation criteria. Ensuring a broad understanding of these processes through frequent, consistent, and visible communication is essential, and much of this work starts with healthcare personnel. Healthcare personnel are among the first to be vaccinated, but they are also one of the most trusted messengers of information and will play a significant role in building confidence among the other priority groups and ultimately the general public.
Need for Project: Healthcare providers are a critical and trusted source for information about adult and child immunizations. To build trust and empower healthcare personnel, healthcare providers play an essential role in boosting COVID-19 vaccine confidence. This project aims to engage nurses and nursing colleges to empower members and their patients to have effective COVID-19 vaccine conversations, activate members to make vaccine confidence visible, increase the capacity of members to share credible COVID-19 vaccination information and respond to misinformation on social media, and share success stories and lessons learned.
Target Population: Nurses nationwide
Key Activities:
The recipient is expected to accomplish the following activities:
1. Empower members to have effective COVID-19 vaccine conversations and use motivational interviewing when needed – via webinars or online modules. Recipients can build off existing CDC resources and create new resources as appropriate.
2. Activate members to make COVID-19 vaccine confidence visible. Examples include gathering and sharing testimonials of members who have been vaccinated, video streaming their leadership being vaccinated, training members as media spokespeople on the topic of vaccine confidence and pitching media outlets to secure earned opportunities, and work with members to author op-ed articles about the importance of COVID-19 vaccination.
3. Increase the capacity of their members to share credible COVID-19 vaccine information and respond to misinformation on social media by identifying members who are already digital influencers and those that would like to have a bigger social media presence, conducting webinars/trainings using a CDC-provided toolkit, and convening members in a learning

collaborative to support each other and address challenges.
4. Gather vaccine confidence "success stories" from their membership and package them into formats for sharing with membership (e.g., case studies, summaries of lessons learned, videos).
National Center for Immunization and Respirator Disease staff and staff supporting CDC's COVID-19 Vaccine Task Force will provide technical assistance for this work. Guidance will be provided, updated materials will be shared, and resources from a network of other partners supporting healthcare personnel will be made available to promote sharing of best practices and lessons learned.
Outcomes:
Increased number of resources for providers to engage in effective COVID-19 vaccine conversations.
Increased number of strategies developed to build trust and confidence in the COVID-19 vaccine
Increased opportunities for collaboration amongst membership
Review Criteria:
Applications will be reviewed using the following criteria:

1. Ability to empower members, using webinars and online modules that will have broad reach.
2. Ability to make vaccine confidence visible - share testimonials, train members as media spokespeople, media opportunities.
3. Ability to engage with local communities - through health departments, community-based organizations, etc. to target key populations (those at risk of severe complications of COVID-19 and those that are hesitant to receive the vaccine).
4. Applicants should include what targets they are setting for their population for vaccine uptake and self-reported hesitancy.

Also, see Section V of this Notice of Funding Opportunity for a breakdown of the review criteria and point values.
Other Information: CDC's COVID-19 Vaccinate with Confidence Strategy: https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html
Current CDC materials and toolkits for healthcare providers: https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html and https://www.cdc.gov/vaccines/covid-19/hcp/index.html
Requested Budget: $2,000,000

Project 3 Title: Public Health Data Modernization Workshop
Priority Area: Increase the capability of the existing workforce
Contribution to Public Health Workforce:

- Increased understanding of data system, standards and technology, especially shared services and enterprise approaches, and their potential to advance public health.
- Increased capability to use data to inform decision-making and support evidence-based practices and policies
- Well defined strategies to implement data modernization.

Eligibility: Recipient should have extensive knowledge of and expertise in public health information systems, including surveillance systems; general health information systems; public health informatics; public health surveillance processes and practices; data exchange; data

management; data analysis and presentation; and public health decision making. Recipient should have expertise and experience planning and hosting workshops and designing and implementing workforce development activities related to data, informatics, and health information systems (e.g., workforce assessments, training). Experience working with state health and local department staff on data and informatics topics is essential.

Description: Public health agencies rely on timely, high quality data to understand and improve the health of their communities. CDC's Data Modernization Initiative and the Coronavirus Aid, Relief, and Economic Security (CARES) Act provide funding for state, local, and territorial public health jurisdictions to improve how they gather, manage, and use data to guide action. The volume of electronically available data, increasing connectedness, and powerful computing offer public health both opportunities and challenges. Modernizing data strategies, infrastructure, and the workforce requires a sound understanding of the technology and strategic, well-coordinated planning.

Need for Project: Through this project, the selected academic center will plan, organize, and convene a two-day Public Health Data Modernization workshop in Atlanta for two persons from each of the public health jurisdictions that receive funding through the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement, Activity C2 (CK19-1904). Data modernization includes workforce, technologies, processes, and strategies that accelerate improvements to data quality, exchange, management, and use. The purpose of the workshop will be to convene the lead data modernization coordinators and possibly another scientist (e.g., informatician, epidemiologists, data scientist) to improve their ability to build data and informatics capabilities in their jurisdiction. The content of the workshop will be developed in coordination with CDC and should include training, sharing, and discussions about data modernization topics (e.g., data standards, analytics, shared services, effective technologies) and also include strategies for conducting workforce development in these areas.

Target Population: Through this project, the selected academic center will plan, organize, and convene a two-day Public Health Data Modernization workshop in Atlanta for two persons from each of the public health jurisdictions that receive funding through the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement, Activity C2 (CK19-1904). Data modernization includes workforce, technologies, processes, and strategies that accelerate improvements to data quality, exchange, management, and use. The purpose of the workshop will be to convene the lead data modernization coordinators and possibly another scientist (e.g., informatician, epidemiologists, data scientist) to improve their ability to build data and informatics capabilities in their jurisdiction. The content of the workshop will be developed in coordination with CDC and should include training, sharing, and discussions about data modernization topics (e.g., data standards, analytics, shared services, effective technologies) and also include strategies for conducting workforce development in these areas.

Key Activities:

- The workshop will be geared to the recipients of the CDC ELC Cooperative Agreement – Activity C2. These recipients will have:
    - Identified a focal point to lead data modernization in their health departments.
    - Developed an assessment of their public health workforce and data and health information systems to identify opportunities for modernization.
    - Developed an overall strategy for modernizing their agency data infrastructure and workforce.

- The assessments and plans should be synthesized and used by the public health partner to plan and develop the content of the workshop.
- The workshop should include strategies and content for building the leadership and informatics capabilities of the jurisdictional leads for data modernization.
- Strategies for developing capabilities should include recommendations for additional and targeted learning and training after the workshop (e.g., plans for peer-to-peer learning).
- The workshop should be evaluated to assess learning by and relevance to attendees.
- Collaboration should include State, territorial and large local health departments that receive funding through the ELC Cooperative Agreement – Activity C2 and public health partner organizations that support the public health functions of these jurisdictions.
- Coordination with CDC's Center for Surveillance, Epidemiology and Laboratory Services (CSELS) is expected on workshop strategies and execution.

CSELS will collaborate with the recipient on workshop strategies and execution and will be a resource for information about jurisdiction modernization assessments and modernization plans. The recipient should plan to meet with CDC one to two times each month.
Outcomes: A well-coordinated two-day workshop in Atlanta that advances jurisdiction abilities to build data and informatics capabilities and infrastructure, with an evaluation to measure impact.
Review Criteria:

- Demonstrated expertise in public health informatics and understanding of public health data systems and data practices. (30 points)
- Demonstrated understanding of information technology opportunities and ability to assist public health in evaluating their potential impact. (30 points)
- Demonstrated success in developing and implementing workforce development and training activities for the public health sector. (25 points)
- Expertise and experience planning and hosting workshops. (15 points)

Other Information: Project funding is intended to cover planning, materials, staff, the workshop, evaluation, follow-up, and meeting room costs. Workshop participants from public health agencies have their travel to and from the workshop covered through the terms of the ELC Cooperative Agreement – Activity C2.
Link to information on CDC's Data Modernization Initiative: Data Modernization Initiative | CDC
Also, see attachment, ELC Cooperative Agreement Continuation Guidance, pages 35-41.
Requested Budget: $300,000

Program Implementation

Recipient Activities

- Recipients are expected to implement the specific activities for each Workforce Improvement Project. This section summarizes recipient activities by project to achieve the expected outcomes.
  Project 1: Public Health Emergency Preparedness and Response Applied Research and Practice Training Program

Key Activities:
The recipient is expected to accomplish the following activities:

- Develop at least five certificates with supporting curricula, as determined by subject matter experts (SMEs), in PHEPR specific areas (e.g. applied research and evaluation, policy, emergency management, community resilience), based on the adult education model with a focus on public health.
- In close partnership with SMEs, determine the goal of each certification including the courses and the number of hours that can fulfill the goal (e.g. seven courses for fifteen hours to obtain the certificate). Each certification should include an introduction to PHEPR and at least one course on PHEPR science. Some of the certifications should be targeted to the general public and others should be targeted to public health or related practitioners.
- Collaborate with CDC TRAIN, schools of public health, or other sources to populate the curriculum with pre-existing courses for little to no cost. If a course or courses deemed significant are not available in the public forum, the recipient shall work with CDC to determine if a course can be developed or provided by an external partner or academic institution.
- Create a certificate portal on CDC TRAIN or a similar platform. Ensure the training program is widely available for the general public through dissemination efforts; ensure proper enrollment of participants; and develop and pilot a process to track participants; and evaluate the overall effectiveness of the training program.

Expected Outcomes:
The purpose of this WIP is to leverage existing resources to expand public health training by rapidly creating a publicly, widely disseminated, multi-certificate public health emergency preparedness and response applied research and practice training program. This project should result in a training program that is focused on PHEPR that can be packaged and tailored for multiple audiences, including the general public, public health practitioners, healthcare professionals, laboratorians, epidemiologists, veterinarians, first responders, educators, and students in other fields. The training program should include courses that can be used and applied in a local context and result in knowledge gained which advances the workforce in public health mitigation, preparedness, response, and recovery. The program should emphasize the science base of public health, describe scientific principles, and encourage further development of knowledge as a natural extension of public health practice. The goal of this WIP is to (1) create a certification approach across several PHEPR areas that are amenable to self-learning; (2) develop a multi-certificate public health emergency preparedness and response applied research and practice curricula across several PHEPR areas; and (3) to disseminate the trainings and certifications to be used by stakeholders, partners, and the general public. The final products will be packaged and promoted on CDC, national partner, and other websites so they can be accessed by the general public and used by the public health and other practitioners.

Project 2: Building COVID-19 Vaccine Confidence Among Nurses

Key Activities:
The recipient is expected to accomplish the following activities:
1. Empower members to have effective COVID-19 vaccine conversations and use motivational interviewing when needed – via webinars or online modules. Recipients can build off existing CDC resources and create new resources as appropriate.
2. Activate members to make COVID-19 vaccine confidence visible. Examples include gathering and sharing testimonials of members who have been vaccinated, video streaming their leadership being vaccinated, training members as media spokespeople on the topic of vaccine confidence and pitching media outlets to secure earned opportunities, and work with members to author op-ed articles about the importance of COVID-19 vaccination.
3. Increase the capacity of their members to share credible COVID-19 vaccine information and respond to misinformation on social media by identifying members who are already digital influencers and those that would like to have a bigger social media presence, conducting webinars/trainings using a CDC-provided toolkit, and convening members in a learning collaborative to support each other and address challenges.
4. Gather vaccine confidence "success stories" from their membership and package them into formats for sharing with membership (e.g., case studies, summaries of lessons learned, videos).
Expected Outcomes:
Increased number of resources for providers to engage in effective COVID-19 vaccine conversations.
Increased number of strategies developed to build trust and confidence in the COVID-19 vaccine
Increased opportunities for collaboration amongst membership
Project 3: Public Health Data Modernization Workshop
Key Activities:

- The workshop will be geared to the recipients of the CDC ELC Cooperative Agreement – Activity C2. These recipients will have:
    - Identified a focal point to lead data modernization in their health departments.
    - Developed an assessment of their public health workforce and data and health information systems to identify opportunities for modernization.
    - Developed an overall strategy for modernizing their agency data infrastructure and workforce.
- The assessments and plans should be synthesized and used by the public health partner to plan and develop the content of the workshop.
- The workshop should include strategies and content for building the leadership and informatics capabilities of the jurisdictional leads for data modernization.
- Strategies for developing capabilities should include recommendations for additional and targeted learning and training after the workshop (e.g., plans for peer-to-peer learning).
- The workshop should be evaluated to assess learning by and relevance to attendees.

- Collaboration should include State, territorial and large local health departments that receive funding through the ELC Cooperative Agreement – Activity C2 and public health partner organizations that support the public health functions of these jurisdictions.
- Coordination with CDC's Center for Surveillance, Epidemiology and Laboratory Services (CSELS) is expected on workshop strategies and execution.

Expected Outcomes: A well-coordinated two-day workshop in Atlanta that advances jurisdiction abilities to build data and informatics capabilities and infrastructure, with an evaluation to measure impact.

CDC Activities

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

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

Funding Strategy

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Section II. Award Information

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

Award Mechanism:
U-36

Fiscal Year Funds:
2021

Approximate Total Supplemental Funding:
$ 5,000,000
This amount is subject to availability of funds. Includes direct and indirect costs.

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

Approximate Number of Awards:
3
The number of awards is subject to the availability of funds.

Approximate Average Award:
$ 300,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range:
$ 300,000

Ceiling of Individual Award Range:
$ 2,000,000
This ceiling is for a 12-month budget period.

Anticipated Award Date:
September 01, 2021

Budget Period Length:
10 month(s)

Period of Performance Length:
.75 year(s)

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:
12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

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

Additional Information on Eligibility
This Notice of Funding Opportunity (NOFO) contains four projects whose purpose is workforce improvement. Each Workforce Improvement Project has its own criteria for which an applicant is eligible to apply. Only recipients currently funded under NOFO CDC-RFA- OE17-1701 are eligible to apply for the projects in this NOFO. These recipients are as follows:

- Association of Schools and Programs of Public Health
- Association for Prevention Teaching and Research
- American Association of Colleges of Nursing
- Association of American Medical Colleges

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

the stated activities contained in the funding announcement.

Required Registrations

System for Award Management and Universal Identifier Requirements
An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

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

Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

Other

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

Maintenance of Effort
Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov.

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

Content and Form of Application Submission

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

Project Abstract

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

Project Narrative

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

- 25: Maximum number of pages
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number of all narrative pages; not to exceed the maximum number of pages.

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

Please include these for each WIP for which the applicant is applying:

- Summary
- Approach
- Evaluation and Performance Measurement
- Organizational Capacity to Implement the Approach

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit.

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

Title of Workforce Improvement Project

4: Maximum number of allowable electronic attachments

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

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

Title of Workforce Improvement Project

4: Maximum number of allowable electronic attachments

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.

If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Application Deadline Date

Due Date for Applications 07/09/2021

07/09/2021

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

Pilot Program for Enhancement of Employee Whistleblower Protections

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

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

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

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

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

Funding Restrictions

Funding Restrictions:

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

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

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

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

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application:
Applications must be submitted electronically by using the forms and instructions posted for this

notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

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

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-OE17-17010502SUPP21 Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Approach **Maximum Points:** 30

The following criteria will be used to evaluate each project for which an applicant is applying:

1. Applicant's proposed approach, including project goals, strategies and activities, are consistent with education and training best practices
2. Applicant shows that the proposed use of funds is an efficient and effective way to implement the key activities and deliverables, and attain the project period outcomes

3. Applicant presents a work plan and project narrative that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC

Evaluation and Performance Measurement **Maximum Points:** 30

The following criteria will be used to evaluate each project for which an applicant is applying:

1. Applicant describes clear monitoring and evaluation procedures to achieve project outcomes
2. Applicants describes how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project deliverables and outcomes
3. Applicant describes how performance measurement and evaluation findings will be reported

Organizational Capacity to Implement the Approach **Maximum Points:** 40

1. Applicant provides evidence of relevant experience and capacity (management, administrative, and technical) to implement or oversee implementation of key project activities, produce deliverables, and achieve the project outcomes with its recipient member institution
2. Applicant provides evidence of meeting the eligibility criteria to implement project activities through the reach of its membership
3. Applicant demonstrates experience and capacity to implement evaluation and performance measurement activities

The budget for a particular Workforce Improvement Project will be assessed as to how it aligns with the proposed activities for that project. Here is the budget breakdown for each WIP:

Administrative fee of 10% of the first $50,000 of the award (capped at $5,000) = Association indirect fee = $8,900. (This reflects the *maximum* fee. Final association indirect fee might be less, depending on the awardee.) Amount to be awarded per recipient = Total anticipated cost per award
The total should be equal to or lesser than the stated budget amount for this WIP. Estimated WIP funding amounts within WIP descriptions can be located in the Synopsis section of this NOFO under "Description" or in the Funding Opportunity Description section of the NOFO.

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by Center for Surveillance, Epidemiology, and Laboratory Services and Office of Grants Services (OGS). Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.
An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

Selection

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

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

Anticipated Announcement and Award Dates

CSELS expects to hold the objective review panels on or around July 14, 2021 for WIPs where more than one of an applicant's member institutions applied for sub-awards. CSELS expects to notify the applicants of the scoring decisions from the review panels by September 1, 2021.

Section VI. Award Administration Information

Award Notices

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

Unsuccessful recipients will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at:

https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Reporting

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

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

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www.fsrs.gov /documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Reporting of Foreign Taxes (International/foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign

government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

"Commodity" means any material, article, supplies, goods, or equipment;

"Foreign government" includes any foreign government entity;

"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

First Name:
Anamika

Last Name:
Rajguru
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Street 1:

1600 Clifton Road NE
Street 2:
MS V24-6
City:
Atlanta
State:
GA Georgia
Zip:
30329
Telephone:
(404) 498-6757
Email:
vkx7@cdc.gov
For **financial, grants management, budget assistance and general inquiries**, contact:

Address:
Grants Management Specialist
Centers for Disease Control and Prevention
Office of Financial Resources
Office of Grants Services

First Name:
Wanda
Last Name:
Tucker
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Street 1:
District Bldg 2939 Flowers Rd S
Street 2:
Mail Stop TV-2
City:
Atlanta
State:
GA Georgia
Zip:
30341
Telephone:
(770) 488-5056
Email:
kna9@cdc.gov

Section VIII. Other Information

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

Glossary

Activities: The actual events or actions that take place as a part of the program.
Assistance Listings: 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.
Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
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.
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 recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient 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.
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.

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.

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.

Period of Performance – formerly known as the project period: The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the period of performance.

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 period of performance 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.