

Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

World Health Organization: Addressing Ebola and other Highly Infectious Diseases Internationally
CDC-RFA-CK15-1505
Application Due Date: 05/29/2015

Signature _____ Date _____

World Health Organization: Addressing Ebola and other Highly Infectious Diseases Internationally

CDC-RFA-CK15-1505

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Part I. Overview Information

A. Federal Agency Name:

Centers for Disease Control and Prevention

B. Funding Opportunity Title:

World Health Organization: Addressing Ebola and other Highly Infectious Diseases Internationally

C. Announcement Type:

This announcement is only for non-research international activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at:

http://www.cdc.gov /od /science /integrity /docs /cdc -policy -distinguishing -public -health -research -nonresearch.pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-CK15-1505

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

93.099

Additional CFDA Number: 93.818

F. Dates:

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

2. Due Date for Applications: **05/29/2015**

3. Date for Informational Conference Call: **N/A**

G. Executive Summary:

1. Summary Paragraph:

a. Eligible Applicants: single-source
b. FOA Type: cooperative agreement
c. Approximate Number of Awards: 1
d. Total Project Period Funding: Up to approximately $100,000,000
e. Average One Year Award Amount: Up to approximately $100,000,000
f. Number of Years of Award: 3
g. Approximate Date When Awards will be Announced: Within 30 days of receipt of individual supplemental applications.
h. Cost Sharing and /or Matching Requirement: None

This FOA is a companion to the existing CDC-WHO cooperative agreement FOA#CK14-1402: "Addressing Emerging Infectious Diseases and the International Health Regulations." This FOA is to specifically address the ongoing Ebola public health emergency and related needs internationally, including infrastructure and capacity building for highly infectious diseases in general.

Due to the rapid evolution of the Ebola outbreak with ever-changing needs, potentially unknown future needs, unique situations in each affected country, and the need for rapid and flexible support, WHO may submit 1 or more separate applications for projects over the term of the 36-month project period, See FOA Section D. - Application and Submission Information, Paragraph 4. - Submission Dates and Times for additional information.

Part II. Full Text

A. Funding Opportunity Description

1. Background

In March of 2014, the largest Ebola outbreak under record erupted in West Africa. Unlike many smaller preceding outbreaks of Ebola Virus, this particular outbreak spread to multiple African countries and caused (as of April 7, 2015) over 25,000 suspected human cases and over 10,000 deaths; the outbreak continues. This outbreak has truly demonstrated that in the modern world of travel, trade and migration, infectious diseases do not respect geopolitical boundaries. With the ongoing Ebola outbreak in West Africa, this FOA serves to support and engage WHO to address Ebola and other highly infectious diseases in West Africa and elsewhere, internationally. The primary goal or first phase of this effort is "Getting to Zero" in West Africa; that is, stopping transmission so there are no new cases identified. The next phase then is "Staying at Zero," or strengthening public health capacity so that future transmission/cases are averted. Surveillance, epidemiological tracking, specimen and patient handling, laboratory testing, infection control, emergency preparedness and response, and other public health activities, etc., all must be strengthened in Africa and globally to:

- Assure rapid detection and response and safe handling of patients or specimens suspected of being infected with Ebola or other highly infectious diseases/agents
- Strengthen WHO emergency and preparedness and response capabilities
- Strengthen and fill gaps in ongoing non-Ebola public health infrastructure and programs (e.g., vaccination campaigns, routine public health activities, etc.) that are being challenged and in some instances, stalled, due to the ongoing Ebola outbreak.

a. Statutory Authorities

This program is authorized under sections 301 and 307 of the Public Health Service Act, as amended [42 U.S.C. §§ 241 and2421].

b. Healthy People 2020

This program addresses the Health People 2020 goal: Immunization and Infectious Diseases. For more information, go to www.healthypeople.gov

c. Other National Public Health Priorities and Strategies

N/A

d. Relevant Work

This FOA builds upon the ongoing work, infrastructure, and collaborations between CDC and WHO, including under cooperative agreement FOA# CDC-RFA-CK-14-1402: World Health Organization: Addressing Emerging Infectious Diseases and the International Health Regulations. For decades, CDC and WHO have collaborated to address global capacity to identify, respond, and prevent infectious diseases. WHO has established offices in most countries around the world, including the countries of West Africa. Since March 2014, WHO has been working side-by-side with country health officials and CDC and many other organizations to battle the ongoing Ebola outbreak. WHO and others have accomplished much but there is still much to do to stop the outbreak.

2. CDC Project Description

A.2.a. Approach

Strategies and Activities	Short-Term Outcomes	Long-Term Outcomes

Intensify active surveillance, case finding, contact tracing, monitoring, etc., at local levels Strengthen capabilites for epidemiologic and laboratory analysis and program evaluation. Intensify social mobilization, community education and engagement, and psychosocial care for infected persons and their families Improve Ebola case management and infection control Strengthen epidemiology and program evaluation capabilities Strengthen non-Ebola public health activities that are impacted by the Ebola outbreak Increase security and logistics for local responders Strengthen WHO emergency preparedness and response capability	Increased and more rapid identification of new Ebola cases in affected countries* Increased community knowledge and support for Ebola response and prevention efforts* Reduced transmission in clinical and community settings* Reinvigorated non-Ebola public health activities that have been interrupted or slowed due to the Ebola outbreak* More coordinated and robust emergency preparedness and response capabilities*	Reduced number of new Ebola cases leading to the end of the outbreak ("Getting to and Staying at Zero Cases") Prevention of spread of the Ebola outbreak into other countries Improved preparedness for potential future outbreaks of Ebola or other highly infectious diseases

i. Problem Statement

This FOA addresses the ongoing Ebola international public health emergency and the underlying public health infrastructure and capability gaps in affected countries and globally. The aim is to 1) stop the current outbreak and 2) strengthen global capacity and preparedness to monitor ebola and other highly infectious diseases and respond to future outbreaks.

ii. Purpose

With the overall intent of breaking the chain of transmission of the ongoing Ebola outbreak in West Africa, this FOA supports WHO specifically to address the Ebola outbreak and the underlying public health capacity gaps, as well as to address the outbreak's impact on other non-Ebola public health activities. Surveillance, epidemiological tracking, specimen and patient handling, laboratory testing, infection control, emergency preparedness and response, etc., all must be strengthened in Africa and globally to assure rapid detection and response and safe handling of patients/speciments suspected of being infected with Ebola or other highly infectious diseases/agents, as well as to strengthen ongoing public health infrastructure and programs (e.g., vaccination campaigns, etc.) that are being challenged and in some instances, stalled, due to the Ebola outbreak.

iii. Outcomes

- Rapidly identify Ebola cases in Guinea, Sierra Leone, and Liberia (and other countries should the outbreak spread beyond these three).
- Increase community awareness, knowledge, and support for local Ebola response and prevention efforts.
- Reduce Ebola transmission in clinical and community settings.

- Reinvigorated non-Ebola public health activities that have been interrupted or slowed due to the Ebola outbreak.
- More coordinated and robust WHO emergency preparedness and response capabilities.

iv. Funding Strategy

N/A

v. Strategies and Activities

At WHO and in regions and countries affected or threatened by the Ebola outbreak, strengthen capacity for Ebola preparedness and response nationally and at the local level:

Intensify active surveillance, case finding, contact tracing, monitoring, etc., at local levels

- Conduct and improve ongoing active surveillance, with laboratory confirmation to ensure rapid identification of missed, new. or newly imported cases of Ebola.
- Strengthen capacity for general surveillance including support for personnel required for surveillance and epidemiology activities.
- Strengthen surveillance at entry points (border posts, airports and maritime ports) from countries with ongoing transmission of Ebola.

Strengthen capabilites for epidemiologic and laboratory analysis and program evaluation

- Improve operational and technical analysis, coordination and monitoring of interventions.
- Assess the impact of the epidemic on health care seeking and health care provision.

Intensify social mobilization, community and professional education and engagement, and psychosocial care for infected persons and their families

- Conduct intensified social mobilization and community engagement to enhance awareness and gather community support, acceptance and participation in implementation of the containment measures
- Provide psychosocial first aid training for community agents and their supervisors so they can provide direct psychosocial support to contact cases and their families.
- Develop and conduct communications to enforce the theme of "Staying at Zero Cases."
- Develop and disseminate key Ebola health risk communication messages.

Improve Ebola case management and infection control

- Develop plans for patient management as Ebola treatment units/centers are de-commissioned.
- Improve infection control practices, particularly in facilities that might receive Ebola patients, for example, on a border wtih a country with ongoing transmission of Ebola

Strengthen non-Ebola public health activities that are impacted by the Ebola outbreak

- Restore priority aspects of the health/public health system such as surveillance and assessment of vaccination coverage for epidemic-prone disease (e.g., measles), that are negatively impacted or stalled due to the Ebola outbreak.

Increase security and logistics for local responders

- Strengthen field security to ensure operational security, and protect national and international staff involved in the response;

Strengthen WHO capabilities for preparedness and response to Ebola and other highly infectious diseases

- Develop/implement WHO-led partnership mechanisms for a more robust and responsive global health emergency workforce.
- Train frontline responders on emerging infectious diseases.
- Strengthen critical International Health Regulations (IHR) and health systems capacities in Africa and

elsewhere.

1. Collaborations

a. With CDC-funded programs:

- CDC Ebola Incident Command leadership and staff (required)
- CDC staff in affected countries specifically to address the Ebola outbreak (required)
- Established CDC programs in country (for example, Global HIV/AIDS Programs, Measles, Malaria, etc.) (required as necessary to assure coordinated efforts for addressing Ebola as well as assuring non-Ebola public health activities are not negatively impacted by the Ebola outbreak).
- Center for Global Health, Global Health Security (required)

b. With organizations external to CDC:

- Ministries of Health (required)
- Local country officials (required)
- USAID (required)
- Other U.S. governmental (USG) and non-USG organizations responding to the Ebola outbreak and/or that would respond to future emergencies (required as necessary depending on their involvement/role in various activities)

2. Target Populations

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC and WHO will jointly develop formal performance measures shortly after award. Following are outlines of potential measures that may be considered depending on the activities proposed:

Process Measures for Strategies and Activities:

Intensify active surveillance, case finding, contact tracing, monitoring, etc., at local levels

- Number of people identified as having had contact with possibly infected individual(s)
- Number of people that have come in contact with possibly infected individual(s) that are monitored for symptoms for 21 days
- Number of reported, suspected and refered/transferred cases
- Number of cross-border cases intercepted at the border

Strengthen capabilites for epidemiologic and laboratory analysis and program evaluation.

- Number of community deaths investigated
- Number of potential interventions evaluated
- Total number of samples analyzed
- Description of the impact of the epidemic on health care seeking and health care provision

Intensify social mobilization, community education and engagement, and psychosocial care for infected persons and their families

- Number of community agents and supervisors trained in psychosocial support
- Number of community agents supervised (including psychosocial support)

Improve Ebola case management and infection control

- Total number of staff trained on infection control

Strengthen non-Ebola public health activities that are impacted by the Ebola outbreak

- Number of measles vaccination opportunities offered
- Number of local public health staff on "active" duty rosters

Increase security and logistics for local responders

- Number of precincts in affected countries with ongoing transmission that have active/mobile responders (case finding, tracking, epi follow up, social mobilization, etc)
- Number of teams doing local work that are accompanied by a security detail
- Number of local site visits averted due to lack of security

Strengthen WHO emergency preparedness and response capability

- Number of frontline responders trained on emerging infectious diseases
- Number of new or reaffirmed agreements with partners for emergency response

Outcome Measures for Short-term Outcomes:

Increased and more rapid identification of new Ebola cases in affected countries

- Time elapsed from identification of possible case/contact to lab confirmation

Increased community knowledge and support for Ebola response and prevention efforts

- Number of safe burials achieved
- % of contacts and cases having received psychosocial support

Reduced transmission in clinical and community settings

- Number of cases identified

Reinvigorated non-Ebola public health activities that have been interrupted or slowed due to the Ebola outbreak

- Number of measles (or other) vaccinations administered
- Number of persons attending measles (or other) vaccination opportunities
- Number of hours/days of public health workers lost due to themselves or family members being infected with Ebola

More coordinated and robust emergency preparedness and response capabilities

- Number of Foreign Medical Teams registered and ready to respond
- Number of Global Outbreak, Alert, and Response Network (GOARN) partners trained

ii. Applicant Evaluation and Performance Measurement Plan

Shortly after award, WHO must provide an overall evaluation and performance measurement plan that is consistent with the CDC strategy above. At a minimum, the plan must:

- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe the type of evaluations (i.e., process, outcome, or both) to be conducted.
- Describe key evaluation questions.
- Describe other information (e.g., performance measures to be developed by the applicant), as determined by the CDC program, that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program quality improvement.
- Describe how evaluation and performance measurement will contribute to developing an evidence

base for programs that employ strategies lacking a strong effectiveness evidence base

c. Organizational Capacity of Awardees to Execute the Approach

WHO has substantial and well-documented organizational capacity to execute global public health activities including, particularly, response to public health emergencies. WHO is fully capable of executing the activities in this FOA.

d. Work Plan

WHO must clearly identify the outcomes they expect to achieve during the project(s) and provide clear and concise descriptions of the strategies, activities, and timeline they will use to achieve the outcomes.

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). HHS grants policy specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

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

Monitoring may also include the following activities:

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

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

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

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f. CDC Program Support to Awardees

- Provide consultation and technical assistance in responding to the Ebola outbreak.
- Participate in evaluation of country surveillance systems or regional networks.
- Participate in developing/updating surveillance guidelines for Ebola.
- Provide technical assistance as requested by WHO for the response, which may include sending CDC personnel, equipment, and supplies to specific outbreak sites; providing specialized or novel reagents, and laboratory support for diagnosis of suspected infectious agents; and providing expert input on prevention and control guidelines and capacity strengthening.
- Assist in epidemiologic and laboratory evaluation.
- Provide technical assistance in general emergency preparedness and response.
- Work with WHO to monitor and evaluate the scientific and operational accomplishments of 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. Funding Activity Category:	HL
3. Fiscal Year:	2015
Estimated Total Funding:	$100,000,000
4. Approximate Total Fiscal Year Funding:	$100,000,000
5. Approximate Project Period Funding:	$100,000,000
6. Total Project Period Length:	3 year(s)
7. Expected Number of Awards:	1

Due to the rapid evolution of the Ebola outbreak with ever-changing needs, unique situations in each affected country, and need for rapid response and flexible support, WHO may submit 1 or more applications for projects over the term of the cooperative agreement.

There is no award ceiling or award floor for this FOA - WHO may request and CDC may approve and award funding over the term of this cooperative agreement at any amount over or under the approximate Project Period funding amount.

Pre-award costs may be requested. The applicant may include in the initial application requests for funds for emergency activities consistent with the scope of this FOA that are conducted (expenditures made) within 90 days prior to the official date of award.

8. Approximate Average Award:	$100,000,000 Per Project Period
9. Award Ceiling:	$0 Per Project Period
10. Award Floor:	$0 Per Project Period
11. Estimated Award Date:	06/01/2015
12. Budget Period Length:	36 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. Funds Tracking

14. Direct Assistance

Direct assistance is not available through this FOA.

15. Indirect Costs

Indirect Costs are an allowable cost through this FOA.

WHO has an existing Indirect Cost Rate Agreement on file with the Department of Health and Human Services.

C. Eligibility Information

1. Eligible Applicants

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

2. Special Eligibility Requirements

Applications will only be accepted from the World Health Organization (WHO).

3. Justification for Less than Maximum Competition

WHO is the only international agency qualified to conduct the activities under this cooperative agreement because:

- On September 19, 2011, the Government of the United States of America and the World Health Organization signed a memorandum of understanding (MOU) to help developing nations strengthen their capabilities to support the International Health Regulations (IHR). The IHR (2005) is an international agreement that requires WHO Member States to prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide. The U.S. Government and WHO share a commitment to strengthen cooperation in the area of global health security to ensure that the international community effectively manages public health risks. Improving the ability of all nations to detect, report, and respond to infectious diseases quickly and accurately lies at the heart of the global community's ability to address all infectious disease threats, as reflected in the IHR. The MOU establishes a framework for collaboration in line with the provisions set forth in the IHR, which provides a construct for coordinating the management of actions in the event of a public health emergency of international concern. The MOU was signed by Secretary Kathleen Sebelius, Department of Health and Human Services, and Director-General Margaret Chan, World Health Organization, and subsequently by Ambassador Betty E. King, United States Permanent Representative to the United Nations in Geneva. The full text of the MOU can be accessed at: http://www.globalhealth.gov/global-health-topics/health-diplomacy/agreements-and-regulations/20110922-mem.html.
- The MOU includes the following specific statements that support sole-source consideration of WHO for funding activities that fall under the scope of the MOU: Section 8.a.: "The United States Department of Health and Human Services (DHHS) continues to serve as the primary substantive interface with WHO on global health and health security. DHHS plans to ensure coordination with other U.S. Government departments, agencies, and entities that collaborate on health matters within the scope of this Memorandum to enhance the effectiveness of such activities. The U.S. Government agencies intend to develop programs and provide funds through mechanisms that may be determined jointly by the U.S. Government agency and WHO. "Section 8.b.: "Specific funding mechanisms are intended to be developed and U.S. Government agencies intend to collaborate with WHO to define specific work to be undertaken by the Participants and the division of responsibilities."
- WHO is the lead technical agency for health within the United Nations system with 194 Member States. It is the only treaty-recognized international authority for coordinating global and regional health efforts that involve multiple countries and institutions.
- WHO has a robust global infrastructure that gives it direct access to national ministries of health and other critical health institutions through its headquarters in Geneva and six regional offices (Regional Office for Africa in Brazzaville, Regional Office for Europe in Copenhagen, Regional Office for South-East Asia in New Delhi, Regional Office for the Americas in Washington, Regional Office for the Eastern Mediterranean in Cairo, and Regional Office for the Western Pacific in Manila).
- WHO is the recognized global health organization to which national governments and regional health authorities look for guidance and coordination of national, regional, and global health programs. No other organization has the history, breadth of experience, existing infrastructure, and established authority among the world's national government health agencies that would allow it to successfully carryout activities under this cooperative agreement.

- WHO has legal international treaty relationships with its Member States (including the United States of America) that allow supervision, coordination, collaboration, and access to multiple governments and health organizations.
- WHO and its Regional Offices are at the apex of global public health organizations and thus have an exclusive status as the United States Government's key partners for global public health.
- WHO offers special opportunities for furthering global public health programs through the use of unusual talent resources, population groups, or environmental conditions in other countries that are not readily available in the United States or that augment existing U.S. resources.

4. Other

N/A

5. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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6. Maintenance of Effort

N/A

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 at

www.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 folllow 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 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CRR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not 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 www.fsd.gov/US Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized 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	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424 application package associated with this funding opportunity from www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

If Grants.gov cannot receive applications due to an emergency or other unanticipated event (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

Due Date for Applications: **05/29/2015**

Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

Due to the rapid evolution of the Ebola outbreak with ever-changing needs, potential unknown needs, unique situations in each affected country, and need for rapid response and flexible support, WHO may submit 1 or more separate project proposal (e.g., by country and type of activity) over the term of this cooperative agreement project period as follows:

- On the initial application due date for this FOA [insert date 30 days after publication]
- Quarterly for the remaining term of the coag: Due dates for quarterly submissions will be each 90-day milestone from initial award date.
- For urgent emergency situations that should not be delayed until the next quarterly submission date, at anytime with prior consultation with and concurrence from CDC PGO and CDC Program Official.

This cooperative agreement will be for one 36-month budget and project period.

For each individual project proposal submitted, including any pre-award costs, WHO must include a complete:

- Narrative as described in Section 10., below,
- Work Plan as described in Section 11., below, and
- Budget with narrative/justification as described in Section 12., below.

When combining multiple project proposals for any particular submission date, include a summary budget table that aggregates the requested costs for all proposals by budget line item (salary/benefits, travel, supplies, etc.).

5. CDC Assurances and Certifications

All applicants are required to sign and submit CDC Assurances and Certifications documents that can be found on the CDC Web site: http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Applicants may follow either of the following processes:

- Applicants must name this file "Assurances and Certifications" and upload as a PDF on

www.grants.gov.

- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http:// www.cdc.gov/od/pgo/ funding/grants/ foamain.shtm

Assurances and certifications submitted directly to CDC will be kept on file for 1 year and will apply to all applications submitted to CDC within one year of the submission date.

6. Contents and Form of Applications Submission

Applicants are required to submit all of the documents outlined below as their application package on www.grants.gov.

7. Letter of Intent (LOI)

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

8. Table of Contents

(No page limit, not included in project narrative page limit). 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 of 1 page, single spaced, 12 point font, 1-inch margins). A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Maximum of 18 pages single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond 18 pages will not be reviewed). The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. Background

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

b. Approach

i. Problem Statement

Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information should help reviewers understand how the applicant's response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description).

ii. Purpose

Applicants must describe specifically how their application will address the problem as described in the CDC Project Description.

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

iv. Strategy and Activities
The applicant must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants should select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project description: Strategies and Activities section).

c. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e. process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach
Applicant must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

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, including key milestones.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Alterations and Renovations
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html

Applicants should name this file "Budget Narrative" and upload it as a PDF file to www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file "Indirect Cost Rate" and upload it to www.grants.gov.

Budget narratives must include all details and line-item justification for all costs proposed, including any pre-award costs.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic

cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

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

   http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm
   http://www. thecommunityguide.org/ tobacco/index.html
   http://www.cdc.gov/ chronicdisease/resources/ guidelines/food-service-guidelines.htm

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. 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 only use funds for reasonable program purposes, including personnel, travel, supplies, and services (such as contractual).
- Generally, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget in accordance with CDC's budget guidelines.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
  - See 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.

16. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded from www.grants.gov. Applicants can complete the application package off-line, and then submit the application by uploading it at www.grants.gov website. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by PGO TIMS staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov.

If Internet access is not available or if the forms cannot be accessed on-line, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 am–4:30 pm Eastern Standard Time (EST), except federal government holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

Do not use "special characters (i.e. %, &, * etc.) on the cover page of your application (form SF 424 – Application for Federal Assistance) as special characters are not recognized by the electronic system. Use of special characters may result in your application being rejected. When copy/paste is used on application documents, the grantee should ensure that text only is pasted. When extra, blank spaces at the end of the original are pasted into the new document it causes the system to reject the document.

b. Tracking Number: Applications submitted through www.grants.gov, are time/date stamped electronically and assigned a tracking number. The Authorized Organization Representative (AOR) will receive an email notice of receipt when www.grants.gov receives the application. The tracking number serves to document that the application has been submitted and initiates the electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a "submission receipt" email generated by www.grants.gov. A second email 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 (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their package is complete 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 Application User Guide, Version 3.0, page 57.

d. Technical Difficulties: If the applicant encounters technical difficulties with www.grants.gov, the applicant should contact www.grants.gov Customer Service. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of Federal Holidays. You can reach the www.grants.gov Contact Center at 1-800-518-4726 or by email at support@www.grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the

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

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

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

E. Application Review Information

1. Review and Selection Process

a. Phase I Review

All applications will be reviewed initially for completeness by the CDC's Procurement and Grants Office (PGO) staff and will be reviewed jointly for eligibility by the CDC National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), appropriate CDC Ebola Incident Command staff, and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application 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" section of the FOA.

Not more than 30 days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

The Phase II review of each separate application will be conducted by subject matter experts from various CDC programs involved with the international Ebola outbreak response and with general global emergency preparedness and response (e.g., NCEZID, CDC Ebola Incident Command, Center for Global Health, etc.).

Objectives and Technical Approach	**Maximum Points: 50**

For each individual project proposal: The extent to which the proposed project is consistent with the Purpose and Program Requirements of this announcement. Extent to which the description of the project provides specific objectives that are measurable and time-phased. Extent to which the description of the project includes a detailed operational plan for initiating and conducting the project. The extent to which the description of the project clearly identifies specific key professional personnel and their specific responsibilities. The extent to which the applicant clearly describes the plans for collaboration with CDC and others during the project.

Program Management, Personnel, and Facilities	**Maximum Points: 25**

For each individual project proposal: The extent to which the applicant describes an appropriate and adequate plan and approach for management and coordination of the project. The extent to which the applicant demonstrates that it has sufficient administrative, management, and technical resources and facilities for conducting proposed activities.

Evaluation Plan	**Maximum Points: 20**

For each individual project proposal: The extent to which the applicant describes an adequate plan for evaluating the project and for evaluating progress toward achieving overall objectives of the cooperative agreement. Extent to which both process and outcome objectives are addressed.

Background	**Maximum Points: 5**

For each individual project proposal: The extent to which the applicant demonstrates a clear understanding of the purpose and objectives of this cooperative agreement program.

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in this FOA apply. Final selection and approval of activities will be prioritized in collaboration with CDC.

In addition, the following factors may affect the funding decision:

N/A

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

2. Anticipated Announcement and Award Dates

Awards will be determined and announced as soon as possible after receipt and review at CDC.

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NoA) from the CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and emailed to the awardee program director.

Any application awarded 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 the results of the application review by email with delivery receipt or by mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administration requirements outline in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/grants/additionalrequirements/index.html

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The following administrative requirements apply to this project:

- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will have a condition of award that applies to 48 CFR section 3.908 requiring grantees to inform their employees in writing of employee whistleblower rights and protections under 41. U.S.C 4712 in the predominant native language of the workforce. If applicable, award recipients will be required to submit an electronic version of the final, peer-reviewed manuscript of any work developed under this award upon acceptance for publication. Additional information will be provided in the award terms. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at:
http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

3. Reporting

a. CDC Reporting Requirements

Reporting allows for 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 applicants, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous program improvement throughout the project period and todetermine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables the assessment of the overall effectiveness and impact of the FOA.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

b. Specific Reporting Requirements

i. Awardee Evaluation and Performance Measurement Plan

Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan should be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan should build on the elements stated in the initial plan, and should be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: http://www.cdc.gov/eval/guide/index.htm

ii. Annual Performance Report

This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but web links are allowed.The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures (including outcomes)** – 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 any impact data).
- **Work Plan (maximum of 25 pages)** – Awardees must update work plan each budget period.
- **Successes**
    - Awardees must report progress on completing activities outlined in the 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 should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
    - 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 describe how CDC could assist them in overcoming the challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan
- **Administrative Reporting** (not subject to page limits)
    - SF-424A Budget Information-Non-Construction Programs
    - Budget Narrative – Must use the format outlined in Section D. Content and Form of Application Submission, Budget Narrative Section
    - Indirect Cost Rate Agreement

The deadline date for submitting the Annual Performance Report is 120 days before the end of the budget period. Send an electronic copy to CDC Project Officer (PO) with attention to the GMS and PO. The contact information for the GMS and PO is listed in the "Agency Contacts" section of the FOA

Since this cooperative agreement is a single 36-month budget and project period, disregard the "120 days before the end of the budget period" Annual Performance Report (APR) due date requirement. WHO must instead submit interim APRs due at the 15-month and 27-month milestones from initial date of award.

- The first report (due at the 15-month milestone) must cover progress on all individual projects funded during the first 12-months of the 36-month cooperative agreement project period.
- The second report (due at the 27-month milestone) must cover progress on all individual projects funded during the first 24-months of the 36-month cooperative agreement project period.

iii. Performance Measure Reporting

CDC programs must require awardees to submit performance measures annually at a minimum, and may require reporting more frequently. Performance measure reporting should be limited to the collection of data. When funding is awarded initially, CDC programs should specify reporting frequency, required data fields, and format.

Performance measure reporting for each individual funded project should be included in the interim APRs described above.

iv. Federal Financial Reporting

The annual FFR form (SF-425) is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget year ends. The report should include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely 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 and include the date by which the information will be provided.

v. Final Performance and Financial Report

At the end of the project period, awardees must submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period.

At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Applicants must report final performance data for all performance measures for the project period.
- Evaluation results – Applicants must report final evaluation results for the project period
- Impact of Results – Applicants must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.
- FFR (SF-425)

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Awardees should e-mail the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006

Federal Funding Accountability And Transparency Act Of 2006 (FFATA), Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

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

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

- http:// frwebgate.access.gpo.gov/ cgi-bin/getdoc.cgi? dbname=109_ cong_ bills&docid= f:s2590enr.txt.pdf
- https:/ /www.fsrs.gov/ documents/ffata_ legislation_ 110_ 252. pdf
- http:// www.hhs.gov/asfr/ ogapa/aboutog/ Grants%20Management% 20Information/ffata_ guidelines.html.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Greg Jones
CDC
NCEZID
Phone: (478) 278-2972
Email: GJJ1@cdc.gov

Grants Staff Contact

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

Lakita Reid
CDC
PGO
Phone: (770) 488-2742
Email: wtl9@cdc.gov

For assistance with **submission difficulties related to www.grants.gov,** contact:

> **www.grants.gov** Contact Center: 1-800-518-4726.
> Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

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

> Technical Information Management Section
> Department of Health and Human Services
> CDC Procurement and Grants Office
> 2920 Brandywine Road, MS E-14
> Atlanta, GA 30341

Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for individuals with hearing loss is available at: TTY 1.888.232.6348.

H. Other Information

Following is a list of acceptable attachments that applicants can upload as PDF files 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
- Work Plan
- Table of Contents for Entire Submission

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs): The Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the template for CDC programs. Awardees must then comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/grants/additional requirements/index.html

Authority: Legal authorizations that outline the legal basis for the components of each individual FOA. An Office of Global Council (OGC) representative may assist in choosing the authorities appropriate to any given program.

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 recipient.

Budget Period/Year: the duration of each individual funding period within the project period. Traditionally, budget period length is 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 forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year which describes domestic assistance programs administered by the federal government. This government-wide compendium of Federal programs lists projects, services, and activities which provide assistance or benefits to the American public. https:// www.cfda.gov/index?s= agency&mode =form&id= 0bebbc3b3261e25 5dc82002b83094717&tab= programs&tabmode= list&subtab=list& subtabmode=list.

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

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

Competing Continuation Award: An award of financial assistance which adds funds to a grant and extends one or more budget periods beyond the currently established project period.

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

Contracts: An award instrument establishing a binding legal procurement relationship between CDC and a recipient obligating the latter to furnish a product.

Cooperative Agreement: An award of financial assistance that is used to enter into the same kind of relationship as a grant; and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the awardee in carrying out the activity contemplated by the award.

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

Direct Assistance: assistance given to an applicant such as federal personnel or supplies. See http:// www.cdc.gov/ stltpublichealth/ GrantsFunding/ direct_assistance.html.

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

Fiscal Year: The year that budget dollars are allocated to fund program activities. The fiscal year starts October 1st and goes through September 30th.

Grant: A legal instrument used by the Federal government to enter into a relationship, the principal purpose of which is to transfer anything of value to a recipient to carry out a public purpose of support or stimulation authorized by statute. The financial assistance may be in the form of money, or property in lieu of money. The term 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 individuals. The main difference between a grant and a cooperative agreement is that there is no anticipated substantial programmatic involvement by the Federal Government under an award.

Grants.gov: A "storefront" web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site, www.grants.gov.

Health Disparities: are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Healthy People 2020: Provides national health objectives for improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

Inclusion: Inclusion refers to both the meaningful involvement of community members in all stages of the program process, and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

Indirect Costs: Those costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

International public health work: For purposes of this template, is defined as work conducted internationally for the benefit of a foreign entity or jurisdiction.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders ("legislation or other orders"), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of 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.

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

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

New FOA: Any FOA that is not a continuation or supplemental award.

Non-Governmental Organization: A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level.

Notice of Award: The only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NoA will be signed by an authorized Grants Management Officer, and provided to the recipient fiscal officer identified in the application.

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 individuals responsible for making award decisions.

OGC: Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing representation and legal advice on a wide range of national issues. OGC supports the development and implementation of HHS's programs by providing legal services to the Secretary of HHS and the organization's various agencies and divisions.

Outcome: The observable benefits or changes for populations and/or public health capabilities that will result from a particular program strategy.

Performance Measures: Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. It is typically conducted by program or agency management. Performance measures 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 requires federal agencies to communicate with the public in plain language to make information and communication more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency.
www.plainlanguage.gov

Procurement and Grants Office (PGO): PGO is the only entity within CDC which can obligate federal funds. PGO provides non-programmatic management for all CDC financial assistance activities (grants and cooperative agreements) and manages and awards all CDC contracts.

Program Strategies: Public health interventions or public health capabilities.

Program Official: The person responsible for developing the FOA – whether a project officer, program manager, branch chief, division leadership, policy official, center leadership, or similarstaff member.

Project Period Outcome: An outcome that will result by the end of the FOA period of funding.

SAM: The System for Award Management (SAM) is the primary vendor database for the U.S. Federal Government. SAM validates applicant information and electronically shares the secure and encrypted data with the Federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). The SAM stores organizational information, allowing www.grants.gov to verify your identity and to pre-fill organizational information on grant applications.

Statute: An act of a legislature that declares, proscribes, or commands something; a specific law, expressed in writing. A statute is a written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations.

Statutory Authority: A legal statute that provides the authority to establish a Federal financial assistance program or award.

Technical Assistance: The providing of advice, assistance, and training pertaining to the development, implementation, maintenance, and/or evaluation of programs.

Work Plan: The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.