

Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

Improving Immunization Collaboration Among Pharmacists and Other Healthcare Providers - Financed Solely by PPHF 2015 Prevention and Public Health Funds

CDC-RFA-IP15-1504PPHF15

Application Due Date: 07/27/2015

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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-IP15-1504PPHF15. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Improving Immunization Collaboration Among Pharmacists and Other Healthcare Providers - Financed Solely by PPHF 2015 Prevention and Public Health Funds

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-IP15-1504PPHF15

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

93.733

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**07/27/2015**, 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:

Progress on public health goals of immunization will depend on a higher standard of collaboration among pharmacists and other health care providers.

The purpose of this FOA is to demonstrate successful models of collaboration between pharmacists and other healthcare providers in a way that ensures up-to-date vaccination status of their shared patients.

Stalled progress in raising some categories of immunization rates could be overcome if pharmacists and other healthcare providers could achieve a higher level of "immunization collaboration."

Stronger immunization collaboration would be characterized by the following:

Primary care providers are efficiently informed of vaccination provided by pharmacists.

Both pharmacists and other healthcare providers use immunization information systems (IIS) for assessing vaccination status

Every vaccination is recorded in state-based immunization information systems.

Consumers have easier access to their immunization records.

Better systems are developed for managing, tracking and reporting adverse events.

Innovative effective approaches are developed that demonstrate stronger immunization collaboration among pharmacists and other healthcare providers.

Ongoing quality improvement efforts identify and address missed opportunities

Dissemination and outreach to a national audience of healthcare providers spark immunization collaboration in their communities.

Preparedness is ensured, in case of future disease outbreaks

This FOA seeks models that demonstrate successful approaches for ensuring patients are up-to-date on recommended immunizations. Applications should describe a technical package of activities in two phases. The Demonstration Phase of the project focusses on the local level clinic setting. The Dissemination Phase has a national scope. Measures that demonstrate HPV vaccination series completion, better pandemic vaccine preparedness and increased adult vaccination rates are the desired long-term outcomes.

Project activities will likely be described in these categories, but other categories may be proposed:

1. Provider Education/Outreach
2. Changes in Patient Care Procedures
3. Quality Improvement Efforts
4. Pandemic Preparedness Activities
5. Improved Immunization Documentation and Data Sharing

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	2
d. Total Project Period Funding:	$1,600,000
e. Average One Year Award Amount:	$800,000
f. Number of Years of Award:	2
g. Estimated Award Date:	09/01/2015
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Progress on public health goals of immunization will depend on a higher standard of collaboration between pharmacists and other health care providers.

The purpose of this FOA is to demonstrate successful models of collaboration between pharmacists and other healthcare providers in a way that ensures up-to-date vaccination status of their shared patients.

Stalled progress in raising some categories of immunization rates could be overcome if pharmacists and other healthcare providers could achieve a higher level of "immunization collaboration." Better collaboration between pharmacists and other healthcare providers is needed because of the increasing interdependence of pharmacists and other clinicians. Pharmacists are providing a higher percentage of immunization than in previous years. With that comes the need to strengthen their collaboration with their patients' other healthcare providers.

Pharmacists have an important role in the areas of adolescent, adult and pandemic immunization planning.

In adolescent immunization, the Presidents Cancer Panel identifies pharmacists as an important stakeholder for increasing vaccination rates against human papillomavirus. **In adult immunization**, better collaboration among the multiple providers of any single adult patient is needed. Adult patients access healthcare at numerous locations and with multiple healthcare providers. Assessing vaccination status and efficiently keeping all providers informed can be complex tasks. **With regard to pandemic planning**, the public's health is served when pharmacists work with their local/state health departments to ensure formalized vaccine preparedness plans are put in place.

Stronger "immunization collaboration", (as applies to this FOA,) would be characterized by the following:

- Primary care providers are efficiently informed of vaccination provided by pharmacists.
- Both pharmacists and other healthcare providers use immunization information systems (IIS) for assessing vaccination status
- Every vaccination is recorded in state-based immunization information systems.
- Consumers have easier access to their immunization records.
- Better systems are developed for managing, tracking and reporting adverse events. Includes improved use of VAERS as the routine procedure in the case of adverse events.
- Innovative effective approaches are developed that demonstrate stronger immunization collaboration between pharmacists and other healthcare providers.
- Ongoing quality improvement efforts identify and address missed opportunities
- Successful models of immunization collaboration demonstrate how to identify missed opportunities and take actions to vaccinate.
- Dissemination of best practices to a national audience of healthcare providers would spark immunization collaboration in their communities.
- Preparedness is ensured, in case of future disease outbreaks

This FOA seeks models that demonstrate successful approaches for ensuring patients are up-to-date on recommended immunizations.

Applications should describe a technical package of activities designed to ensure up-to-date vaccination status among a group of patients shared by pharmacists and other healthcare providers.

The application should propose both a local-level plan and a national-level plan. In the first phase of the project (DEMONSTRATION Phase), efforts will focus on improving immunization rates among adolescents and adults in the clinic setting on a local or regional level. In the second phase of the project (DISSEMINATION PHASE), efforts will focus on implementing successful models of collaboration on a national level.

The technical package of activities should rely on evidence-based strategies, but may propose innovative approaches for selecting, combining or implementing strategies.

Project activities will likely be described in these categories, but other categories may be proposed:

- Provider Education/Outreach
- Changes in Patient Care Procedures
- Quality Improvement Efforts
- Pandemic Preparedness Activities
- Improved Immunization Documentation and Data Sharing

The Funding Announcement Opportunity is seeking a two-year workplan that will demonstrate how better immunization collaboration with pharmacists can improve immunization rates, and then, will disseminate best practices and tools to make a national impact. To achieve this, the applicant organization must demonstrate a significant national-level membership of pharmacists, as outlined in the Organizational Capacity section of the FOA.

b. Statutory Authorities

This program is authorized under the Patient Protection and Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund) and Section 317 of the Public Health Service Act [42 U.S.C. 247b(k)(1)].

For-profit entities are not eligible applicants under the Statutory Authority.

c. Healthy People 2020

Measurable outcomes of the program will be in alignment with Healthy People 2020 goals for immunization and infectious disease. HealthyPeople 2020 outlines adolescent, adult and pandemic vaccination goals. The relevant HPV goal is to increase the vaccination coverage level of 3 doses of human papillomavirus (HPV) vaccine for females and males by age 13 to 15 years. The relevant adult immunization goals are vaccine-specific goals for influenza, hepatitis b, pneumococcal, pertussis and zoster vaccine.

Source: http://www.healthypeople.gov/ http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=23

d. Other National Public Health Priorities and Strategies

This FOA aligns and supports other relevant national strategies:

GENERAL Advisory Committee on Immunization Practice The ACIP makes vaccine recommendations for the United States. These recommendations serve as a definition for what constitutes "up-date vaccination status." Source: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html http://www.cdc.gov/vaccines/schedules/hcp/index.html Community Preventive Services Task Force This FOA direct applicants to propose evidence-based interventions, drawing on the Community Preventive Services Task Force findings and systematic reviews. Source: http://www.thecommunityguide.org/vaccines/vpd-jphpm-recs-IIS.pdf

HPV-FOCUS

President's Cancer Panel Recommendations call for reducing missed opportunities to recommend and administer HPV vaccines. Other recommendations of this Panel include using electronic health records and immunization information systems as a tool for increasing rates, and for removing other barriers to access. The Panel also recommends promoting HPV vaccination in venues outside the medical home. Source: http://deainfo.nci.nih.gov/advisory/pcp/annualReports/HPV/index.htm#sthash.j0M1EEMZ.dpbs

ADULT-FOCUS

Standards for Adult Immunization Practice: This FOA aims to develop models of Standards Implementation and demonstrate the practicalities of improved immunization assessment, service delivery, documentation and referral. Source: http://www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards/index.html

PANDEMIC Focus

Focus on Pandemic Preparedness is outlined here: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a1.htm?s_cid=rr6306a1_e http://www.astho.org/Infectious-Disease/Pandemic-Influenza/Public-Health-and-Pharmacy-Collaboration-in-an-Influenza-Pandemic/

e. Relevant Work

CDC's National Center for Immunization and Respiratory Diseases is focused on reducing death and disability from vaccine-preventable diseases. (ACIP). NCIRD works on a number of fronts to increase immunization rates and reduce immunization disparities. Some of the key mechanisms are surveillance of vaccine-preventable diseases, the Vaccines for Children program, communications messaging and materials, support of state-based immunization programs, training, etc.

2. CDC Project Description

a. Approach

Activities of Grantee Organization Representing Pharmacists	Short term Outcomes Among TARGET GROUP OF PHARMACISTS And OTHER HEALTHCARE PROVIDERS with a shared pool of patients	Intermediate Outcomes AMONG NATIONAL LEVEL AUDIENCE	Long-term Outcomes
The grantee will: In PHASE ONE: Local-Level Demonstration Projects: Review, select, and implement a technical package of activities designed to ensure up-to-date vaccination status among a group of patients shared by pharmacists and other healthcare providers. Project activities will likely be described in these categories, but other categories may be proposed: • Provider Education/Outreach • Changes in Patient Care Procedures • Quality Improvement Efforts • Pandemic Preparedness Activities • Improved Immunization	The grantee is expected to achieve all these short-term outcomes, highlighted in red below. A target group of pharmacists demonstrate evidence that: • Every vaccination is recorded in state-based immunization information systems (IIS). • Primary care providers are efficiently informed of vaccination provided by pharmacists. • Consumers have easier access to immunization records, through hardcopy or IIS • Immunization information	Among NATIONAL LEVEL AUDIENCE OF HEALTHCARE PROVIDERS •Every vaccination is recorded in state-based immunization information systems. •Primary care providers are efficiently informed of vaccination provided by pharmacists. •Consumers have easier access to immunization records •Better use of IIS, E.H.R technologies and/or patient reporting.. •Successful models of immunization	Immunization collaboration among pharmacists and other providers results in high quality immunization services for patients. Patients are up-to-date on their recommended vaccinations. Immunizations are documented in immunization

Documentation and Data Sharing In PHASE TWO: National-Audience Dissemination: Disseminate and promote best practices/ successes nationally to NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS, to include both pharmacists and other healthcare providers.	systems are used to forecast or screen prospectively. • Changes in patient care procedures make the vaccination assessment more routine • Strong clinical protocols are in place to ensure management and reporting of adverse events. The target group of pharmacists collaborates with other healthcare providers to improve immunization collaboration as characterized by: • Measurable evidence of better data exchange between pharmacists and other healthcare providers regarding the vaccination status of their shared patients. • Pharmacy groups and public health have formalized vaccine preparedness plans which leverage strengths of public health and pharmacy distribution and vaccine management systems The grantee implements a national level effort directed at a national audience of healthcare providers, inclusive of pharmacists. Outcomes are: • Tools, materials or other	collaboration between pharmacists and other healthcare providers •Increased number of formalized preparedness agreements .	information systems. All healthcare providers use immunization information systems prospectively, e. g. to forecast or screen for vaccinations. Pharmacists and other healthcare providers exchange information on vaccination status of their shared patients. Increased vaccination uptake and coverage rates

	methodologies that have been demonstrated to improve immunization collaboration among pharmacists and other healthcare providers • Verification that the products/models/tools will contribute to improved immunization rates • Dissemination and promotion of best practices/successes to NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS with measures that demonstrate use by a national audience of providers		

i. Purpose

The purpose of this FOA is to demonstrate successful models of collaboration between pharmacists and other healthcare providers in a way that ensures up-to-date vaccination status of their shared patients.

ii. Outcomes

The logic model describes the relationship between the program's activities and its intended outcomes.

Grantees will be held accountable for showing progress of all the short-term outcomes listed on the logic model. They may propose plans to achieve intermediate outcomes.

These short-term outcomes for the two-year project period are:

A target group of pharmacists demonstrate improvements in their immunization services for a defined group of adolescent and adult patient so as to provide evidence that: • Every vaccination is recorded in state-based immunization information systems (IIS). • Primary care providers are efficiently informed of vaccination provided by pharmacists. • Consumers have easier access to immunization records, through hardcopy or IIS • Immunization information systems are used to forecast or screen prospectively. • Changes in patient care procedures make the vaccination assessment more routine • Strong clinical protocols are in place to ensure management and reporting of adverse events.

The target group of pharmacists collaborate with other healthcare providers to ensure up-to-date vaccination status among their shared patients. This improved immunization collaboration is characterized by:
• Measurable evidence of better data exchange between pharmacists and other healthcare providers regarding the vaccination status of their shared patients. • Pharmacy groups and public health have formalized vaccine preparedness plans which leverage strengths of public health and pharmacy distribution and vaccine management systems

The grantee implements a national level effort directed at a national audience of healthcare providers, inclusive of pharmacists. Outcomes are: • Tools, materials or other methodologies that have been demonstrated to improve immunization collaboration among pharmacists and other healthcare providers
• Verification that the products/models/tools will contribute to improved immunization rates • Dissemination and promotion of best practices/successes to NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS with measures that demonstrate use by a national audience of providers

iii. Strategies and Activities

The applicant will propose a combination of activities, hereafter referred to as the technical package. This technical package of activities should be designed to specifically and efficiently to achieve project period outcomes. Whenever possible, applicants should use evidence-based strategies as identified by the Community Guide. Applicants may propose strategies to achieve project outcomes that are not described in the Community Guide, but they must then describe the rationale for developing and evaluating new strategies or practice-based interventions.

The technical package should propose the most cost-efficient, impact-driven set of activities for two phases of the project.

PHASE ONE: Local-Level Demonstration Projects: Review, select, and implement a technical package of activities designed to ensure up-to-date vaccination status among a group of patients shared by pharmacists and other healthcare providers.

Project activities will likely be described in these categories, but other categories may be proposed:
• Provider Education/Outreach • Changes in Patient Care Procedures • Quality Improvement Efforts
• Pandemic Preparedness Activities • Improved Immunization Documentation and Data Sharing

Note: Applicants are not required to stratify activities into these five distinct activity categories, since they can sometimes overlap. Applicants should ensure these elements are covered in the technical package they propose and that they can demonstrate that their "selected group of related interventions that, together, will likely achieve and sustain substantial and synergistic improvements." Applicants may propose different categories of activities, if relevant and with rationale.

Phase TWO: National-Audience Dissemination Disseminate and promote best practices/ successes nationally to NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS, to include both pharmacists and other healthcare providers.

Source: Community Guide: http://www.thecommunityguide.org/index.html

1.Collaborations

a. With CDC-funded programs:

Applicants must describe intentions to collaborate with CDC to improve technical and program guidance and evaluation. Their application should demonstrate an expert understanding of the national landscape and current progress towards these three immunization goals: 1. Series completion of the HPV vaccination series. 2. Up-to-date immunization status of adult patients and 3. Pandemic preparedness. They are not required to collaborate directly with CDC-funded projects, but must demonstrate their proposed activities will complement, rather than duplicate, already-existing efforts.

b. With organizations external to CDC:

Applicants are required to collaborate with external partners that have a role in achieving the FOA outcomes and proposed activities. Applicants must demonstrate a capacity to make impact on BOTH a local level in a clinical setting AND on a national level, so must explain their collaborations with organizations that make this possible. Concrete collaborative relationships must be put in place between pharmacist and the other healthcare providers with whom they share patients. Other healthcare providers could be primary care physicians, specialist physicians, nurses, physician assistants or even teams of healthcare providers. Written Memoranda of Understanding or Letters of Intent must be included.
Collaboration with the applicant's state or regional associations, affiliates or chapters may be appropriate to implement the Demonstration Phase of the project.
Evidence of planned collaboration should demonstrate ground-breaking approaches that can be replicated and will be well-received among a national audience of pharmacists.

2. Target Populations

The aim is to demonstrate evidence of better multi-provider immunization collaboration resulting in higher rates of up-to-date immunization status of patients. Project activities will target pharmacists and other healthcare providers to take actions, with the eventual benefit occurring in their patients, as measured by the patient's vaccination status.

There are four distinct target groups in this project:

For the DEMONSTRATION Phase, the applicant should identify and define these three target groups: 1. Target Group of Pharmacists 2. Target Group of Other Healthcare Providers 3. Shared Pool of Adult and Adolescent Patients

For the DISSEMINATION Phase, applicant should identify and define the fourth target group of the project: A national-level audience of pharmacists and other immunizing healthcare providers. The target groups of the project will be defined by the applicant, given the parameters outlined below. The applicant should draw on its unique resources, capacity and experience as it considers and plans for its target groups.

These are the general parameters:

TARGET GROUP OF PHARMACISTS: This is the group of pharmacists who will carry out the local-level demonstration activities in their clinical practice setting. Applies to Demonstration Phase One only.

TARGET GROUP OF OTHER HEATLHCARE PROVIDERS This is the group of any other healthcare providers who could or should be collaborating with TARGET GROUP of PHARMACISTS to improve up-to-date vaccination status of a SHARED POOL of PATIENTS. Applies to Demonstration Phase One only. These are the clinicians who are licensed to immunize, and who have a stake in developing new working relationships with pharmacists in their community. They could be primary or specialty physicians, nurses, health departments or possibly practice teams.

SHARED POOL OF PATIENTS: This is the group of patients or potential patients that are shared by both the TARGET GROUP of PHARMACISTS and the TARGET GROUP OF OTHER HEALTHC ARE PROVIDERS. The applicant should demonstrate ability to track immunization rates of the SHARED POOL OF PATIENTS who must include both adolescents and adults.

NATIONAL-LEVEL AUDIENCE OF HEALTHCARE PROVIDERS For the Dissemination Phase Two, the applicant should propose a plan for making national level impact to increase the collaboration of pharmacists and other healthcare providers. The applicant should consider how to best disseminate and promote best practices/ successes nationally in order to achieve long-term goal of ensuring patients are up-to-date on their recommended vaccinations. The National-Level Audience of Healthcare Providers could be defined as just pharmacists or some combination of pharmacists and other category of healthcare providers. The applicant should draw on its unique resources, capacity and experience to explain how they will make an impact on their defined National-Level Audience, and why it is a significant group of healthcare providers.

Applicants should carefully consider how to define these target groups and include descriptions on how they will establish baseline and post-intervention measures. They should also explain how they will allocate budgeted funds to reach each of the respective target groups and estimate a per-capita cost and benefit for their four applicant-defined target groups.

The applicant's definitions should reflect a consideration of these planning questions: How will they demonstrate evidence of successful immunization collaboration among the target groups they define? How can they make immunization collaboration work in a way that ensures up-to-date vaccination status of their adolescent and adult patients?

In the applicant's definitions of the four target groups, they should explain how they will allocate budgeted funds to reach each of their target groups and estimate a per-capita cost and benefit associated with targeted patients and providers.

a. Inclusion

Low immunization rates are characterized by disparities associated with race, ethnicity, income, insurance coverage and other factors. Improved office-based practices that standardize and routinize immunizations could significantly impact Healthy People 2020 goals by increasing vaccine uptake among all groups. The applicant should provide data to document any relevant disparate immunization rates and identify the most promising intervention at hand for reducing such disparities.

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

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC Strategy for monitoring and evaluating program and awardee performance will include several activities, spanning both process and outcome evaluation and will be consistent with the logic model and approach presented earlier. CDC will monitor process and outcome measures of progress throughout the course of the project. Evaluation of the project should align with the project's short-term outcomes. At the start of the project, CDC and the awardee will review the project work plan and evaluation strategy, ensuring process and outcome measures are concrete and achievable, and represent the best use of funding. The focus is on the EIGHT outcomes in the Demonstration Phase and THREE outcomes in the Dissemination Phase. Project modifications may occur, if merited.

Awardees will submit further details or revisions to their Awardee Evaluation and Performance Management Plan six months following the award date. The logic model describes the relationship between the program's

activities and its intended outcomes. Grantees will be held accountable for showing progress of all the short-term outcomes listed on the logic model. They may propose plans to achieve intermediate outcomes.

CDC's evaluation and performance measurement strategy will be to ensure the applicants' proposed outcome and process measures are consistent with the purpose of the funding announcement opportunity. Applicants are directed to propose outcome and process measures that will demonstrate achievement relevant to these evaluation questions:

DEMONSTRATION PHASE OUTCOMES

• Demonstration Phase Outcome #1: Every vaccination is recorded in state-based immunization information systems (IIS). Was every vaccination recorded in state-based IIS? Were measurable improvements or efficiencies demonstrated in the way pharmacists record vaccinations in IIS? Did increased number of providers use IIS? Was there an increase in the number of adolescent and adult patients with vaccinations documented in IIS?

• Demonstration Phase Outcome #2: Primary care providers are efficiently informed of vaccination provided by pharmacists. Did the pharmacists improve procedures for keeping primary care providers efficiently informed of the vaccinations given to their patients? Did primary care providers work with pharmacists to improve the exchange of vaccination information? Is there evidence of improved efficiencies or better provider satisfaction? Were there other achievements that signaled efficient immunization communication between pharmacists and other healthcare providers?

• Demonstration Phase Outcome #3: Consumers have easier access to immunization records, through hardcopy or IIS. Did patients have greater access to their personal immunization record? Did an increased number or proportion of patients have access to an electronic immunization records? Did patients report greater satisfaction/knowledge regarding their individualized vaccination status?

• Demonstration Phase Outcome #4: Immunization information systems are used to forecast or screen prospectively. Were state-based IIS used prospectively to check on patients' immunization status? Did increased numbers of pharmacists and other healthcare providers using IISU to forecast or screen prospectively? Did IIS assist pharmacists to better determine appropriate intervals between each of the three doses of HPV vaccination? Were IIS used to ensure non-duplication of vaccination?

• Demonstration Phase Outcome #5: Changes in patient care procedures make the vaccination assessment more routine. Was there an increase in the routine vaccination assessment, as measured through documentation in patient records? Were new technologies or procedures utilized to streamline the vaccine assessment? Did the pharmacists improve procedures for making immunization recommendations? Were the immunization recommendations made in a stronger way or in a more routine way? Did multiple categories of providers communicate to determine vaccination status, appropriate intervals or medical conditions that impact vaccination decision-making? (* E.g. Pharmacists and primary care providers). Did changes in patient care procedures result in higher rates of HPV series completion? Did changes in patient care procedures result in higher rates of immunization among adults? Did changes occur in the clinic set-up or patient flow procedures that resulted in better immunization services? Did referral procedures improve? If relevant, were disparities in immunization rates detectable? Could disparities be monitored and/or addressed through changes in patient care procedures?

• Demonstration Phase Outcome #6: Strong clinical protocols are in place to ensure management and reporting of adverse events. Did the pharmacists improve procedures for managing adverse events following vaccination? Did pharmacists improve their knowledge and use of the Vaccine Adverse Events Reporting System (VAERS)? Were there improvements in the knowledge and/or use of VAERS by other healthcare providers? As a result of training, was there an improvement in knowledge and use of VAERS by all healthcare providers on a large systems/community level?

• Demonstration Phase Outcome #7: Measurable evidence of better data exchange between pharmacists and other healthcare providers regarding the vaccination status of their shared patients. Were there improvements

in how immunizations are documented in immunization information systems (IIS) or in electronic health records? Did pharmacists and other healthcare providers develop better ways to exchange immunization information about their shared pool of patients? Did pharmacists and other healthcare providers develop better ways to use Electronic Health Records or IIS as a tool to improve immunization services? Were there increases in the numbers of pharmacists and other healthcare providers who exchange immunization information about their patients? Were there improvements to the information technology systems used by both pharmacists and other healthcare providers? Did immunization data exchange occur more smoothly or efficiently? Did multiple categories of healthcare provider work together to streamline immunization assessment, documentation, and/or recommendation of immunization? Were there other achievements in the immunization collaboration between pharmacists and other healthcare providers?

• Demonstration Phase Outcome #8: Pharmacy groups and public health have formalized vaccine preparedness plans which leverage strengths of public health and pharmacy distribution and vaccine management systems Did pharmacists work with other healthcare providers to put in place formalized vaccine preparedness plans? Did the project make significant contributions to the readiness of pharmacists in case of vaccination-related emergencies? In a case where formalized vaccine preparedness plans was already in place, did the project bring significant progress to the community or state's level of preparedness?

Dissemination Phase Outcomes

• Dissemination Phase Outcome #1: Tools, materials or other methodologies that have been demonstrated to improve immunization collaboration among pharmacists and other healthcare providers Did the project identify and develop useful national-level products to increase adult and HPV immunization rates? If the project is developing a model of change, is it clear what the model consists of, and why it will be used by pharmacists? Does the definition of the national-level products reflect an expert understanding of the current needs and gaps in the field immunization? Does the definition of the national-level products demonstrate expert knowledge of the state of the art and of the successes and failures to date in the field of immunization?

• Dissemination Phase Outcome #2: Verification that the products/models/tools will contribute to improved immunization rates Did the project evaluate the effectiveness or utility of their national-level products? Will healthcare providers perceive the national-level products as helpful to them? Did the project demonstrate that the national-level products will be used or have been used by a national-level audience of pharmacists? Did the project demonstrate that use of the national-level products contribute to improved immunization rates?

• Dissemination Phase Outcome #3: Dissemination and promotion of best practices/successes to NATIONAL AUDIENCE OF HEALTHCARE PROVIDERS with measures that demonstrate use by a national audience of providers Did the project disseminate their national-level products to their national target audience? Did the project demonstrate use of the national-level products among their target audience? Did the project demonstrate changes in knowledge or behavior of their target audience? Did the project disseminate to and make an impact upon a significant audience?

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an initial evaluation and performance measurement plan to show how they will identify progress in implementing activities in their program strategies and achieving their selected outcomes. Applicants will have already described measurable results in the workplan referenced above. In this section, they will refine those into performance measures and add details of any additional evaluation to be completed. Applicants should also:

Describe how they target population will be engaged in the evaluation and performance measurement planning process;

Describe potentially available data sources and feasibility of collecting appropriate evaluation and

performance data;

Describe how evaluations findings will be used for continuous program/quality improvement; and

Describe how evaluation and performance measurement will contribute to the development of the evidence based for improving adult immunization rates.

c. Organizational Capacity of Awardees to Execute the Approach

Applicants must demonstrate capacity in all three of these categories: 1. An important national constituency of pharmacists, 2. Documentation of a proven track record in bringing about measurable changes in immunization or other relevant health indicators 3. Reach into both the local-level clinic setting as well as to a national audience of immunizing pharmacists.

Evidence of An Important National Constituency of Pharmacists:

Applicants should demonstrate a significant pharmacist membership on a national level. To demonstrate national-level capacity, they must demonstrate active membership of pharmacists in two-thirds of the states. Active membership is typically characterized by dues paying status as well as other member actions. They should provide evidence of a substantial national role that their constituency/membership plays in immunization. They should explain how and why their constituency can make an impact on practice-level and national-level immunization rates. The applicant should include information about their working relationships with their own state chapters, associations or affiliate members.

Documentation of a Proven Track Record For Bringing About Measurable Improvements in Immunization or Other Relevant Health Indicators:

The applicant must provide documentation of a proven track record of outreach, education and implementation of behavior and systems change among pharmacists. The applicant should provide evidence of past achievement when they have mobilized their constituency/membership to bring about measurable improvements in immunization or other relevant health indicators. Significant past achievement with a measurable impact on a national audience of healthcare providers should be demonstrated for a minimum of five years. The applicant should explain how the cited significant past achievement is equivalent or nearly equivalent to the achievement planned for this project. The applicant should have a history of collaborating with multiple partners to accomplish similar health objectives; have expertise in assembling the resources needed to execute the particulars of the FOA; and have capability of disseminating, publicizing, and promoting the outputs and other work to relevant parties and partners.

Reach Into Both Local-Level Clinical Setting and on the National Arena:.

The applicant should demonstrate their reach on both a clinical/local level, as well as on a national level. “Reach” is defined as the ability to have an influence or impact on a group of pharmacists, other healthcare providers and/or the patients they serve. For purposes of the Demonstration Phase One of the project, the applicant should document how they can influence or impact immunization rates in a clinical setting on a local or regional level. Pharmacists must use state IIS in this project, so applicant should document this level of access for the geographic locations where they will work in the Demonstration Phase of the project. For purposes of the Dissemination Phase Two of the project, they must demonstrate their ability to disseminate findings and practical tools that will be utilized by a national-level of pharmacists. Through the description of the four applicant-defined target groups, the applicant can demonstrate its ability to reach into and make an impact on both the clinical practice level and on the national level.

d. Work Plan

Applicants must identify and address the activities under this FOA in no more than 15 pages. Specific details on how the proposed strategies will achieve the outcomes should be included. CDC will provide feedback and technical assistance to recipients to finalize the workplan post award. Workplans must include

a. For each selected activity, a descriptive plan, process and timeline with milestones/measures for efforts related to each short term outcome in the logic model, for the Year-One detailed work plan. A high-level work plan for Years Two through Four should address how progress will continue;

b. A description of the staff and administrative roles and functions to support the project work plan and the outcomes. Awardees should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of this FOA;

c. A description of administrative and assessment processes to ensure successful implementation, reporting and quality assurance;

d. A description of organizational capacity to successfully achieve the project outcomes, including demonstrated experience leading to collective action;

e. A description of capacity and plans to successfully implement sustainable practices that result in the improved immunization rates of the target population.

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

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

Monitoring may also include the following activities:

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

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

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

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

CDC will 1) provide technical assistance in identifying major immunization issues, setting program priorities, and implementing and evaluating project activities. 2) Assist in the review of immunization messages and materials both for technical accuracy and for compliance with proven health education and communication strategies. 3) Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of grantees, workshops, conferences, newsletters, and communications with project officers. 4) Monitor the recipient's performance of program activities and progress toward program goals.

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:	H23
3. Fiscal Year:	2015
Estimated Total Funding:	$1,600,000
4. Approximate Total Fiscal Year Funding:	$1,600,000
5. Approximate Project Period Funding:	$1,600,000
6. Total Project Period Length:	2 year(s)
7. Expected Number of Awards:	2
8. Approximate Average Award:	$800,000 Per Project Period
9. Award Ceiling:	$800,000 Per Project Period
10. Award Floor:	$500,000 Per Project Period
11. Estimated Award Date:	09/01/2015

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

12. Budget Period Length: 24 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

2. Additional Information on Eligibility

There are no special eligibility requirements. Applicants should note, however, the section of the FOA related to " Applicant's Organizational Capacity." Applicants must be able to demonstrate their capacity to make a national impact, through a significant membership of pharmacists on a national level and from a history of national-level achievement. Full details are outlined in the Applicant Organizational Capacity Section. Commercial entities cannot apply due to restrictions outlined in the Statutory Authority.

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

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet athttp:// fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

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

c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option atwww.grants.gov.

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

N/A

b. Application Deadline

Due Date for Applications: **07/27/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

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

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A Letter of Intent is not requested or required as part of the application for this FOA.

8. Table of Contents

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

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and

upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the CDC Project Description section – Approach: Target Population.

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c. Applicant Evaluation and Performance Measurement Plan

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

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

Where the applicant chooses to, or is expected to, take on specific evaluation studies:

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

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11. Work Plan

(Included in the Project Narrative's 20 page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

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

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12. Budget Narrative

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies

- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern 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.

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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 /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying _Restrictions_ for_CDC__ Grantees_July_ 2012.pdf

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

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18. Other Submission Requirements

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

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

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Applicant User Guide, Version 1.1, page 102.

http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8

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

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

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

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

E. Review and Selection Process

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

a. Phase I Review

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCIRD and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Applicant's Organizational Capacity to Implement the Approach:	Maximum Points: 35

Organizational capacity is defined by these three elements: 1. An important national constituency of pharmacists, 2. Documentation of a proven track record in bringing about measurable changes in immunization or other relevant health indicators 3. Reach into both the local-level clinic setting as well as to a national audience of immunizing pharmacists.

To assess organizational capacity, reviewers will first determine if ALL three elements are present or not present. If one or more of these elements are absent, the application will be judged as not meeting the

criteria for organizational capacity, thereby not meriting further review. If all elements are present, then the review will continue to more fully assess this section of the application, leading to a scoring determination of up to 35 points.

Evidence of An Important National Constituency of Pharmacists Does the applicant demonstrate a significant pharmacist membership on a national level, with active membership in two-thirds of the United States? (Active membership is typically characterized by dues paying status as well as other member actions, such as committee membership, active electronic communications between members and organization, strong conference attendance.) Does the applicant provide evidence of a substantial national role that their constituency/membership plays in immunization? Do they explain how and why their constituency can make an impact on practice-level and national-level immunization rates? Does the applicant describe strong and robust working relationships with their own state chapters, associations or affiliate members? Documentation of a Proven Track Record For Bringing About Measurable Improvements in Immunization or Other Relevant Health Indicators Does the applicant cite significant past achievement that is equivalent or nearly equivalent to the achievement planned for this project? Does the applicant provide documentation of a proven track record of outreach, education and implementation of behavior and systems change among pharmacists? Is there evidence of past achievement for at least five years, when they have mobilized their constituency/membership to bring about measurable improvements in immunization or other relevant health indicators?

Reach Into Both Local-Level Clinical Setting and on the National Arena. Does the applicant should demonstrate their reach on both a clinical/local level, as well as on a national level? Does the applicant provide evidence of influencing their membership to achieve immunization or related health objectives? For purposes of the Demonstration Phase One of the project, does the applicant provide evidence on how they can influence or impact immunization rates in a clinical setting on a local or regional level. Does the applicant provide evidence that their targeted pharmacists can use state IIS in their relevant geographic locations? For purposes of the Dissemination Phase Two of the project, does the applicant demonstrate the ability to disseminate findings and practical tools that will be utilized by a national-level of pharmacists? Through the description of the four applicant-defined target groups, has the applicant demonstrated its ability to reach on both a clinical/local level and on a national level?

Approach	**Maximum Points: 40**

Approach: (40 Points) Has applicant provided a sound evidence-based approach to selection of activities and reaching the target population or constituents? Has the applicant outlined SMART (Specific, Measurable, Achievable, Relevant and Time-bound) objectives and clearly stated activities to support each objective? Has the applicant proposed a solid technical package of activities that will result in stronger immunization services in a cost-efficient, impact-driven manner? Does the application describe strategies, activities and outcomes that are consistent with the purpose of the FOA? Is the proposed use of funds an efficient and effective way to achieve the purpose of the FOA? Has the applicant defined the four specific target groups and provided a strong rationale for their selection? Does the application lay out an achievable plan for both for the first demonstration phase of the project and the second dissemination phase of the project? Does the applicant have plans to sustain efforts beyond the funding period?

Note: Four specified target groups are as follows: 1. DEMONSTRATION Phase One: Target Group of Pharmacists 2. DEMONSTRATION Phase One: Target Group of Other Healthcare Providers 3. DEMONSTRATION Phase One: Shared Pool of Adult and Adolescent Patients 4. DISSEMINATION Phase Two: National-level Audience of Healthcare Providers

Evaluation and Performance Management	**Maximum Points: 25**

ii. Evaluation and Performance Management: (25 Points) The applicant has provided a sound evaluation plan that includes both process and outcome measures. The applicant will demonstrate achievement of project outcomes, and relate these project outcomes to the overall goal of increasing adult vaccination rates on a national level.

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

c. Phase III Review

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

The following factors may also affect the funding decision: Georgraphic diversity, diversity of provider type, racial and ethnic diversity among the target populations of patients and potential for significant impact on immunization rates.

2. Announcement and Anticipated Award Dates

FOA Announcement Date: March 23, 2015

Anticipated Award Date: August 1, 2014

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC PGO. The NOA shall be the only binding, authorizing document between the awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html

The HHS Grants Policy Statement is available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf.

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

For more information on the C.F.R. visit http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to awardees;

- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the FOA copying the CDC Project Officer.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

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

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

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and

update measures, if needed.

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

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted through eRA Commons 90 days after the end of the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to PGO and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000. For the full text of these requirements, see: http://www.gpo.gov /fdsys/browse/ collection.action?collectionCode= BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Susan Farrall, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
, GA
Telephone: (404) 639-8852

Email: sof3@cdc.gov

Grants Staff Contact

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

Micahel Vance, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
, GA
Telephone: (770) 488-2686
Email: mav5@cdc.gov

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

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

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

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

H. Other Information

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

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

The Paperwork Reduction Act of 1995 (PRA): Offerors are advised that any activities involving information collections (i.e., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements, etc.) from 10 or more non-Federal entities, including State and local governmental agencies, are subject to the conditions of the PRA. Under the PRA, a Federal agency sponsoring a standardized data collection or directly obtaining standardized or substantially similar information from ten or more persons or entities (other than Federal employees within the scope of their employment) in any 12-month period must obtain advance written approval from the Office of Management and Budget (OMB)." Regardless of form or format (oral, written, or electronically transmitted), responses of opinion or fact requested or required by or for CDC, except those specifically exempted or excluded, are subject to the

provisions of the PRA and its implementing regulation, 5 CFR 1320 (Controlling Paperwork Burdens on the Public).

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional requirements/index.html. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

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

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

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

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

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

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial

involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

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

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

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.

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 activites; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

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

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available

at www.plainlanguage.gov.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

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

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

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

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

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