

Centers for Disease Control and Prevention

Center for Surveillance, Epidemiology and Laboratory Services

PPHF 2015: Immunization Grants-CDC Partnership: Strengthening Public Health Laboratories-financed in part by 2015 Prevention and Public Health Funds

CDC-RFA-OE15-1501

Application Due Date: 05/26/2015

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-OE15-1501. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

PPHF 2015: Immunization Grants-CDC Partnership: Strengthening Public Health Laboratories-financed in part by 2015 Prevention and Public Health Funds

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-OE15-1501

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

93.765

Additional CFDA Number: 93.322

F. Dates:

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

2. Due Date for Applications: **05/26/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call: **04/15/2015**

April 15, 2015; 2:00 pm-4:00 pm Eastern Daylight Time, Call-in number: 1-877-579-0622 (toll free) Participant Passcode: 5721734

G. Executive Summary:

1. Summary Paragraph:

Amendment 1 (May 08, 2015)

The purpose of this amendment is to incorporate prevention and public health fund language and authority.

The Prevention and Public Health Fund (Title IV, Section 4002) was established under the Patient Protection and Affordable Care Act to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.

This 5-year cooperative agreement will award funds to improve the effectiveness, capabilities, and sustainability of public health laboratories (PHLs) — individually and as components of a national PHL

system — in the United States and in other countries that CDC supports. The FOA aims to improve PHL infrastructure, develop a well-trained and maintained PHL workforce, and strengthen the PHL system in order to promote quality and safe laboratory practice in the entire health system as it pertains to public health in the United States and globally. Activities conducted through this cooperative agreement will use science-based knowledge to identify best practices that will improve PHL effectiveness, capabilities, and sustainability.

The awardee will conduct activities in six cross-cutting areas and four program-specific areas. Cross-Cutting Areas will support: • Public Health Laboratory Strengthening and Leadership • Public Health Preparedness and Response • Global Health • Laboratory Systems and Standards • Workforce Development • Informatics Capacity

Program-Specific Areas will support: • Newborn Screening • Food Safety • Infectious Diseases • Environmental Health

Each cross-cutting and program-specific area must be written as a stand-alone section of the application: (1) Public health laboratory strengthening and leadership, (2) Public health preparedness and response, (3) Global health, (4) Laboratory systems and standards, (5) Workforce development, (6) Informatics Capacity, (7) Newborn screening, (8) Food safety, (9) Infectious diseases and (10) Environmental health.

a. Eligible Applicants:	Single
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Project Period Funding:	$125,000,000
e. Average One Year Award Amount:	$25,000,000

$25 Million ($7,283,000 base priority projects, and $17,717,000 cross-cutting and program-specific projects)

f. Number of Years of Award:	5
g. Estimated Award Date:	07/01/2015
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.
Consistent with the cited authority for this announcement and applicable grants regulations, sources for cost sharing or matching may include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple sectors such as public health, transportation, education, health care delivery, and agriculture.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Public health laboratories (PHLs) play an indispensable role in protecting Americans and people in other countries from new, emerging, and existing health threats by conducting laboratory testing and providing other science-based services. Public health professionals and policy makers use actionable information from PHLs daily to identify and prioritize these population health threats and to develop and implement effective interventions. In order to continue their critical public health mission, PHLs must be sustainable and capable of detecting myriad threats across a broad and expanding spectrum of health domains, including infectious and chronic disease, chemical and radiological exposure, birth defects, and others. However, PHLs face serious challenges in developing the capabilities to perform their role. These challenges include the rapid emergence of new disease threats, such as viral hemorrhagic fevers, extensive restructuring of the nation's healthcare system, the accelerating evolution in testing and information, and ensuring safe laboratory practices with existing and new technologies. PHLs often face persistent fiscal problems, mandated workforce reductions, and other problems that threaten their development of needed capabilities to address public health issues and, in some cases, their ability to perform important testing services. PHLs need to address these ongoing challenges to effectively serve as partners integrated into the larger, national public health system and to contribute to achievement of Healthy People 2020 goals and those of additional U.S. health strategies.

The overarching purpose of this 5-year cooperative agreement is to improve the effectiveness, capabilities, and sustainability of PHLs — individually and as components of a national PHL system — in the United States and in other countries where CDC supports PHLs to promote quality and safe laboratory practices in the entire health system as it pertains to public health. Activities will be conducted in six cross-cutting areas and four program-specific areas. Activities will generate specific short-, medium-, and long-term outcomes.

b. Statutory Authorities

This cooperative agreement is authorized under sections 317(k)(2) and 307 of the Public Health Service Act [42 U.S.C Sections 247b and 247b-2and 247b-3] as amended.

Title IV Section 4002 of the Affordable Care Act, Prevention and Public Health Fund.

c. Healthy People 2020

The achievement of many Healthy People 2020 goals and objectives hinges critically on the effectiveness, capabilities, and sustainability of state and local public health laboratories (PHLs) in the United States. The Healthy People 2020 goals and objectives that support this FOA are:

- Environmental Health
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Healthcare-Associated Infections
- HIV
- Immunization and Infectious Diseases
- Maternal, Infant, and Child Health
- Occupational Safety and Health
- Preparedness
- Public Health Infrastructure
- Respiratory Diseases
- Sexually Transmitted Diseases

Additional Healthy People 2020 goals and objectives may be addressed as implementation of this cooperative agreement proceeds. The healthy people website is accessible at www.healthypeople.gov.

d. Other National Public Health Priorities and Strategies

This cooperative agreement aligns with, and supports, other relevant national strategies including, among others, the:
Global Health Security Agenda
U.S. National Prevention Strategy
HHS Strategic Plan, 2014-2018
The Guide to Community Preventive Services (Community Guide)
CDC Winnable Battles
CDC Surveillance Strategy

Additional priorities and strategies are identified in individual cross-cutting and program-specific areas (see attachments).

e. Relevant Work

This cooperative agreement builds on the body of knowledge developed through previously funded FOA's that enhanced the work and capabilities of PHLs in the United States and abroad. The previously funded FOA was CDC-RFA-HM10-1001.

2. CDC Project Description

a. Approach

Figure 1. MASTER LOGIC MODEL

Activities	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
If the awardee does this…	*Then this change will result…*	*And this….*	*Contributing to these.*
• Develop relationships, collaborate, and convene with state, federal, and international health care, public health, and other partners • Share and provide information, both traditional and online, between and with the PHL community and health care, public health, and other stakeholders • Develop and maintain secure communication systems for information exchanges and transfers • Identify technical, business-related, and workforce development issues, and develop guidelines and policies • Coordinate conferences and meetings • Promote and support health systems-oriented laboratory informatics practice, use of new technologies, and standards-based interoperability • Identify training needs and provide training opportunities for PHL staff and executive leadership • Educate stakeholders and the general public about the role and state of public health	• PHLs use multiple communication streams and channels • A prepared network of public and private laboratories • Laboratory safety protocols and continuity of operations plan that are exercised, evaluated and continually improved • Effective, efficient, and secure standards-based information exchange and transfer (interoperability) among PHLs and bi-directionally between PHLs and CDC, as appropriate, that contributes to a strengthened public health surveillance system • PHLs seek and achieve voluntary accreditation, as appropriate and	• More competent, collaborative, and practice-ready PHL workforce • Improved laboratory methods, systems, and informatics capacity • Better training and guidance • Laboratories are more effectively prepared to respond to public health needs, including emergencies • Better public health laboratory detection and response programs • Model policies and tools for quality and safe PHL practice • Assurance that CLIA or other applicable standards and good laboratory practices are followed by PHLs and are promoted to clinical laboratories performing tests of public health importance	• Reduced incidence and prevalence of preventable diseases and public health threats • Reduced morbidity and mortality equitably delivered throughout the United States and the world • Protection of the public from public health threats • Sustainable and resilient PHLs that effectively and efficiently adapt to evolving public health needs • Changes in regulations resulting in a more efficient, quality, and safe PHL system • Revised standards for the PHL system resulting in a more efficient, higher quality, and safe PHL system

laboratories • Conduct policy analysis, identify and develop model policies for quality and safe PHL practice and communicate findings to facilitate action by PHLs and stakeholders • Develop best practices and performance and safety standards • Provide information to the federal government and other stakeholders • Develop and promote technology transfer • Provide technical assistance to state and local PHLs • Promote national, state, and local PHL systems that collaborate with clinical laboratories • Participate in an advisory role for various CDC committees • Develop tools and guidance for effective management of laboratory staff, processes, and resources	applicable • PHLs have leadership succession plans in place tied to organizational improvement objectives • Improved management and technical practices that increase individual PHL sustainability • Expanded and improved laboratory response to public health occurrences • Adoption of practices that improve the safety and quality of PHLs • Training opportunities and other workforce development programs increase professional competencies among the PHL workforce		

i. Purpose

This 5-year cooperative agreement aims to promote quality and safe PHL practice, improve PHL infrastructure, strengthen the PHL system, and to develop a well-trained PHL workforce in the U.S. and globally. Activities conducted through this cooperative agreement will use science-based knowledge to identify best practices that will improve PHL effectiveness, capabilities, and sustainability. Through this 5-year cooperative agreement, public health laboratories will become a much stronger component of the public health and healthcare systems.

Toward fulfillment of that purpose, the partnership envisioned in this FOA will conduct activities in the following six cross-cutting areas and four program-specific areas

ii. Outcomes

See Figure 1 (Master Logic Model). The awardee is expected to show SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) progress made toward the short-term and mid-term outcomes for the 5-year project period. Each of the cross-cutting and program-specific activity areas focuses on one or more of these outcomes.
In general, the cross-cutting and program-specific projects will achieve the following:

Short-term outcomes
(1) PHLs use multiple communication streams and channels; (2) Prepared network of public and private laboratories; (3) Laboratory safety protocols and continuity of operations plan that are exercised, evaluated and continually improved; (4) Effective, efficient, and secure standards-based information exchange and transfer (interoperability) among PHLs and bi-directionally between PHLs and CDC that contributes to a strengthened public health surveillance system (including implementation of the following components of the CDC Surveillance Strategy: the National Notifiable Diseases Surveillance System (NNDSS) Modernization Initiative, the BioSense Enhancement Initiative, and the Informatics Workforce Development initiative); (5) PHLs seek and achieve voluntary accreditation; (6) PHLs have leadership succession plans in place tied to organizational improvement objectives; (7) Improved management and technical practices that increase individual PHL sustainability; (8) Expanded and improved laboratory response to public health occurrences; (9) Adoption of practices that improve the safety and quality of PHLs; and (10) Training opportunities and other workforce development programs increase professional competencies among the PHL workforce.

Mid-term outcomes
(1) More competent, collaborative, and practice-ready PHL workforce; (2) Improved laboratory methods, systems, and informatics capacity; (3) Better training and guidance; (4) Laboratories are more effectively prepared to respond to public health needs, including emergencies; (5) Better public health laboratory detection and response programs; (6) Model policies and tools for quality and safe PHL practice; and (7) Assurance that CLIA standards and good laboratory practices are followed by PHLs and are promoted to clinical laboratories performing tests of public health importance.

Long-term outcomes
(1) Reduced incidence and prevalence of preventable diseases and public health threats; (2) Reduced morbidity and mortality equitably delivered throughout the United States and the world; (3) Protection of the public from public health threats; (4) Sustainable and resilient PHLs that effectively and efficiently adapt to evolving public health needs; (5) Changes in regulations resulting in a more efficient, quality, and safe PHL system ; and (6) Revised standards for the PHL system resulting in a more efficient, higher quality, and safe PHL system.
The awardee is expected to show SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) progress made toward the short-term and mid-term outcomes for the 5-year project period. Each of the cross-cutting and program-specific areas focuses on one or more of these outcomes.

iii. Strategies and Activities

The planning and preparation of your response to this FOA should be in alignment with the activities listed in the Master Logic Model as outlined for each project.

Each project has a separate attachment that details specific strategies and activities (see attachments). Applicants must address each cross-cutting and program-specific project. The strategies and related activities described in these attachments are overarching CDC recommendations. The included activities are not exhaustive.

Section 1: Cross-cutting projects (See Attachment A-F)

Section 2: Program-specific projects (See Attachments G-J)
A. Public Health Laboratory Strengthening and Leadership
B. Public Health Preparedness and Response
C. Global Health
D. Laboratory Systems and Standards
E. Workforce Development
F. Informatics Capacity
G. Newborn Screening
H. Food Safety
I. Infectious Diseases
J. Environmental Health

1.Collaborations

Each cross-cutting and program-specific project that appears in this FOA has its own program guidance that provides collaboration information (if applicable) specific to that CDC program. ***See Attachments A-J***

a. With CDC-funded programs:

Regardless of the category under which they are funded, the awardee is expected to collaborate with CDC to improve technical and program guidance, and evaluation. The awardee is also expected to participate in stakeholder meetings and provide expert consultation to CDC/CSELS and programs (as requested).

b. With organizations external to CDC:

The awardee is encouraged to build and/or continue strategic public health laboratory partnerships and collaborations with organizations that have a role in achieving the FOA outcomes and proposed activities. Applicants must include letters of support, as appropriate, and name the file "letters of support" and upload it as a PDF file at www.grants.gov.

2. Target Populations

Each cross-cutting and program-specific project that appears in this FOA has its own program guidance that provides target population information (if applicable) specific to that CDC program. ***See Attachments A-J***

a. Inclusion

N/A

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

The applicant is required to undertake an evidence-based approach in their proposed programs in response to CDC's funding strategy that will be essential for rationalizing, prioritizing, and directing base funding to support those activities that are also in alignment with the mission of CDC. In doing so, the applicant will address evidenced-based gaps and needs in PHLs and workforce, CDC strategic priorities, including the CDC Surveillance Strategy, among other national public health priorities and strategies. Additionally, the awardee is required to collaborate with CDC/CSELS in making final allocations of base funding for priority projects. In responding to this FOA, the applicant should consider the average one year award amount of $25 million, of which, approximately $7,283,000 has been allocated for base priority projects areas, and $17,717,000 for cross-cutting and program-specific projects areas. Note that CIOs across the agency may provide additional funding to support both cross-cutting and program-specific area activities. CDC/CSELS will provide overall guidance on resource allocation for each cross-cutting and program-specific area during the pre-application informational call. A more detailed discussion with the awardee will occur during Budget Negotiations. See levels of funding support for each specific project area in Attachments A-J.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement allows the awardee and CDC to track progress and measure outcomes of awardee's effort.

The purpose of evaluation and performance measurement is to help CDC and the awardee: (1) Monitor the extent to which activities planned were successfully completed (e.g., were activities implemented correctly in the expected timeframe?); (2) Demonstrate how capacity building activities contribute towards program outcomes (e.g., were outcomes of interest achieved?); and (3) Inform decisions about future programming that drive continuous program improvement for more efficient and effective program performance (e.g., what and how could things be improved?).

While each cross-cutting and program-specific area will have a detailed Evaluation and Performance Measurement Strategy described in their individual attachment (i.e., a listing of performance measures), the overall CDC Evaluation and Performance Measurement Strategy will focus on both process and outcome evaluation. Process evaluation is conducted to monitor activities during the implementation and operation of a program while an outcome evaluation examines the longer-term successes and accomplishments of a program. Potential data sources will include the awardee application and progress reports (e.g., work plans, performance measures), surveys, and interviews with select public health agencies.

While each cross-cutting and program-specific area's Evaluation and Performance Measurement Strategy may differ, below are some examples of the main evaluation questions to be addressed by the FOA during this project period. The evaluation questions reflect priorities of stakeholders, and assess contributions that span across the CDC cross-cutting and program-specific areas, from strategies and activities employed by the awardee to outcomes accomplished by the overall program.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an initial evaluation and performance measurement plan to show how they will identify progress in implementing activities in their program strategies and achieving their selected outcomes CDC will work with the awardee during the first six months of the project period to finalize an evaluation and performance measurement plan to better monitor the progress of the activities implemented and outcomes achieved. As a first step, applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC strategy, as stated above. This plan, at a minimum, must address six points.
1. Identify principal program partners and describe how they will participate in the implementation of the

evaluation plan as described within this FOA.
2. Consider the eleven evaluation questions outlined above in the CDC Evaluation and Performance Measurement Strategy. These questions will establish the scope and focus of the evaluation.
3. Describe how performance measures (and associated data) could help answer evaluation questions.
4. Describe how evaluation findings will be used to strengthen public health laboratories.
5. Discuss how data (i.e., performance measurement data) will be used and shared by the principal program partners.
6. Discuss any barriers or challenges expected for implementing the plan, responding to performance measures, and reporting on evaluation results. Describe how these potential barriers would be overcome.
In addition, applicants may also describe other measures to be developed or additional data sources and methods that applicants will use to answer the evaluation questions outlined above in the CDC Evaluation and Performance Measurement Strategy.

c. Organizational Capacity of Awardees to Execute the Approach

Applicants must demonstrate organizational capacity to effectively conduct the activities listed in the FOA. Applicants must demonstrate skills sets and staffing plans to address the strengthening of public health laboratories domestically and abroad. Additionally, the applicant must demonstrate a minimum of 15 years of experience working with the Centers for Disease Control and Prevention in the strengthening of PHL practice both domestically and abroad. Applicants must have experience working with external partners and stakeholders of PHLs and must demonstrate a history of successful partnerships, credibility, and influence among PHLs, as well as demonstrate relationships, productivity, and influence in health care writ large. Applicants must be fully capable of managing the required deliverables in accordance with 45 and 74 C.F.R.

Successful applicants will identify and hire staff (if needed) with appropriate qualifications to implement and manage every cross-cutting and program-specific project within this FOA.

d. Work Plan

Applicants must provide a work plan for each cross-cutting and program-specific project. Applicants must construct logical, stepwise work plans that include: detailed plans covering the first year of the project period and high-level plans for subsequent years. Work plans must demonstrate alignment between activities (with appropriate performance measures or milestones for accomplishing tasks) and achievement of the FOA project period outcomes shown in the logic model. Additional information on data sources and target population can also be included. (Note: applicants will incorporate this Work Plan into their Approach for each cross-cutting and program-specific project.

The applicant must name this file “Work Plan” and upload it as a PDF file at www.grants.gov. The work plan is a guide to the awardee in implementing their work. It assists the Project Officer in monitoring awardee activities, and reflects activities supported by the annual budget. The applicant should consider inclusion of language on how to sustain activities after funding ends.
The work plan should include the following:
• Project Narrative
• Approach
• Activities and timelines to support achievement of FOA outcomes
• Specific public health needs the program will address
• Personnel and systems to support implementation of the award
• Collaborations with other stakeholders
• Evaluation and assessment processes to ensure continuous quality improvement and public health impact
The awardee must provide a detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by the awardee as part of first-year project

activities, with support from CDC. This more detailed plan must build on the elements stated in the initial plan, and must 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.
Note: Post award, the awardee is expected to work collaboratively with CDC subject matter experts on development of the work plan. The final version will be submitted within 30 days of the notice of award.

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

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

Monitoring may also include the following activities:

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

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

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

See each cross-cutting and program-specific project (See Attachments A-J).

The awardee must provide quarterly financial reporting in an effort to ensure sound fiscal management. Financials will include the awardee's forecasting/spend-down plan. (See Appendix B for a sample template.) This will ensure both CDC and the awardee are monitoring the cooperative agreement funds and individual programmatic activities. The spend-down plan will ensure funds are expended in support of approved activities; tracking and reporting of expenditures are performed in a timely manner; unobligated balances are prevented; and persons responsible for fiscal management, including oversight of sub-recipients, are identified.

The awardee must submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to collection of data from measurable indicators. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format, including, but not limited to, periodic project area status updates for continuous project improvement. Such updates should include both programmatic and financial information to ensure that the awardee and CDC may work together in making programmatic adjustments, if necessary, to ensure that outcomes are met successfully within stated timeframes.

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

CDC staff will have substantial involvement beyond site visits and regular performance and financial monitoring during the project period. CDC staff will collaborate or participate in project or program activities. This includes the following:
1. Technical assistance in the following: evaluation, performance measurement, work plan development, program planning, and specific subject matter expertise for projects.
2. Financial monitoring and negotiations to ensure proposed activities and resource allocations are in alignment with CDC priorities.
3. National coordination of activities where appropriate.
4. Ensuring that established agency quality standards are met for training, guidance, and technical tools, that redundant effort is eliminated, and that platforms are compatible with established agency systems and protocol.
5. Developing mechanisms for documenting and sharing lessons learned.
6. Technical assistance to ensure products that are a direct result of this FOA is made available in the public domain.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Award Mechanism:	U60
3. Fiscal Year:	2015
Estimated Total Funding:	$125,000,000
4. Approximate Total Fiscal Year Funding:	$25,000,000
5. Approximate Project Period Funding:	$125,000,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	$25,000,000 Per Budget Period

$25 Million ($7,283,000 base priority projects, and $17,717,000 cross-cutting and program-specific projects)

9. Award Ceiling:	None

None

10. Award Floor:	None
11. Estimated Award Date:	07/01/2015

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

Direct Assistance (DA) is available through this FOA.

Limited opportunities for Direct Assistance (DA) may be available through this FOA. Funding made through the Prevention and Public Health Fund (Affordable Care Act) does not have the statutory authority for DA.

An official state, tribal nation, local or territorial government applicant may request that CDC provide Direct Assistance (DA) in the form of federal personnel (such as Career Informatics Field Officer) as a part of the grant awarded through this FOA. If your request for DA is approved as a part of your award, CDC will reduce the funding amount provided directly to you as a part of your award. The amount by which your award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to you, the awardee.

C. Eligibility Information

1. Eligible Applicants

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

2. Additional Information on Eligibility

This FOA has been approved for single source competition. The eligible applicant organization for this FOA is the Association for Public Health Laboratories (APHL).

The award ceiling for this FOA is $0. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

CDC has determined that the Association of Public Health Laboratories (APHL) is the sole organization qualified to apply for this FOA. This determination was based on several factors, including its credibility and influence with the target audience for this cooperative agreement. For example, APHL's membership includes all State and Territorial PHL directors, and is the single national organization representing PHLs. APHL was originally founded by PHL directors as the Association of State and Territorial Public Health Laboratory Directors (ASTPHLD) in 1951 in order to represent their profession, support their work in public health, and help address their needs for program advocacy, policy, educational and workforce development. The name of the group was changed to APHL in 1998 when the membership broadened to include county and other local PHLs. Thus, APHL is uniquely capable of having the credibility and

influence among PHL directors to successfully achieve the outcomes of this cooperative agreement. In addition, APHL has been a critical partner to CDC in forming the National Laboratory System (NLS), the National Laboratory Training Network (NLTN), and the Laboratory Response Network (LRN). APHL is the only organization that has the capacity to reach out quickly and effectively to the entire US and Territorial PHL system, and this has proven to be of critical importance during a public health emergency. This is largely due to their being the coordinating body for members which include all governmentally-funded U.S. State, territorial, and local PHL members. Further, APHL is the only organization that has both the depth and breadth of knowledge and experience to provide training and technical assistance across the variety of disciplines with a similar level of sophistication. Other organizations focus on a profession or a discipline and are too narrow for the purpose of this FOA.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.
Consistent with the cited authority for this announcement and applicable grants regulations, sources for cost sharing or matching may include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple sectors such as public health, transportation, education, health care delivery, and agriculture.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

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

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM

information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

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

b. Application Deadline

Due Date for Applications: **05/26/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 04/15/2015

April 15, 2015; 2:00 pm-4:00 pm Eastern Daylight Time, Call-in number: 1-877-579-0622 (toll free) Participant Passcode: 5721734

5. CDC Assurances and Certifications

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

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Letter of intent is not required as part of the application for this FOA.

8. Table of Contents

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

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

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

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

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

Target Populations: Applicants must describe how they will achieve the goals of the proposed activities. Refer back to the CDC Project Description section – Approach: Target Population.

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

The plan must:

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

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

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

Applicants must provide an initial evaluation and performance measurement plan to show how they will identify progress in implementing activities in their program strategies and achieving their selected outcomes. CDC programs will work with the awardee during the first six months of the project period to finalize an evaluation and performance measurement plan to better monitor the progress of the activities implemented and outcomes achieved. 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 principal 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 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 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 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.

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicant must address the organizational capacity requirements as described in the CDC Project Description. Applicants should indicate whether the applicant receives other federal or non-federal funding to support their PHL-related activities. [CDC requires CVs/Resumes and Organizational Charts. Applicants must name this file “CVs/Resumes” or “Organizational Charts” and upload it at www.grants.gov.]

11. Work Plan

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

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

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

12. Budget Narrative

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

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health

department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

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

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services

(see: http://www.gsa.gov/ graphics/pbs/Guidelines_for_ Federal_ Concessions_and_Vending_ Operations.pdf).

2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm

http://www. thecommunityguide.org/ tobacco/index.html

http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying_ Restrictions_ for_CDC_ Grantees_July_ 2012.pdf

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

18. Other Submission Requirements

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

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

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

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

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

Structured Objective Review	Maximum Points: 100

- The application will undergo a structured objective review process.

The application will be reviewed initially for competeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC/CSELS designee and PGO. An incomplete application and applications that do not meet the eligiblity criteria will not advance to Phase II review. The Applicant will be notified t hat their application did not meet eligiblity or published submission requirements.

i. **Approach (50 points)**

- Is the proposed approach likely to substantially improve the effecitveness, capabilities, and sustainability of PHLs by the end of the 5-year project period?
- Does the applicant provide a detailed Work Planf or the first year and a high level plan for Years 2-5 for cross-cutting and program-specific project areas?
- Does the applicant provide a coordinated approach for balancing PHL and CDC priorities? For example, when proposing and prioritizing base projects
- Does cross-cutting and program-specific work pans clearly indicate the specific public health needs the program will address?
- Are the proposed activities consistent with the program strategy?

- Does the timeline seem reasonable?
- Are appropriate partnerships and collaborations indicated and supported?
- Does the applicant provide letters of support?

ii. **Evaluation and Performance Management (35 points)**

- Does the applicant present a reasonable plan to evaluate progress in attaining program goals?
- Does the applicant present a plan to continuously measure and improve performance during the proposed timeline?
- Does the applicant's plan address the overall impact of project area activities in strengthening PHLs both domestically and abroad?

iii. **Applicant's Organizational Capacity to Implement the Approach (15 points)**

- Does the applicant demonstrate sufficient organiational capacity to achieve program ooutcomes?
- Does the applicant indicate appropriate, existing infrastructure and skill sets to addres the strengtheing of PHLs domestically and abroad (e.g. space, staffing)?
- Does the applicant demonstrate experience working with external partners and stakeholders of PHLs?
- Does the applicant demonstrate a history of successful partnerships, credibility, and influence among PHLs and the health community at large?
- Does the applicant demonstrate the expertise, experience, and capacity to successfully represent the interests, input and perspectives of PHLs to CDC?

iv. **Budget (not scored)**

- Is the proposed budget appropriate for the planned activities and adequately justified?
- How does the applicant propose to allocate base funding in line with the priorities of stakeholders, including CDC?
- Is justification provided for the proposed allocation?
- Does the applicant provide a detailed (itemized) budet and narrative consistent with the stated goals, objectives, activities, and performance and evaluation measures of the project areas?
- Does the proposed budget seem realistic and appropriate to carry out the requried recipient activities of this funding opportunity announcement?
- Does the applicant propose any contracts and/or consultants? If so, was the required information included for each proposed contract or consultant?
- If the applicant requests indirect costs in the budget, was a copy of the organization's indirect cost rate agreement included with the application? If the indirect cost rate is a provisional rate, is the agreemetn less than 12 months of age?

If the applicant requests indirect costs in the budget, the indirect cost reate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

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

c. Phase III Review

2. Announcement and Anticipated Award Dates

CDC will notify selected awardees by phone call prior to distribution of official award notice. Anticipated award date is July 1, 2015.

F. Award Administration Information

1. Award Notices

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

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

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

Successful applicant will receive an electronic copy of the Notice of Award (NOA) from CDC Procurement and Grants Office. The NOA shall be the only binding, authorizing document between the awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.
Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.
Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

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

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

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

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

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at
http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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

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

List applicable ARs – Determine which of the ARs apply and DELETE any that do not apply.

The following Administrative Requirements (AR) apply to this project:
Generally applicable ARs:

• AR-9: Paperwork Reduction Act http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html
• AR-10: Smoke-Free Workplace
• AR-11: Healthy People 2020
• AR-12: Lobbying Restrictions
• AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
• AR-14: Accounting System Requirements
• AR-21: Small, Minority, And Women-owned Business
• AR-25: Release and Sharing of Data
• AR-26: National Historic Preservation Act of 1966
• AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
• AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
• AR-33: Plain Writing Act of 2010
• AR-35: Nutrition Policies

ARs applicable to awards associated with HIV/AIDS issues:
• AR-4: HIV/AIDS Confidentiality Provisions
• AR-5: HIV Program Review Pan

ARs applicable to awards by ATSDR:
• AR-18: Cost Recovery – ATSDR
• AR-19: Third Party Agreements – ATSDR

ARs applicable to awards related to conferences:
• AR-20: Conference Support
• AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:
• AR-15: Proof of Non-profit Status (nonprofit organizations)

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

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

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

3. Reporting

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

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

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes

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

The awardee must provide quarterly financial reporting in an effort to ensure sound fiscal management. Financials will include awardee's forecasting/spend-down plan. (See Appendix B for a sample template.) This will ensure both CDC and the awardee are monitoring the cooperative agreement funds and individual programmatic activities. The spend-down plan will ensure funds are expended in support of approved activities; tracking and reporting of expenditures are performed in a timely manner; unobligated balances are prevented; and persons responsible for fiscal management, including oversight of sub-recipients, are identified.

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

This plan should provide additional detail on the following:

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

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

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.

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

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over 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 Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances);
- and Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

a. Awardee Evaluation and Performance Measurement Plan: (required) with support from CDC, the awardee must elaborate their initial applicant evaluation and performance measurement plan. This plan must be no more than 25 pages; the awardee must submit the plan 6 months into the award.
This plan should provide additional detail on the following:
• The frequency that evaluation and performance data are to be collected
• How data will be reported
• How evaluation findings will be used to ensure continuous quality and program improvement
• How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost-benefit)
• Dissemination channels and audiences (including public dissemination)

• Other information requested as determined by the CDC program

b. Annual Performance Report (APR) (required): The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 10 pages per project. This excludes administrative reporting. Attachments are allowed.
This report must include the following:
• Performance Measures: Awardee must report on the relevant process and outcome performance measures for each budget period and update measures, if needed.
• Evaluation Results: Awardee must report evaluation results for any evaluation work completed to date (including findings from process or outcome evaluations).
• Work Plan: Awardee must update the work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
• Successes
§ Awardee must report progress on completing activities and progress toward achieving the project period outcomes described in the logic model and work plan.
§ Awardee must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.
§ Awardee must describe success stories that document measurable improvements.
• Challenges
§ Awardee must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
§ Awardee must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
• CDC Program Support to Awardees
§ Awardee must describe how CDC could help them overcome challenges to complete activities in the work plan and to achieve project period outcomes.
• Administrative Reporting (No page limit)
§ SF-424A Budget Information-Non-Construction Programs.
§ Budget Narrative: Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
§ Indirect Cost-Rate Agreement.
For year 2 and beyond of the award, the awardee may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.
The carryover request must:
• Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
• Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.
The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

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

The awardee must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by the awardee as part of first-year project activities, with support from CDC. This more detailed plan must build on the elements stated in the initial plan, and must 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.
CDC programs will require the awardee to submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to collection of data from measureable indicators. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format.

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.

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

DeLozier David, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-94
Atlanta, GA 30333
, GA
Telephone: (404) 498-1148
Email: dgd0@cdc.gov

Grants Staff Contact

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

Terrian Dixon, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-19
Atlanta, GA 30341
Telephone: (770) 488-2774
Email: tdixon@cdc.gov

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

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

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341

Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

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

H. Other Information

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

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

Amendment (May 2015)

This program is eligible for coverage under E.O. 12372, "Intergovernmental Review of Federal Programs." An applicant should consult the office or official designated as the single point of contact in his or her State for more information on the process the State requires to be followed in applying for assistance, if the State has selected the program for review.

Reporting

Section 218 - Prevention and Public Health Fund Reporting Requirements

Prevention Fund Reporting Requirements: This award requires the grantee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Responsibilities for Informing Sub-recipients: Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2015 PPHF funds. When a recipient awards 2015 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2015 PPHF funds from regular sub-awards under the existing program.

Reporting Requirements:

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports (in 508 compliant format) to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the subrecipient).

4.Funding Restrictions

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

- **No part of any appropriation contained in this Act or transferred pursuant to Sec. 502(a), (b) and (c) of Title V, Division H, Consolidated Appropriations Act, and section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.**

(b) No part of any appropriate contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

- **Sec. 217,Title II, Division H, Consolidated Appropriations Act. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.**

- **Sec 422, Title IV, Division H. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.**

- **Sec 423, Title IV, Division H. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.**

- **Sec 522, Title V, Division H of the Consolidated Appropriations Act, Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of**

distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

- **Recipients may not use funds for research.**

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

- **Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual agreements for screening services.**

- **Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.**

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

- **Reimbursement of pre-award costs is not allowed.**

- **Funds will not be used to supplant existing state funding for breast and cervical screening services.**

General Provisions, Title V, Division H, Consolidated Appropriations Act, 2014.

Section 503 - Proper Use of Appropriations - Publicity and Propaganda

(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriate contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future

requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

EXECUTIVE SUMMARY SECTION

Amendment 2 (June 11, 2015)

The purpose of this amendment is to update the naming convention, reporting requirements and floor/ceiling for the FY 2015 PPHF funded activity: Vaccine Preventable Disease activity

OTHER INFORMATION

The successful applicant will receive two award notices under this funding opportunity announcement number (PPHF funded and non-PPHF funded). PPHF funds must be tracked separately.

Continuation instructions for PPHF funded projects

In accordance with PPHF general provisions enacted under Title IV Section 4002, grantees are required to track and report on use of PPHF funds provided through this award. Reports will be made available to the general public. Comingling of PPHF funds with other funds is prohibited. Funds may not be carried forward from one fiscal year to the next. The use of unobligated funds from the PPHF award is addressed below:

- Based on the current rate of obligation, if it appears there will be un-obligated PPHF funds at the end of the current budget year, provide detailed actions that will be taken to obligate this amount. Note, to use unobligated PPHF funds, you must submit a request in writing to the GMO requesting an extension to the current budget year to complete the approved PPHF activities. The request must include the incomplete PPHF activities, proposed detailed budget , and a brief justification.

Use of unobligated funds for the award funded from non- PPHF funds .

The grantee may request as much as 75% of their estimated unobligated funds be carried into the next budget period.

The carryover request must:

- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

For the PPHF funded activity, the award floor for the PPHF-funded activity is $1.3M. The award ceiling for the PPHF-funded activity is $25M. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review."

This amendment does not solicit a new application. The application previously solicited will be entered into review.

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the

awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

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

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

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

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

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

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

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

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

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

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending

legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

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

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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

Outcome: The results of program operations or activites; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

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

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

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers

(e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

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