Image Description: Centers for Disease Control

Centers for Disease Control

National Center for Immunization and Respiratory Diseases

Surveillance at the Animal-Human Interface of Influenza and Other Zoonotic Diseases in Vietnam
CDC-RFA-IP17-1702
Application Due Date: 06/16/2017

Surveillance at the Animal-Human Interface of Influenza and Other Zoonotic Diseases in Vietnam

CDC-RFA-IP17-1702

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. Application and Submission Information
- 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-IP17-1702. 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) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Funding Opportunity Title:

Surveillance at the Animal-Human Interface of Influenza and Other Zoonotic Diseases in Vietnam

C. Announcement Type: New - Type 1

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.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

New non-research FOA

D. Agency Funding Opportunity Number:

CDC-RFA-IP17-1702

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

93.283

F. Dates:

1. Due Date for Letter of Intent (LOI): **N/A**

2. Due Date for Applications: **06/16/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

N/A

G. Executive Summary:

1. Summary Paragraph:

The purpose of this funding opportunity announcement (FOA) is to strengthen capabilities and maintain the government run laboratory-supported surveillance at the animal-human interface for influenza and other zoonotic diseases in Vietnam. This FOA aligns with and supports the Global Health Security Agenda, and One Health Initiative and country ownership investing in the public health system, health policies and public health workforce development. Key components include support for laboratory-supported surveillance for influenza viruses at live bird markets and other zoonotic diseases; sharing of influenza and other zoonotic viruses with the CDC laboratory; identifying and responding to outbreaks of influenza viruses and other zoonotic diseases in Vietnam. Activities supported through this FOA will enhance the capacity of the Vietnamese Government to identify and monitor outbreaks of influenza among poultry and other zoonotic diseases as well as mitigate risk factors for such outbreaks; improved participation of Vietnam in global WHO vaccine strain selection and development; and increased use of surveillance data for decision making.

a. Eligible Applicants: Single

b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Project Period Funding:	$2,000,000
e. Average One Year Award Amount:	$400,000
f. Total Project Period Length:	5
g. Estimated Award Date:	09/30/2017
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.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Influenza is a naturally occurring viral disease of birds which can also infect a wide range of mammals, including humans. While birds remain the original natural reservoir, influenza viruses have established infection in populations of various mammals, most importantly in swine and humans. Influenza viruses are constantly undergoing point mutations and re-assortments, sometimes within species, sometimes across species. Preparedness is the key to substantially reducing the health, social, and economic impacts of an influenza pandemic and other public-health emergencies.

A cornerstone of a country's preparedness for pandemic influenza is a robust and timely laboratory-supported, active surveillance capability, both in humans and animals, particularly domesticated poultry and swine. The systematic collection of influenza surveillance data over time is necessary to detect and track influenza virus and disease activity and is essential to understanding the impact influenza has on a country's population. Between 2005 and 2015, various active surveillance programs were conducted in the high risk areas throughout Vietnam. Data from the national surveillance program for influenza in poultry at the live bird markets between 2014 and April 2016 indicated that the average prevalence of influenza type A in poultry was more than 20%, for H5 subtype was more than 5% and for HPAI H5N1 virus was about 3%. Over this time the prevalence of highly pathogenic avian influenza (HPAI) H5N1 virus by month declined from 7% to 2% while the prevalence of HPAI H5N6 virus increased from 4 to 5%. Molecular epidemiological studies of viruses found in poultry also demonstrated that several new clades and subtypes of H5N1 were introduced and caused clinical outbreaks in poultry throughout Vietnam between late 2012 and early 2016.

These findings suggest that an active surveillance system among poultry is necessary to identify and monitor the risks of and risk factors for cross-species transmission of influenza viruses and other avian pathogens and to use knowledge gained to support recommendations for better surveillance, response, and control efforts of influenza and other zoonotic diseases, in both humans and animals, with the aim of improving both animal and public health. Surveillance of poultry throughout the country can also provide influenza viruses to the WHO Collaborating Centre for the Surveillance, Epidemiology and Control of Influenza at U.S. CDC for further characterization and as candidate vaccine viruses. If there is a lack of viruses shared from participating countries, this will potentially create a gap in understanding what is emerging.

Rabies virus and lyssaviruses are global pathogens of significant public health concern, especially in Southeast Asia. Over the past decade, Vietnam has reported a substantial burden of canine-mediated rabies, with an average of 91 human deaths per year. Vietnam mirrors the approach of rabies control in many countries in Asia, incurring large expenditures on Post-Exposure Prophylaxis (PEP) and relatively limited investment on surveillance and canine vaccination. Approximately 90% of the estimated 66 million USD expended annually on rabies was spent on PEP. To address this substantial mortality and economic burden, Vietnam set an ambitious goal of eliminating canine-mediated rabies by 2020. To achieve elimination, surveillance among domestic and wildlife reservoirs are needed to guide control efforts. Currently, very limited surveillance is being conducted and there is limited laboratory capacity.

b. Statutory Authorities

PHS Act 307; 42 U.S.C 242

c. Healthy People 2020

1. Improve public health and strengthen U.S. national security through global disease detection, response, prevention, and control strategies (https://www.healthypeople.gov/2020/topics-objectives/topic/global-health/objectives)
2. Increase the number of public health laboratories monitoring influenza virus resistance to antiviral agents (https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives)
3. Increase the number of States that use electronic data from rabies animal surveillance to inform public health prevention programs (https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives)

d. Other National Public Health Priorities and Strategies

1. National Strategy for Pandemic Influenza (https://www.cdc.gov/flu/pandemic-resources/pdf/pandemic-influenza-strategy-2005.pdf)
2. National Strategy for Pandemic Influenza: Implementation Plan (http://www.cdc.gov/flu/)
3. Updated Preparedness Response Framework for Influenza Pandemic (http://www.cdc.gov/flu/)

e. Relevant Work

This FOA builds on FOA# RFA-IP-12-002: Studies at the animal-human interface of influenza and other zoonotic diseases in Vietnam. The cooperative agreement associated with this FOA is now in its 5th year, which supports the development and implementation of animal-human interface activities related to influenza and other zoonotic diseases. That cooperative agreement identified risk factors in poultry that should be monitored by surveillance and viral risk factors that should be monitored by surveillance associated laboratory work. This FOA will expand surveillance in poultry and surveillance associated laboratory work on influenza viruses from poultry to monitor these risk factors.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

CDC-RFA-CDC-RFA-IP17-1702 Logic Model: Surveillance at the Animal-Human Interface of Influenza and Other Zoonotic Diseases in Vietnam

Strategies and Activities	Short-term Outcomes **(1-2 Years)**	Intermediate Outcomes **(3-4 Years)**	Long-Term Outcomes **(5+ Years)**
Conduct laboratory-supported surveillance at the animal-human interface related to influenza and other zoonotic diseases			
Support surveillance for influenza viruses at live bird markets in selected provinces in the four regions of Vietnam.	**Improved quality and timeliness of specimen collection from live bird markets and reception at the laboratory**	**Improved identification and characterization of the antigenic and genetic characteristics of influenza viruses circulating among poultry in Vietnam.**	Recommendations for better surveillance, response, and control efforts of influenza, in both humans and animals Increased use of surveillance data for decision making around prevention and control activities to protect human population
Share influenza viruses from poultry with the CDC laboratory	**Improved quality of specimens for poultry viruses shipped to the CDC laboratory**	**Improved participation from Vietnam in global WHO vaccine strains selection and development**	
Identify and respond to outbreaks of influenza viruses in poultry flocks in Vietnam through routine surveillance	**Improved capacity of animal health workers on surveillance activities, including sample collection, laboratory testing, data management, reporting and detecting and responding to outbreaks**	**Identify outbreaks of influenza in poultry and track risk factors for such outbreaks.** **Identify and monitor risks of transmission of influenza viruses.**	
Training of Department of Animal Health's staff on surveillance activities in animal populations.			
Formal evaluation of the laboratory-supported surveillance system for influenza viruses at live bird markets	**Improved understanding of the current needs of the Vietnamese government to detect, respond to, control and prevent influenza at live bird markets, including providing viruses for vaccine development.**	**A national plan developed to maintain the laboratory-supported surveillance system**	
Conduct laboratory supported surveillance for other zoonotic diseases, such as rabies	**Increased number of pathogens from other zoonotic diseases included in routine laboratory, collection, reception, and testing algorithms**	**Increased knowledge of the epidemiology of other zoonotic diseases**	Increased prevention, detection and response to other zoonotic diseases

	Increased quality of laboratory data associated with other zoonotic disease surveillance		

i. Purpose

The purpose of this cooperative agreement is to further develop and conduct laboratory-supported surveillance at the animal-human interface for influenza and other zoonotic diseases in Vietnam, helping to identify and monitor the risks of transmission of influenza and other pathogens. Data gained will support recommendations for better surveillance, response, and control of influenza and other zoonotic diseases, in both humans and animals. The continued timely provision of influenza viruses from this surveillance system are crucial to the global efforts to monitor and control influenza.

ii. Outcomes

Outcomes: Grantee will be expected to have achieved the following corresponding short-term and intermediate outcomes by the end of the project period. It is expected that achieving the short-term outcomes will lead to the long-term outcomes identified below and in the logic model.

Below are the activities conducted as part of this project and the associated outcomes to be achieved.

1. Support surveillance for influenza viruses at live bird markets in selected provinces in the four regions of Vietnam

Short-term outcomes: Improved quality and timeliness of specimen collection from live bird markets and reception at the laboratory

- 100% specimens collected, stockpiled, transferred and tested as scheduled following the surveillance protocol.
- Strengthen support and supervise routine surveillance activities through checklists, reports and regular meetings.
- At least 80% of specimens are tested and the results reported on time as per the surveillance protocol.

Intermediate outcomes: Improved identification and characterization of the antigenic and genetic characteristics of influenza viruses circulating among poultry in Vietnam.

- Provide on-going training for laboratory staff at national level on identification and characterization of the antigenic and genetic characteristics of influenza viruses.

Long-term outcomes: Recommendations for better surveillance, response, and control efforts of influenza, in both humans and animals

- All lessons learned will be documented and presented at annual review meetings and in technical reports.

2. Share influenza viruses from poultry with the CDC laboratory

Short-term outcomes: Improved quality of specimens for poultry viruses shipped to the CDC laboratory

- 100% of specimens: laboratory meets standard requirement for testing and stockpile of collected samples.
- 100% of specimens: attempt viral isolation on positive samples and representative isolates will be sent

to CDC Atlanta laboratory/ WHO collaborating center.

Intermediate outcomes: Improved participation from Vietnam in global WHO vaccine strain selection and development

- Specimens will be sent twice annually to WHO collaborating centers.

Long-term outcomes: Increased use of surveillance data for decision making

- Publish at least two manuscripts in international journals
- Results from the cooperative agreement will be presented at national and international conferences.

3. Identify and respond to outbreaks of influenza viruses in poultry flocks in Vietnam

Short-term outcomes: Identify outbreaks of influenza in poultry and track risk factors for such outbreaks

- Provide information for outbreak investigations in selected high risk areas.
- 100% of birds selected for sampling have their origin identified.

Intermediate outcomes: Identify and monitor risks of transmission of influenza viruses.

- 100% of poultry from outbreaks will not be traded/sold at markets.

Long-term outcomes: Recommendations for better surveillance, response, and control efforts of influenza, in both humans and animals.

4. Training of awardee's staff on surveillance activities.

Short-term outcomes: Improved capacity of animal health workers on surveillance activities, including sample collection, laboratory testing, data management, reporting and detecting and responding to outbreaks.

- Annual refresher training for 15-20 staff of awardee department about technical and management issues. Selected key staff from the national and provincial level will participate in this refresher training on management (financial requirements, reporting requirements) and technical issues, such as the collection, handling, storage, transport and testing of samples and data management, analysis and reporting.

Intermediate outcomes: Identify and monitor risks of transmission of influenza viruses.

- At least 80% of surveillance staff trained to conduct an outbreak investigation.

Long-term outcomes: Recommendations for better surveillance, response, and control efforts of influenza, in both humans and animals.

5. Formal evaluation of the laboratory-supported surveillance system for influenza viruses at live bird markets

Short-term outcomes: Improved understanding of the current needs of the Government of Vietnam to detect, respond to, control and prevent influenza at live bird markets, including providing viruses for vaccine development.

- 100% of specimens collected, stockpiled, transferred and tested as scheduled following the surveillance protocol.
- Strengthen support and supervise routine surveillance activities through checklists, reports and regular meetings.
- At least 80% of specimens are tested and the results reported on time as per the surveillance protocol.
- Specimens will be sent twice annually to WHO collaborating centers.

Intermediate outcomes: A national plan developed to maintain the laboratory-supported surveillance system.

- Laboratory-supported surveillance system will be maintained annually in high risk areas in Vietnam. The Government of Vietnam convenes meetings periodically to assess the risk for influenza in poultry by province – high, medium and low risk. The most recent meeting was in January 2017. There is not a simple formula to determine the risk, but rather all available data are examined, including surveillance data and outbreak reports in animals and humans as well as data from neighboring countries including Cambodia, China and Laos. The patterns of poultry transport and marketing are also taken into account.

Long-term outcomes: Increased use of surveillance data for decision making.

6. Conduct laboratory supported surveillance for other zoonotic diseases, such as rabies

Short-term outcomes:

- Increased number of other zoonotic disease pathogens included in routine laboratory, collection, handling, transportation, and testing algorithms.
- Increased proficiency for rabies diagnostic testing.
- Increased quality of laboratory data associated with other zoonotic disease surveillance.

Long-term outcomes:

- Increased use of rabies diagnostic data for clinical decision making regarding human bite case management.

iii. Strategies and Activities

1. Support surveillance for influenza viruses at live bird markets in selected provinces in the four regions of Vietnam

- Develop a surveillance protocol for monitoring of influenza viruses at live bird markets in selected provinces in the four regions of Vietnam.
- Refresher training for local staff on technical and management issues of how to implement influenza surveillance at live bird markets.
- Provide logistic support to regional laboratories for testing and administrative management.
- CDC country office and CDC / Atlanta and DAH will conduct site visits to support and monitor surveillance activities to help ensure the activities are done on time with high quality at each of the regional sites.
- Maintain regular meetings between DAH and regional institutes with participation from CDC country office to update, discuss the challenges and report the progress of surveillance activities.
- Submit reports to CDC on time as required.
- Consult with CDC country office and CDC / Atlanta when there is any change in the technical or management protocol.

2. Share influenza viruses from poultry with the CDC / Atlanta laboratory

- Send influenza virus specimens to CDC laboratory at least twice a year.
- Inform the CDC country office and CDC / Atlanta which specimens are sent to CDC / Atlanta for additional laboratory assessment.
- Responsible for quality control of stockpile and transportation of samples.
    - Publish at least two manuscripts in international journals.
    - Results from the CoAg will be presented at national and international conferences.

3. Identify and respond to outbreaks of influenza viruses in poultry flocks in Vietnam

- Be actively involved in investigation of outbreaks of influenza virus in poultry flocks in Vietnam.
- Share information from outbreak investigations with CDC and other stakeholders and compare with

surveillance results.
- Develop/update the national prevention and control program for HPAI.

4. Training of awardee's staff on surveillance activities.

- Conduct annual trainings for local staff on technical and administrative management issues concerning surveillance activities.

5. Formal evaluation of the laboratory-supported surveillance system for influenza viruses at live bird markets

- Develop evaluation tools and a protocol to evaluate the laboratory-supported surveillance system for influenza viruses at live bird markets.
- Pilot the evaluation tools and revise the tools after piloting.
- Train the evaluation team (or hire an external evaluation team) to do the evaluation.
- Complete evaluation report and recommendations.
- Develop a national plan to maintain the laboratory-supported surveillance system.

6. Conduct laboratory supported surveillance for other zoonotic diseases, such as rabies through

- Expansion of integrated bite case management.
- Development of surveillance for wildlife zoonotic diseases.
- Development of strategies for mass vaccination of dogs.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

- The awardee is required to collaborate with the CDC country office and CDC / Atlanta for technical oversight of project activities in each technical area. In addition to the project officer(s), the awardee will collaborate with contacts in Vietnam and technical leads from CDC Divisions and Offices. The project officer for this award will provide all relevant contacts and coordinate discussions with the awardee.
- While strengthening their influenza detection, diagnosis, and response capabilities and timeliness, the awardee should increase collaboration with CDC's Global Health Security Agenda program (GHSA); Vietnam is a GHSA focus country and the awardee must ensure their activities under this cooperative agreement compliment the broader respiratory surveillance package and the activities which aim to expand existing surveillance and laboratory capacities for GHSA goals in Vietnam.

b. With organizations not funded by CDC:

- The applicant should demonstrate collaboration with international animal health and public-health institutions, including the Food and Agriculture Organization (FAO), the World Organization for Animal Health (OIE), and the World Health Organization (WHO), and the WHO National Influenza Center laboratories in Vietnam.
- The applicant must agree to share influenza viruses with WHO and the OIE/FAO Network on Animal Influenza (OFFLU) for global influenza surveillance purposes, and in accordance with the International Health Regulations.
- Cooperative scientific data sharing and unrestricted sharing of influenza virus isolates and other zoonotic pathogens is expected for public health purposes, with such agencies as the U.S. Department of Agriculture's (USDA) Agricultural Research Service (ARS), USDA Animal and Plant Health Inspection Service (APHIS), OFFLU (OIE and FAO), and WHO, as appropriate, for global zoonotic disease surveillance and research purposes at the animal-human interface. Research described here will not be conducted under the auspices of the current cooperative agreement.

2. Target Populations

The target population for this FOA is, primarily, the entire Vietnamese population benefitting from enhanced control of influenza among poultry. Accomplishment of outcomes will benefit the global population and especially WHO-identified high-risk target groups for influenza prevention.

a. Health Disparities

NA

iv. Funding Strategy

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Throughout the 5-year FOA period, CDC country office and CDC / Atlanta will work with the awardee to demonstrate program effectiveness and impact through process and outcome evaluations of funded activities. Process evaluations will assess the extent to which planned program activities have been implemented and lead to feasible and sustainable programmatic outcomes. Outcome evaluations will assess whether funded activities lead to intended outcomes including public health impact.

CDC country office and CDC / Atlanta will use performance measures for process and outcome evaluation (see Evaluation Questions and Performance Measures Matrix below). Awardee will manage and analyze performance measures and data both quarterly and annually through spend plans and regular meetings. These performance measures will comprise program targets, time frames, and assessments. Applicants can propose and develop additional measures, if applicable.

Evaluations will be reviewed by program activity managers and will adhere to awardee and CDC evaluation procedures. Evaluation findings will be used to establish key recommendations on program implementation and effectiveness, sustainability, and continued program improvement upon project completion.

Performance Measurement and Evaluation Plan

1. Support surveillance for influenza viruses at live bird markets in selected provinces in the four regions of Vietnam and trainings for local staff

- % of monthly surveillance reports released complete and on time.
    - Data source: Monthly surveillance reports
    - Frequency: Monthly
- % of high risk provinces participating in this live bird market surveillance by region.
    - Data source: awardee list of provinces categorized as high risk for avian influenza
- % of sentinel sites with fully trained staff capable of performing sample collection (target 100%); data quality assurance plan development and regional teams trained.
    - Data source: refresher training reports
    - Frequency: Annually
- % of sites visited at live bird market with recommendation made for data quality improvement.
    - Data source: site visit reports
    - Frequency: monthly per site during surveillance period

2. Share influenza viruses from poultry with the CDC / Atlanta laboratory

- Number of specimens sent to CDC / Atlanta laboratory.
    - Data source: shipment documents

    - Frequency: twice a year
- Number of reports on final sample testing results, including results from consultant laboratories such as CDC / Atlanta.
    - Data source: DAH surveillance and laboratory reports
    - Frequency: at least twice a year
- Number of publications in international journals.
    - Data source: Copies of the published articles
    - Frequency: at least 2 publications after 5-year CoAg
- Number of attendees participating in international conferences.
    - Data source: international conference announcements
    - Frequency: annually

3. Identify and respond to outbreaks of influenza viruses in poultry flocks in Vietnam

- Number of influenza outbreaks in poultry investigated by DAH.
    - Data source: outbreak reports
    - Frequency: whenever occur
- Update the national prevention and control program for HPAI.
    - Data source: annual report
    - Frequency: every two years

4. Formal evaluation of the laboratory-supported surveillance system for influenza viruses at live bird markets

- % of specimens collected, stockpiled, transferred and tested as scheduled following the surveillance protocol.
    - Data source: regular reports and meetings, spend plan
    - Frequency: quarterly
- % of specimens tested and the results reported on time.
    - Data source: regular reports and meetings
    - Frequency: bi-annually and annually

5. Conduct laboratory supported surveillance for other zoonotic diseases, such as rabies

- Number of integrated bite case management investigations conducted.
    - Data source: case investigation forms
    - Frequency: once a month
- Number of specimens tested at National laboratory.
    - Data source: laboratory forms
    - Frequency: once a month
- Number of confirmatory samples sent to CDC / Atlanta laboratory.
    - Data source: shipment documents, CLIA and non-CLIA database
    - Frequency: twice a year
- Number of dogs vaccinated, vaccinator efficiency, mass vaccination methodology.
    - Data source: Mass vaccination records
    - Frequency: Once a year

Data Management Plan: All data collected will be used for surveillance purposes only. CDC provides technical support for data analysis and quality assurance. Awardee owns the surveillance data. Awardee will continue to share surveillance results with other stakeholders both national and international, including but not limited to other governments, United Nations' agencies, and domestic and international non-governmental organizations.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these FOA funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

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

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Reporting Section of this FOA.

c. Organizational Capacity of Awardees to Implement the Approach

A successful applicant must demonstrate core organizational capacity to manage and conduct the activities for which the award is made. Applicants will demonstrate the local experience and institutional capacity (both management and technical) to achieve the goals of the FOA with documented good governance practices. Ideal applicants should have proven experience in delivering and overseeing essential public health functions in Vietnam including support of regional laboratory networks and management of regional surveillance networks and public health emergency response.

The application must include a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and collect and analyze performance data. Applicant should provide a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provide CVs or resumes for key personnel along with a current organizational chart with their application.

Applicant must be able to manage program performance, evaluation, performance monitoring, financial reporting, and must have capacity to manage the required funds in accordance with the HHS Grants Policy Statement, which can be found at: http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#

d. Work Plan

Applicants must include a work plan that demonstrates how the outcomes, strategies, activities, timelines, and staffing will take place over the course of the award. Applicants must submit a detailed work plan for the first year of the project and a high-level plan for the subsequent years.

The work plan must include, at minimum:

- Activities and timelines to support achievement of expected outcomes. These activities must be in alignment with the overall logic model and have appropriate performance measures or milestones for accomplishing tasks;

- Work plans must include activities and performance measures that are specific, measurable, achievable, relevant and time-specific;

- Information on data sources and target population(s);

- Staff and administrative roles and functions to support implementation of the award; and

- Monitoring and evaluation plan to determine quality and effectiveness of program activities.

- *In this format, the table would be completed for each project period outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.*

Project Period Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6			

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 deemed necessary to monitor the award:

- 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.

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)

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Organize an orientation meeting with the awardee for a briefing on applicable U.S. Government, and HHS/CDC expectations, regulations and key management requirements, as well as report formats and contents.
2. Meet on a regular basis with the awardee to assess expenditures in relation to approved work plan and modify plans as necessary.
3. Review and approve the awardees' Evaluation and Performance Measurement Plan.
4. Staff from the CDC country office and CDC / Atlanta will participate in quarterly meetings with the awardee to assess quarterly technical and financial progress reports and modify plans as required. CDC staff can participate in person or remotely.
5. Facilitate in-country planning and review meetings for technical assistance activities.

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:	41
3. Fiscal Year:	2017
4. Approximate Total Fiscal Year Funding:	$400,000
5. Approximate Project Period Funding:	$2,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$2,000,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	$400,000 Per Budget Period
9. Award Ceiling:	$1,000,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $100 Per Budget Period

11. Estimated Award Date: 09/30/2017

12. Budget Period Length: 12 month(s)

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).

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

Eligibility is limited to Department of Animal Health, Ministry of Agriculture and Rural Development, Government of Vietnam

3. Justification for Less than Maximum Competition

Single-eligibility justifications (SEJ) for FOA CDC-RFA-IP17-1702 to support the Department of Animal Health (DAH) in conducting the laboratory-supported surveillance at the Animal-Human Interface of Influenza and Other Zoonotic Diseases in Vietnam are as follows:

Since 2003, Vietnam has experienced human cases and poultry outbreaks of highly pathogenic avian influenza A/H5N1 virus, which continues to cause human deaths and economic losses to the poultry industry. While both human cases and poultry outbreaks have decreased since 2007, influenza A/H5N1 remains an important virus to better understand for control and elimination efforts;

- Vietnam experiences significant close geographic proximity of human and animal populations, such as poultry and pigs that are susceptible to influenza viruses including A/H5N1 and pandemic A/H1N1 2009, respectively;
- DAH, under Vietnam's Ministry of Agriculture and Rural Development (MARD) is the central level management agency for animal health. DAH is at the center of a national network of collaborating animal health institutes and centers and regional offices of animal health including the National Center for Veterinary Diagnosis;
- DAH possesses the scientific and management capabilities to meet program requirements without jeopardizing or compromising the quality of activities;
- DAH has established multiple field sites and surveillance systems in Vietnam that are critical for carrying out surveillance and other activities addressing zoonotic and other animal diseases;
- DAH is the sole Vietnam agency with the authority to conduct animal surveillance. No other

government agency, non-governmental organization or private entity can conduct surveillance in animal sectors. Poultry surveillance for influenza should be conducted throughout the country and DAH is the only agency that can do this. This was recognized by both the Government of Vietnam and U.S. CDC when the previous cooperative agreement "Studies at the Animal-Human Interface of Influenza and other Zoonotic Diseases in Vietnam" was signed in 2012. The good performance of DAH during that cooperative agreement proves they have capacity to continue this surveillance.

- No other agency or non-profit organization in Vietnam has developed such an extensive network of laboratory scientists and epidemiologists as DAH, whose work focuses on influenza and other zoonotic and animal diseases;
- DAH offers special opportunities for further surveillance, prevention, and control programs in Vietnam because of its central placement in national animal diseases surveillance systems, and experience in laboratory supported animal health activities on zoonotic and animal diseases;
- DAH has an already established framework and mechanism to develop a systematic surveillance network in communication to generate data on the occurrence of animal diseases and disease burden, evaluate new diagnostic approaches, develop standards for specimen collection and handling, and communicate important new scientific developments;
- DAH is located in Hanoi; has adequate space, including office space, laboratories, meeting space, and advanced communications network, and capacity to expand to accommodate additional staff;
- DAH has the BSL containment laboratory capabilities necessary to safely work with highly pathogenic strains of avian influenza and other dangerous zoonotic diseases;
- DAH possesses the high quality laboratory and epidemiologic capacities to analyze influenza and other zoonotic and animal disease pathogens in the molecular, antigenic, diagnostic, and epidemiologic efforts;
- DAH and CDC have had fruitful collaboration on influenza through development and maintenance of active surveillance for avian influenza (AI) among animals and humans as well as sharing AI and swine influenza virus isolates with CDC and the international community. This Cooperative Agreement is to expand the existing partnership, including enhancing data and virus sharing;
- DAH is uniquely positioned in terms of legal and regulatory authority, ability, and credibility in developing the technical and administrative capacity to conduct the activities requested by CDC.
- To identify, control, and prevent the next influenza pandemic, countries around the world, specifically countries such as Vietnam where there is a large unregulated poultry industry, must conduct routine surveillance among wild, commercial, and backyard poultry. Without such systems, early detection of poultry outbreaks would not be possible putting human populations at risk for novel influenza virus infections with limited immunity and potentially leading to next pandemic. Eligibility is limited to the Ministries of Agriculture and Rural Development or their bona fide agents in Vietnam that have been supported by CDC under funding opportunity announcements IP12-002 for the studies at the Animal-Human Interface of Influenza and Other Zoonotic Diseases.

Should this cooperative agreement not be funded through this entity, it is possible that monitoring of novel virus strains among animal populations will be disrupted or discontinued. Without such a surveillance system, it is possible that some of these novel viruses will go undetected in birds, especially those viruses which do not cause severe disease in birds. Thus, human populations would be at risk for novel influenza virus infection without any indication from bird populations. Thus, the risk to human populations is greater and the potential for a pandemic is greater given that more individuals will be exposed. By the time human infections are identified, it is possible that the virus could be widespread in global populations due to global travel and thus control and prevention measures would be limited. Ideally, if animal surveillance is established and functioning correctly, the first detections of novel influenza viruses will be in poultry

populations allowing proper prevention and control measures in human populations.

For the reasons cited above, the Department of Animal Health is the only Vietnamese institution that possesses the requisite scientific and technical expertise, the infrastructure capacity, and the network to carry out this work.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

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 can require 10 or more 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 at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option atwww.grants.gov.

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

Step	System	Requirements	Duration	Follow Up

1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711Image Description:
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220Image Description:
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized	Same day but can take 8 weeks to be fully registered and approved in the system	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	(note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	

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 OGS staff at 770-488-2700Image Description: or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348Image Description: .

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. Office of Grants Services (OGS) 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 OGS.

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

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **06/16/2017** , 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 Information Conference Call

N/A

5. CDC Assurances and Certifications

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

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

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

Duplication of Efforts

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

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

N/A

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page 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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. 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 should use the federal plain language guidelines and Clear Communication Index to respond to this Funding Opportunity Announcement. Note that awardees should also use these tools when creating public communication materials supported by this FOA. Failure to follow the guidance and format may negatively impact scoring of the application.

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 public health 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, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

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 the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

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. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA seehttp://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

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

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this FOA.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's 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.

12. Budget Narrative

Applicants must submit an itemized budget narrative. 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 could include the cost of collecting, managing, sharing and preserving data.
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).
For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http:// www.cdc.gov /grants /interested in applying /application resources.html.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.
Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. 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 Code of Federal Regulations (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.

16. Copyright Interests 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.

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 except as allowed by law.
- 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 generally is not allowed, unless the CDC provides written approval to the awardee.
- 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 awardees.
- 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.

No additional restrictions.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. 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 OGS 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 OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@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 OGS 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 Grants.gov Online User Guide. https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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 1-800-518-4726Image Description: or by e-mail at support@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 1-800-518-4726Image Description: or e-mail them at support@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 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 received via e-mail to the GMS/GMO listed below 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, OGS 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 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/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
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.

i. Approach	Maximum Points:40

- To what extent does the applicant present outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model? Does the applicant address each of the short and long term outcomes from the Logic Model (as listed below): (15 points)
    - Improved quality and timeliness of specimen collection from live bird markets and reception at the laboratory
    - Improved quality of specimens for poultry viruses shipped to the CDC laboratory
    - Improved capacity of animal health workers on surveillance activities, including sample collection, laboratory testing, data management, reporting and detecting and responding to outbreaks
    - Improved understanding of the current needs of the Vietnamese government to detect, respond to, control and prevent influenza at live bird markets, including providing viruses for vaccine development.
    - Increased number of pathogens from other zoonotic diseases included in routine laboratory, collection, reception, and testing algorithms
    - Increased quality of laboratory data associated with other zoonotic disease surveillance
    - Improved identification and characterization of the antigenic and genetic characteristic of influenza viruses circulating among poultry in Vietnam.
    - Improved participation from Vietnam in global WHO vaccine strains selection and development
    - Identify outbreaks of influenza in poultry and track risk factors for such outbreaks.
    - Identify and monitor risks of transmission of influenza viruses.
    - A national plan developed to maintain the laboratory-supported surveillance system
    - Increased knowledge of the epidemiology of other zoonotic diseases
    - Recommendations for better surveillance, response, and control efforts of influenza, in both humans and animals
    - Increased use of surveillance data for decision making around prevention and control activities to protect human population
    - Increased prevention, detection and response to other zoonotic disease
- To what extent does the applicant describe strategies consistent with the CDC Project Description and logic model? These strategies will include conducting the surveillance for influenza viruses at live bird markets, sharing influenza viruses with CDC laboratory, identifying and responding to influenza outbreaks, conducting training for local staff on surveillance activities and evaluate the laboratory-supported surveillance system in poultry and other zoonotic diseases, such as rabies. (10 points)
- To what extent does the applicant propose activities that support the strategies described above that are achievable during the time provided in the cooperative agreement? (5 points)
- To what extent does the applicant indicate a clear and detail plan for conducting the surveillance for influenza viruses at live bird markets in four regions of Vietnam and other zoonotic diseases surveillance (such as rabies)? (5 points)
    - Does the applicant describe how the influenza virus from poultry will be shared with CDC laboratory?
- Does the applicant present a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC? (5 points)
    - Does the plan clearly describe the applicant's technical approach/methods for developing and conducting the proposed program, and does it appear feasible and adequate to accomplish the objectives?
    - Does the plan clearly and appropriately address all recipient activities?

ii. Evaluation and Performance Measurement	Maximum Points:30

- Does the applicant describe specific objectives of the proposed program consistent with the purpose and measurable outcomes of this announcement, and which are specific and measurable? (10 points)
- To what extent does the applicant describe clear monitoring and evaluation procedures, as well as how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities? (10 points)
- To what extent does the applicant describe how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement? (10 points)

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:30

- To what extent does the applicant demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes? (6 points)
    - Specifically, does the applicant demonstrate experience working with international organizations, and other national health agencies, as well as national Government authorities responsible for public health and animal health?
- Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? (6 points)
    - Is the management structure for the project sufficient to ensure speedy implementation of the project?
- To what extent does the applicant describe adequate resources and facilities (both technical and administrative) for conducting the project? (6 points)
- Does the applicant clearly identify specific persons responsible for each key activity? (6 points)
    - Does the applicant provide documentation that professional personnel involved in the project are qualified and have skills and past experience needed to administer and operate this program (as evidenced by curricula vitae, publications, etc.)?
- To what extent does the applicant provide a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff role? Does the applicant provide an organizational chart? (6 points)

Budget

c. Phase III Review

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully

meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this funding opportunity announcement.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

09/30/2017

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. 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 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html

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.

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. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Awardee Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving FOA goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the

agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
    - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The awardees must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to 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.

N/A

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. 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 OGS and include the date by which the Grants Officer will receive information.

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.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- 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)

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.

5. 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 grantee 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 grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee 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. grantee 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 grantee must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Danielle Iuliano, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Rd NE, MS A-32

Atlanta, GA 30329-4027

Email: aoi0@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:
Steward Nichols, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Email: shn8@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726Image Description: .
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 Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700Image Description:
E-mail: ogstims@cdc.gov

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

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
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international FOAs:

- SF424
- SF424A
- Funding Preference Deliverables

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 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge.

If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

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

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

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

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

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

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. FOAs must be written in clear, consistent language

so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use FOA plain writing tips when writing FOAs.
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.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
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.

FOA-specific Glossary and Acronyms