

Centers for Disease Control and Prevention

Center for Global Health

Strengthening a Regional Public Health Surveillance, Capacity and Laboratory Network for Central America with the Secretaria General del Sistema de la Integracion Centroamericana (SG-SICA) / Consejo de Ministros de Salud de Centroamerica (COMISCA)

CDC-RFA-GH15-1607

Application Due Date: 04/20/2015

Signature _____ Date _____

Strengthening a Regional Public Health Surveillance, Capacity and Laboratory Network for Central America with the Secretaria General del Sistema de la Integracion Centroamericana (SG-SICA) / Consejo de Ministros de Salud de Centroamerica (COMISCA)

CDC-RFA-GH15-1607

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Part I. Overview Information

A. Federal Agency Name:

Centers for Disease Control and Prevention

B. Funding Opportunity Title:

Strengthening a Regional Public Health Surveillance, Capacity and Laboratory Network for Central America with the Secretaria General del Sistema de la Integracion Centroamericana (SG-SICA) / Consejo de Ministros de Salud de Centroamerica (COMISCA)

C. Announcement Type:

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

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

D. Agency Funding Opportunity Number:

CDC-RFA-GH15-1607

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

93.283

F. Dates:

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

2. Due Date for Applications: **04/20/2015**

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

G. Executive Summary:

1. Summary Paragraph:

This project will:

1. Enhance and strengthen ongoing regional cooperation related to the creation of a shared surveillance information platform.

2. Contribute to efficiencies the small Central American countries are seeking to improve laboratory capacity by creating networks of reference laboratories.

3. Develop and implement regional guidelines for biosafety, as well as other guidelines that are appropriately developed regionally. It will strengthen the network of epidemiologists and regional epidemiological training.

4. Strengthen regional communication and the capacity of the countries of the region to respond in a coordinated manner to epidemiological and public health threats.

This program addresses the issues of Health Communication; Immunization and Infectious Diseases; Public Health Infrastructure; Respiratory Diseases; and Sexually Transmitted Diseases, and is in alignment with HHS/CDC performance goal(s) to protect Americans from infectious diseases by providing global health promotion, health protection and health diplomacy.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) the Center for Global Health's priority areas identified in "Protecting the Nation's Health in an Era of Globalization: CDC's Global Strategy for Addressing Infectious Diseases". Priority areas for this cooperative agreement include: 1) implementation of proven disease prevention and control interventions, 2) application of proven public health tools, 3) identification of potential global initiatives for disease control and, 4) public health training and capacity building.

a. Eligible Applicants: Single Eligibility - COMISCA
b. FOA Type: Cooperative agreement
c. Approximate Number of Awards: 1
d. Total Project Period Funding: $10,000,000
e. Average One Year Award Amount: $2,000,000
f. Number of Years of Award: 5
g. Approximate Date When Awards will be Announced: 08/01/2015
h. Cost Sharing and /or Matching Requirement: Cost sharing or matching is not required.

Part II. Full Text

A. Funding Opportunity Description

1. Background

The CDC Central American region commonly refers to the 8 countries (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Dominican Republic and Panama) in the southernmost part of the North American continent. These 8 countries are packed into a relatively small area totaling approximately 202,000 square miles but yet accounts for 7% of the world's biodiversity. The close geographic proximity of these countries makes movement across borders of people, animals and diseases a high probability; however regional capacity to detect and diagnose emerging infections is not only inadequate but also variable among different countries in Central America. The main public health problems facing the Central America region are an inability to quickly and efficiently review and analyze data and information; a lack of quality in the national reference laboratories; insufficient regulations and standardization of technical and biosafety procedures for quality control and quality assurance; and a lack of integration of epidemiological surveillance, laboratory and hospital systems.

COMISCA represents all of the Ministers of Health of Central America and is therefore best placed to address some of the public health issues identified above through a regional approach. In order to do that, COMISCA has identified through its Executive Secretariat the need for technical and financial support to address the existing public health problems at the regional level. COMISCA is therefore the prime partner for CDC-CAR to assist in enhancing public health surveillance and laboratory networks and improved communication and information sharing in the region.

Alignment with Regional Priorities: Efforts supported through this FOA are aligned with national goals of Central American countries to advance country and regional ownership of activities through transition of program implementation from international partners to ministries of health and other appropriate local partners. Additionally, this FOA aligns with Central American Countries' goals of creating a regional surveillance, laboratory and communications system.

a. Statutory Authorities

This program is authorized under:

(a) Public Health Service Act, Sections 301(a)[42 U.S.C. 241(a), 307[42 U.S.C. 242l]

b. Healthy People 2020

Healthy people 2020 provides national health objectives for improving the health of all persons by encouraging collaborations across sectors, guiding individual toward making informed health decisions, and measuring the impact of prevention activities. Additional information on Healthy People 2020 is available at htts://www.healthypeople.gov. This program addresses the Healthy People 2020 focus topic area of global health found at http://www.healthypeople.gov/2020/topics-objectives/topic/global-health .

c. Other National Public Health Priorities and Strategies

Key national priorities and strategies relevant to CDC's mission in Central America are to (1) enhance existing integrated national public health networks (epidemiology, laboratory, clinical) under IHR and (2) develop international-caliber national public health surveillance and response systems that will be regional resources. Activities to support these two-overarching national priorities is predicated on assessment of capabilities, capacities, infrastructure, and training needs, with implementation through mentoring and technical assistance for the purpose of developing national guidelines and providing training in international standards.

Building on these two-overarching national priorities, activities that would address the following sub-priorities are of key interest:

a. Indicator-based surveillance includes an early warning function for the early detection of a public health event.

b. Event-based surveillance is established.

c. Infection prevention and control (IPC) is established at national and hospital levels.

d. Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed.

e. Priority public health risks and resources are mapped.

f. Mechanisms for effective risk communication during a public health emergency are established.

g. Human resources are available to implement IHR core capacity requirements.

h. Laboratory services are available to test for priority health threats.

i. Laboratory biosafety and laboratory biosecurity (biorisk management) practices are in place.

j. Mechanisms for detecting and responding to zoonosis and potential zoonosis are established.

k. Mechanisms are established for detecting and responding to foodborne disease and food contamination.

Through such activities the long-term direction is to establish nations of Central America as role models and mentors to other nations and public health institutions in Latin America and the Caribbean.

d. Relevant Work

This FOA will build upon CDC's prior collaboration with COMISCA. In 2015, COMISCA will complete their first five year cooperative agreement with CDC. During the period of 2010 to 2015 CDC and COMISCA worked together to strengthen emergency preparedness in Central America, develop Standard Operating Procedures (SOP) for a regional network of public health laboratories, facilitate the exchange of information especially related to best practices and lessons learned and strengthen regional surveillance for influenza. The next phase of the CDC COMISCA collaboration will build on these activities, as well as activities currently being implemented through the Universidad del Valle de Guatemala and the Pan- American Health Organization.

The activities requested in this FOA are also in alignment with HHS/CDC performance goal(s) to protect Americans from infectious diseases by providing global health promotion, health protection and health diplomacy. Measurable outcomes of the program will be in alignment with one (or more) of the performance goal(s) as identified in the Center for Global Health's "Protecting the Nation's Health in an Era of Globalization: CDC's Global Strategy for Addressing Infectious Diseases". Priority areas for this cooperative agreement include:

1) implementation of proven disease prevention and control interventions,

2) application of proven public health tools,

3) identification of potential global initiatives for disease control and,

4) public health training and capacity building.

2. CDC Project Description

A.2.a. Approach

*Asterick denoted in the logic model below indicates outcomes to be achieved during the project period.

<table>
<tr><td></td><td colspan="4">FOA CDC-PA-GH 15-1607 Logic Model:
<u>"Strengthening a Regional Public Health Surveillance, Capacity and Laboratory Network for Central America with the Secretaría General del Sistema de la Integración Centroamericana (SG-SICA) / Consejo de Ministros de Salud de Centroamérica (COMISCA)."</u></td></tr>
<tr><td rowspan="2">Activities</td><td></td><td colspan="3">Outcomes
<u>(Intended effects or changes in the population/organization/system that will result from your FOA Activities - i.e. what will result from the awardee activities)</u></td></tr>
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Provide technical assistance to national Ministries of Health to improve surveillance, and laboratory capacity for the detection, prevention and control of infectious diseases, particularly those of regional interest	Priority infectious diseases are identified by country and region and these diseases are part of routine national surveillance	Improved timeliness of detection and control of infectious disease outbreaks by countries in the COMISCA network *	Decreased regional transmission of outbreaks among COMISCA countries *	Increased coordination and communication among COMISCA countries* Improved regional Health Security*
Expand the regional epidemiological and surveillance information system platform initiated during the 2009 influenza pandemic to include data management for other priority diseases in the region	Regional epidemiological and surveillance information system platform is being used to track all priority infectious diseases.	Increased early detection of outbreaks through the national surveillance platforms*		
Develop regional epidemiological protocols and guidelines including data collection tools, standard core variables, and surveillance protocols in support of a regional epidemiological, surveillance network.	Fully implement standard data collection tools, standard core variables, and surveillance protocols for use in national surveillance within the COMISCA network	Increased uptake, adoption and utilization of epidemiological protocols and guidelines*		
Develop a regional laboratory network to include implementation of SOPs for biosafety, biosecurity and sharing of laboratory results and establishment of accredited reference laboratories	Regional reference laboratories are identified and internationally accredited	Increased recognition of laboratories within Central America through international accreditation*	Increased collaboration among regional laboratories and increased use of regional reference laboratories for testing of unknown specimens and confirmation of laboratory results*	

Convene quarterly conference calls and annual meetings among the COMISCA network to improve communication and data sharing within the network	Routine conference calls and meetings established during which time reports on activities, results and problems are shared	Increased data sharing, including best practices and lessons learned among countries in the COMISCA network*	Improved timeliness of information sharing, by countries in the COMISCA network, with regional partners pertaining to events of public health importance*	
Provide technical assistance to countries in the region to implement the International Health Regulations (IHR)	Countries in Central America are IHR compliant	Increased IHR compliance among COMISCA countries *	Improved performance of countries in the COMISCA network as IHR role models, thus providing technical assistance to other countries in the region who are not IHR compliant*	

i. Problem Statement

The main public health problems facing the Central America region are an inability to quickly and efficiently review and analyze data and information; a lack of quality in the national reference laboratories; insufficient regulations and standardization of technical and biosafety procedures for quality control and quality assurance; and a lack of integration of epidemiological surveillance, laboratory and hospital systems. In this regional effort, COMISCA has identified through its Executive Secretariat the need for technical and financial support to solve the existing problems at the regional level in relation to: the lack of comprehensive approach to disease control, lack of coordination and networking, lack of compliance with International Health Regulations (IHR) and inadequate capacity to respond to emergencies and disease outbreaks.

ii. Purpose

Through this FOA, CDC aims to assist COMISCA in improving regional capacity to detect and respond to disease outbreaks in a timely manner and improve coordination, collaboration and communication among Ministries of Health and other entities working to address public health issues in the region.

iii. Outcomes

Short Term- It is expected that these outcomes will be achieved in the first 2-3 years of the Cooperative Agreement due to the time needed to establish the systems required to achieve the outcomes:

· Improved timeliness of detection and control of infectious disease outbreaks by countries in the COMISCA network

· Increased early detection of outbreaks through the national surveillance platforms

· Increased uptake, adoption and utilization of epidemiological protocols and guidelines

· Increased recognition of laboratories within Central America through international accreditation

· Increased data sharing, including best practices and lessons learned among countries in the COMISCA network

· Increased IHR compliance among COMISCA countries

Intermediate Term- It is expected that these outcomes will be achieved in year 4 of the Cooperative Agreement. They will build on the outcomes and achievements in the first 3 years:

· Decreased regional transmission of outbreaks among COMISCA countries

· Increased collaboration among regional laboratories and increased use of regional reference laboratories for testing of unknown specimens and confirmation of laboratory results

· Improved timeliness of information sharing, by countries in the COMISCA network, with regional partners pertaining to events of public health importance

· Improved performance of countries in the COMISCA network as IHR role models, thus providing technical assistance to other countries in the region who are not IHR compliant

Long Term- Partners will be working towards these outcomes in year 5 and possibly beyond the end of the Cooperative Agreement:

Increased coordination and communication among COMISCA countries resulting in improved regional Health Security

iv. Funding Strategy

Not Applicable

v. Strategies and Activities

Through this FOA, COMISCA will:

· Provide technical assistance to national Ministries of Health to improve surveillance, and laboratory capacity for the detection, prevention and control of infectious diseases, particularly those of regional interest.

· Expand the regional epidemiological and surveillance information system platform initiated during the 2009 influenza pandemic to include data management for other priority diseases in the region.

· Develop regional epidemiological protocols and guidelines including data collection tools, standard core variables, and surveillance protocols in support of a regional epidemiological, surveillance network.

· Develop a regional laboratory network to include implementation of SOPs for sharing of laboratory results and establishment of reference laboratory capabilities.

· Convene quarterly conference calls and annual meetings among the COMISCA network to improve communication and data sharing within the network.

· Provide technical assistance to countries in the region to implement the International Health Regulations

1. Collaborations

With CDC-funded programs:

COMISCA may potentially collaborate with the Division of Global Health Protection's Field Epidemiology Training Program (FETP) when FETP students are engaged in projects funded through "mini grants" to MOHs. COMISCA will also collaborate with other CDC-funded partners when engaging key stakeholders in strategy development. Such partners may include the Universidad del Valle de Guatemala (UVG), and the Pan-American Health Organization (PAHO).

With organizations external to CDC:

COMISCA represents the Central American Ministers of Health and carries out its authority to develop plans for regional public health networks. Given COMISCA's charter, all of the MOHs are principal partners. As expected by the MOHs and as required by this FOA, COMISCA will routinely engage all key stakeholders in the region in strategy development. COMISCA is advised by UNAIDS, the Global Fund, PAHO, CDC and USAID. Close coordination with these stakeholders will minimize duplication of efforts.

2. Target Populations

Not applicable

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation Question	Performance Measure	Data Source	Collection Method	Frequency of Collection	Dissemination and Utilization

Activity 1: Provide technical assistance to national Ministries of Health to improve surveillance, and laboratory capacity for the detection, prevention and control of infectious diseases, particularly those of regional interest.					
Have priority infectious diseases been identified for surveillance purposes?	# of COMISCA countries with a priority infectious disease list of surveillance purposes	MOH Staff	Staff Interviews Document Review	Annually	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Share with regional partners and compare common infectious diseases to determine regional approach to surveillance of those diseases.
To what extent do COMISCA countries have a functional National surveillance system in place?	% of COMISCA countries with functional National surveillance systems	MOH Staff Surveillance System Data	Self- Report Review of surveillance system data	Annually	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Creation of annual surveillance reports discussing results and findings from surveillance platforms.
	# of diseases under surveillance per country	MOH Staff Surveillance System Data	Review of surveillance system data	Quarterly	
	% of population under surveillance per country	MOH Staff Surveillance System Data	Self- Report Review of surveillance system data		
Do the surveillance systems include all identified priority diseases?	# of countries whose surveillance platform includes all identified priority diseases	Surveillance System	Review and comparison of documents related to identified priority diseases and surveillance system	Annually	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices
Have surveillance systems reduced the amount of time it takes to identify an outbreak?	# of days between patient zero presenting with symptoms and an outbreak being declared	Surveillance system	Surveillance system data	Semi-annually	Data from the first two years of a functional surveillance system will serve as baseline data for future comparison Meet with COMISCA countries to examine results and discuss barriers and best practices

Activity 2: Expand the regional epidemiological and surveillance information system platform initiated during the 2009 influenza pandemic to include data management for other priority diseases in the region.					
Does information surveillance system platform priority diseases in addition to influenza?	# of priority diseases included in information surveillance system platform	MOH Staff Surveillance System Platform	Interviews Review of Surveillance system platform	Annually	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Creation of annual surveillance reports discussing results and findings from surveillance platforms.
	# of COMISCA countries with expanded information surveillance system platforms				
Are more outbreaks being identified due to improved surveillance system?	% of outbreaks first identified through surveillance system versus other means such as local media reports	Surveillance system Media reports Clinic and hospital records Household surveys	Surveillance system data Newspapers, radio reports, news broadcasts Review of patient records Interviews of a sample of constituents of affected areas	annually	Data from the first two years of a functional surveillance system will serve as baseline data for future comparison Meet with COMISCA countries to examine results and discuss barriers and best practices
Activity 3: Develop regional epidemiological protocols and guidelines including data collection tools, standard core variables, and surveillance protocols in support of a regional epidemiological, surveillance network					
Have standard protocols and data collection tools been developed?	# of Standard Operating Procedures (SOP) in place	Approved SOPs and protocols	Document Review	Semi-annually	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Disseminate standardized documents to all COMISCA countries and other international partners in the region involved in public health projects
	#of standard surveillance protocols in place				

Are COMISCA countries using the standardized SOPs, protocols and data collection methods?	# of COMISCA countries using standardized data collection tools	Approved protocols and SOPs MOH staff	Document Review Interviews	Annually	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Assess utilization of standardized documents and provides countries an opportunity to provide feedback on documents
	# of COMISCA countries using standardized SOPs				
	# of COMISCA countries using standardized protocols				
Have standardized data collection tools improved case reporting?	Compare number of cases reported using data collection tools versus other methods	Data Collection Tools	Review Data Reported on collection tools	annually	Data from the first two years of a functional surveillance system will serve as baseline data for future comparison Meet with COMISCA countries to examine results and discuss barriers and best practices
Activity 4: Develop a regional laboratory network to include implementation of SOPs for sharing of laboratory results and establishment of reference laboratory capabilities.					
Have regional reference laboratories been identified?	# of regional reference laboratories identified	MOH staff Laboratory Mission and SOPs	Interviews Document Review	Semi-Annually	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Share list of regional reference laboratories and their capabilities with COMISCA countries
	# of pathogens for which a regional reference lab is identified				

Are identified regional reference laboratories internationally accredited?	% of identified regional reference laboratories with an international accreditation	Laboratory Documents Accreditation Bodies	Accreditation Certificate	Annually	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Share international accreditation documentation with COMISCA countries
Are COMISCA countries increasingly using the regional reference laboratories for testing of unknown pathogens or confirmation of test results?	# of samples received by regional reference laboratories compared to # of samples received in 12 months prior	Laboratory Records Laboratory Staff	Document review Staff interviews	Annually	Data from the first two years of a functional surveillance system will serve as baseline data for future comparison Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Creation of annual laboratory report discussing results and findings from testing run at reference laboratories.
Activity 5: Convene quarterly conference calls and annual meetings among the COMISCA network to improve communication and data sharing within the network.					
Are routine conference calls and meetings among COMISCA network being held?	# of conference calls held	COMISCA Staff	Staff Interviews	Quarterly	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Conference Call and Meeting Minutes distributed to COMISCA countries and other regional partners
	# of COMISCA countries regularly participating in the conference calls	Conference Call Minutes	Minute Review		
	# of meetings held	COMISCA Staff	Staff Interviews	Annually	
	# of COMISCA countries regularly participating in the meetings	Meeting Minutes	Minute review		

Has routine meetings and calls resulted in improved data sharing and coordination among COMISCA countries?	# of coordination events (emails or phone calls) held outside of routine calls	COMISCA representatives Document Review	Interview country Reps to COMISCA Review of relevant emails, briefings, notices, etc	annually	Data from the first two years of a functional surveillance system will serve as baseline data for future comparison Meet with COMISCA countries to examine results and discuss barriers and best practices
	# of data sets, reports or press releases shared within the COMISCA network				
Activity 6: Provide technical assistance to countries in the region to implement the International Health Regulations (IHR)					
Are COMISCA countries IHR compliant?	% of COMISCA countries reporting IHR compliance	WHO IHR reports	Document Review Interviews	Annually	Meet with key stakeholders to examine topics that still need to be improved, discuss barriers and best practices Dissemination of IHR reports including on which elements countries are compliant and on which they are requesting additional assistance to become compliant

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an overall jurisdiction- or community-specific evaluation and performance measurement plan that is consistent with the CDC strategy. At a minimum, the plan must:

Describe how key program partners will participate in the evaluation and performance measurement planning processes.

Describe the type of evaluations (i.e., process, outcome, or both) to be conducted.

Describe key evaluation questions.

Describe other information (e.g., performance measures to be developed by the applicant), as determined by the CDC program, that must be included.

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

Describe how evaluation findings will be used for continuous program quality improvement.

Describe how evaluation and performance measurement will contribute to developing an evidence base for programs that employ strategies lacking a strong effectiveness evidence base.

c. Organizational Capacity of Awardees to Execute the Approach

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

d. Work Plan

Applicants should provide a high-level work plan that covers the duration of the project, with more detail for the first year of the project period. The work plan should cross walk to the strategies and activities, outcomes, and performance measures presented in the logic model and narrative sections of the FOA. The table below should be completed for each project period outcome identified in the logic model. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Project Period Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies/Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6.			
7.			

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). HHS grants policy specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

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

Monitoring may also include the following activities:

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

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

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

No additional monitoring and accountabiltiy approach provided other than what has already been stated.

f. CDC Program Support to Awardees

CDC Activities with Substantial Involvement

Additional CDC Activities

1. Organize an orientation meeting with the grantee for a briefing on applicable U.S. Government and HHS/CDC, expectations, regulations and key management requirements, as well as report formats and contents.

2. Meet with the awardee(s) on at least a quarterly basis to review expenditures, and technical progress and revise work plan or spend plan as necessary.

3. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.

4. Provide technical oversight for all activities under this award.

5. Monitor and evaluate scientific and operational accomplishments of this project through frequent consultation, review of technical reports, and interim data analyses.

6. Provide in-country administrative support to help awardee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).

7. Advise and assist in the provision of special reagents, equipment or other materials as needed.

8. Meet on an annual basis with the grantee to review annual progress report for each US Government fiscal year and to review annual work plans and budgets for subsequent years.

9. Review and approve abstracts, manuscripts and presentations related to activities funded through this FOA.

10. Assist the awardee with target setting for each activity.

11. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the awardee. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement
	CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Funding Activity Category:	HL
3. Fiscal Year:	2015
Estimated Total Funding:	$10,000,000
4. Approximate Total Fiscal Year Funding:	$2,000,000
5. Approximate Project Period Funding:	$10,000,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	$2,000,000 Per Budget Period
9. Award Ceiling:	$2,000,000 Per Budget Period
10. Award Floor:	$0 Per Budget Period
11. Estimated Award Date:	08/01/2015
12. Budget Period Length:	12 month(s)

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

13. Funds Tracking

Applicant is required to track funds by P-Accounts/Sub-Accounts for each project/cooperative agreement awarded.

14. Direct Assistance

Direct assistance is not available through this FOA.

15. Indirect Costs

Indirect Costs are not an allowable cost through this FOA.

C. Eligibility Information

1. Eligible Applicants

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

2. Special Eligibility Requirements

Assistance will be provided only to the Secretaría General del Sistema de la Integración Centroamericana (SG-SICA) / Consejo de Ministros de Salud de Centroamérica (COMISCA). No other applications are solicited.

Secretaría General del Sistema de la Integración Centroamericana (SG-SICA) /
Consejo de Ministros de Salud de Centroamérica (COMISCA)
Rolando Hernando ArquetaCCD/icddrb
Blvd. Orden de Malta; Edificio Eben Ezer 4 Nivel
Urb. Santa Elena, Antiquo Cuscatlan, El Salvador

3. Justification for Less than Maximum Competition

SG-SICA/COMISCA is the most appropriate and qualified agency to conduct the activities specified under this cooperative agreement because:

1. SG-SICA/COMISCA is the entity that represents all of the Ministers of Health of Central America. It is both a political and a technical entity. SG-SICA/COMISCA is uniquely positioned, in terms of legal authority and support from all Ministries of Health in Central America, to collaborate with CDC-Central America Region (CAR) to enhance sustainable public health surveillance and laboratory networks in the region.

2. As such, the SG-SICA/COMISCA can easily work with all of the Ministries of Health of the Central America region in a way that no other entity can. The Ministers of Health of eight countries have agreed to support the development of a shared information platform which will be managed by the SG-SICA/COMISCA. No other entity in the region has this capacity.

3. SG-SICA/COMISCA has experience executing a large public health project financed by the World Bank that was focused on training and laboratory strengthening.

4. As the entity that represents the Central American Ministers of Health from eight countries in the region SG-SICA/COMISCA is the only organization in the region that has the authority to develop plans for regional public health networks including surveillance and laboratory.

5. SG-SICA/COMISCA is the only entity that can pass funds to the Central American Ministries of Health and can contract personnel for the Ministries of Health in eight countries in the region.

6. SG-SICA/COMISCA has the political authority necessary to convene regional meetings, and since it has been doing this for years it also has the administrative capacity needed. SG-SICA/COMISCA is the only organization able to function in this capacity as they are actually *mandated* by eight national Ministries of Health to do so.

7. SG-SICA/COMISCA has a fiscal management system in place that is unique within the region in that their financial records (consisting of funds from all eight Ministries of Health from each of the eight countries) for all of their activities are audited by an independent third-party organization.

8. SG-SICA/COMISCA has demonstrated previous success both programmatically and establishing public health policy by brokering an agreement (the *Integration Treaty for Central America*) between all eight Central American countries to have a uniform list of 36 different medications that can be used to treat several fundamental health concerns within the region. No other entity in Central America has the capability to *issue* multi-lateral agreements of this nature that reflects an agreement between not only Ministers of Health, but also the Presidents of each of the countries in Central America; other public health entities are only able to provide *recommendations* for action.

9. SG-SICA/COMISCA has established, and coordinates, multiple subject matter expert groups (e.g., medical services, surveillance, epidemiology, laboratory, etc.) that are considered to be an authoritative voice by all eight countries in Central America.

10. SG-SICA/COMISCA has established a five year plan for public health in Central America that has been formulated and agreed upon by all eight Ministers of Health in the region; the activities in this plan directly coincide with CDC-CAR's public health initiatives.

11. Because of their unique position, both politically and programmatically, in the region, the US Secretary for Health has signed a Letter of Intent with the Ministers of Health of Central America.

SG-SICA/COMISCA has been a collaborative partner with CDC for a number of years, receiving its first direct funding from CDC in 2010. SG-SICA is currently funded through CDC Cooperative Agreement 1U19GH000064, "Developing a Regional Public Health Surveillance and Laboratory Network for Central America with the Secretaría General del Sistema de la Integración Centroamericana (SG-SICA) / Consejo de Ministros de Salud de Centroamérica (COMISCA)". The project period for this award is September 15, 2010 through September 14, 2015. Prior to the public release of this FOA in 2010, CDC-CAR submitted, and received approval for single eligibility justification for COMISCA.

Additionally, given COMISCA's authority to represent the Ministries of Health throughout Central America in enhancing

sustainable public health networks, disapproval of this Single Eligibility Justification (SEJ) request could undercut CDC-CAR gains in and continuing efforts to establish regional coordination and credibility. Having to re-establish regional coordination and communication without COMISCA's partnership would be expensive and time consuming and would go against the expectations of the individual MOHs as well as the spirit of the Letter of Intent executed by the US Secretary of Health.

4. Other

Not Applicable

5. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

6. Maintenance of Effort

Maintenance of Effort is not required.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov***.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and folllow the instructions to obtain your DUNS 9-digit #	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711

		4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		
2	System for Award Management (SAM) formerly Central Contractor Registration (CRR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact www.fsd.gov/US Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Applications: **04/20/2015**

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

5. CDC Assurances and Certifications

All applicants are required to sign and submit CDC Assurances and Certifications documents that can be found on the CDC Web site: http:// www.cdc.gov/od/pgo/ funding/grants/foamain. shtm

Applicants may follow either of the following processes:

- Applicants must name this file "Assurances and Certifications" and upload as a PDF on www.grants.gov.
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http:// www.cdc.gov/od/pgo/ funding/grants/ foamain.shtm

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

6. Contents and Form of Applications Submission

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

7. Letter of Intent (LOI)

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

8. Table of Contents

(No page limit, not included in project narrative page limit). Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum of 1 page, single spaced, 12 point font, 1-inch margins). A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Problem Statement

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

ii. Purpose

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

iii. Outcomes

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

iv. Strategy and Activities

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

c. Applicant Evaluation and Performance Measurement Plan

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

The plan must:

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

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

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

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

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov

Curricula Vitae or Key Staff including Principle Investigator and Technical Staff for every proposed activity are requested

Ortanizational Charts are requested

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

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

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

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

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http:// www.cdc.gov/od/ pgo/funding/budgetguide.htm.

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

Job Descriptions should be submitted for all new positions being proposed

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

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

Nutrition Policies:

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

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may only use funds for reasonable program purposes, including personnel, travel, supplies, and services (such as contractual).
- Generally, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget in accordance with CDC's budget guidelines.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
  - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.

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

16. Other Submission Requirements

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

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

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

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

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

c. Validation Process: Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a "submission receipt" email generated by www.grants.gov. A second email message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their package is complete and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

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

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

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

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

E. Application Review Information

1. Review and Selection Process

a. Phase I Review

All applications will be reviewed initially for completeness by the CDC's Procurement and Grants Office (PGO) staff and will be reviewed jointly for eligibility by the CDC Centers for Global Health (CGH) and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the "Criteria" section of the FOA.

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

Approach	**Maximum Points: 45**

Does the application include an overall strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed outcomes? Does the applicant describe activities that are evidence-based, realistic, achievable, measurable and culturally appropriate? Does the application include reasonable estimates of output targets? (For example, the numbers of sites to be supported, number of clients the program will reach.) To what extent does the applicant propose to work with other organizations? The reviewers will assess the feasibility of the applicant's plan to meet the outcomes, congruency of application with the logic model, whether the proposed use of funds is efficient, and the extent to which the specific methods described are appropriate for the local culture. Does the applicant demonstrate a clear and concise understanding of the public health problem and the cultural and political context relevant to the programmatic areas targeted? To what extent does the applicant justify the need for this FOA within the target community? Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively strengthen the capacity of local organizations and target beneficiaries to respond to the epidemic? If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the sustainability of project results in the intervention communities? Does the capacity building plan clearly describe how it will contribute to (if not a local indigenous organization) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local organizations/sites in support of a decentralized response?

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

Does the applicant demonstrate the local experience and capability to implement performance monitoring and rigorous evaluation of the project? Does the evaluation and performance measurement plan appopriately address the components specified in this announcement (i.e. key evaluation questions, types of evaluations to be conducted, performance measures/indicators, how often performance measures must be reported, how evaluation and performance measurement will track how target populations are affected by FOA strategies, how evaluation findings and performance measures will be used and yield findings to demonstrate the value of the FOA, and how results will be disseminated.) Does the applicant describe a performance monitoring system used to routinely review data and adjust program activities accordingly? Are there performance measures developed for each program milestone, and incorporated into the financial and programmatic reports? Are the performance measures consistent with HHS/CDC requirements? Does the applicant demonstrate a system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the FOA?

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

Does the applicant demonstrate the local experience in Central America and institutional capacity (both management and technical) to achieve the goals of the FOA with documented good governance practices? Does the applicant have the ability to coordinate and collaborate with existing donors, including other U.S. Government Departments and agencies?

Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified.

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze

performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? If appropriate, does the applicant have a proven track record in managing large budgets; running transparent and competitive procurement processes; supervising consultants and contractors; using subgrants or other systems of sharing resources with community based organizations, faith based organizations or smaller non-governmental organizations; and where appropriate providing technical assistance in health system stregnthening activities such as laboratory or pharmacy management? The grantee must demonstrate an ability to submit regular reports in a timely manner to the HHS/CDC office.

Budget	**Maximum Points: 0**

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities?

c. Phase III Review

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

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

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

2. Anticipated Announcement and Award Dates

Applicants will be notified by PGO upon completion of the applications review regarding whether their application was successful. Applicants can expect to be notified in July 2015.

F. Award Administration Information

1. Award Notices

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

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

Unsuccessful applicants will receive notification of the results of the application review by email with delivery receipt or by mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administration requirements outline in 45 Code of Federal Regulations (CFR) Part 74 or Part 82, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/grants/additionalrequirements/index.html

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The following administrative requirements apply to this project:

AR-9: Paperwork Reduction Act

AR-10: Smoke-Free Workplace

AR-11: Healthy People 2020

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-25: Release and Sharing of Data

AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009

AR-33: Plain Writing Act of 2010

AR-34: Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

AR-35: Nutrition Policies

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

3. Reporting

a. CDC Reporting Requirements

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

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

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

b. Specific Reporting Requirements

i. Awardee Evaluation and Performance Measurement Plan

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

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

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

ii. Annual Performance Report

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

This report must include the following:

- **Performance Measures (including outcomes)** – Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results** – Awardees must report evaluation results for the work completed to date (including any impact data).
- **Work Plan (maximum of 25 pages)** – Awardees must update work plan each budget period.
- **Successes**
    - Awardees must report progress on completing activities outlined in the work plan
    - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year

- Awardees must describe success stories

- **Challenges**
  - Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
  - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year
- **CDC Program Support to Awardees**
  - Awardees describe how CDC could assist them in overcoming the challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan
- **Administrative Reporting** (not subject to page limits)
  - SF-424A Budget Information-Non-Construction Programs
  - Budget Narrative – Must use the format outlined in Section D. Content and Form of Application Submission, Budget Narrative Section
  - Indirect Cost Rate Agreement

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

For year 2 and beyond of the award awardees may request up to 75% of their estimated unobligated funds to be carried forward into the next budget period.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance
- Include a signed, dated, and accurate FFR for the budget period from which the fund will be transferred (can request up to 75% unobligated balances)
- Include a list of proposed activities, an itemized budget, and a narrative justification of those activities

iii. Performance Measure Reporting

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

In addition to annual reporting requirements:

Reporting of program results are requested quarterly, semi-annually, and annually

Cooperative Agreement Progress Report due semi-annually

Cooperative Agreemetn Pipeline/Expenditure Report due Quarterly and no later than 90 day after the end of the budget period.

iv. Federal Financial Reporting

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

v. Final Performance and Financial Report

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

At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Applicants must report final performance data for all performance measures

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

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

4. Federal Funding Accountability and Transparency Act of 2006

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

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

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

- http:// frwebgate.access.gpo.gov/ cgi-bin/getdoc.cgi? dbname=109_cong_ bills&docid= f:s2590enr.txt.pdf
- https:/ /www.fsrs.gov/ documents/ffata_ legislation_110_252. pdf
- http:// www.hhs.gov/asfr/ ogapa/aboutog/ Grants%20Management% 20Information/ffata_ guidelines.html.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Bernard Benecke

CDC Central America

CGH

Universidad del Valle de Guatemala

18 Avenida 11-37 Zona 15, Vista Hermosa 3

Ciudad de Guatemala, Guatemala, CP01015

Phone: (404) 553-8831

Phone 2: 502 2329 8404

Email: BXB4@cdc.gov

Grants Staff Contact

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

Joy Igonikon

CDC Procurement and Grants Office

2920 Brandywine Road

Atlanta, GA 30341-4146

Phone: (770) 488-2602

Email: JCI5@cdc.gov

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

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

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

> Technical Information Management Section
> Department of Health and Human Services
> CDC Procurement and Grants Office
> 2920 Brandywine Road, MS E-14
> Atlanta, GA 30341
> Telephone: 770-488-2700
> Email: pgotim@cdc.gov

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

H. Other Information

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

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

Resumes/CVs

Organization Charts

Indirect cost rate, if applicable

I. Glossary

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

http://www.cdc.gov/grants/additionalrequirements/index.html

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

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

Budget Period/Year: the duration of each individual funding period within the project period. Traditionally, budget period length is 12 months or 1 year.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders ("legislation or other orders"), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders. Grass Roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the Federal, State or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

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

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

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

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

Program Strategies: Public health interventions or public health capabilities.

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

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

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

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

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

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

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