Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Emerging Infections Programs
CDC-RFA-CK17-1701
Application Due Date: 06/30/2016

Emerging Infections Programs
CDC-RFA-CK17-1701
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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-CK17-1701. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Funding Opportunity Title:

Emerging Infections Programs

C. Announcement Type: New - Type 1

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

Disregard above statement that announcement is only for non-research activities. **Research activities are allowable and fundable under this FOA.** Note research and human subjects protection guidance inserted throughout this FOA.

D. Agency Funding Opportunity Number:

CDC-RFA-CK17-1701

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

93.317

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/06/2016**
2. Due Date for Applications:	**06/30/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Webinar Info:

Friday - April 29, 2016 from 1:00 - 2:30PM EST

Web link: https://webconf.cdc.gov/skm5/696HGJD7

Audio Call-in: 888-324-6989 Participant Passcode: 2825114

G. Executive Summary:

1. Summary Paragraph:

The purpose of this FOA is to sustain and enhance the existing Emerging Infections Program (EIP) network. Activities of the EIPs fall into the following overall categories: (1) active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies and newly emerging issues. The EIP network is particularly suited to address key public health issues and inform public health policy and treatment guidelines, focusing on priority activities that lead directly to the prevention of disease. Specifically, this FOA addresses the following EIP activities: Active Bacterial Core Surveillance (ABCs),

Foodborne Disease Active Surveillance Network (FoodNet), Influenza, Healthcare Associated Infections and Antimicrobial Resistance, Human Papilloma Virus IMPACT, Lyme and Other Tickborne Diseases (TickNET), Rotavirus, Prion Disease, Arbovirus, Congenital Cytomegalovirus, and other applicant-specific activities.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	10
d. Total Project Period Funding:	$175,000,000
e. Average One Year Award Amount:	$3,500,000
f. Total Project Period Length:	5
g. Estimated Award Date:	12/01/2016
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The Emerging Infections Program (EIP) was initiated in 1995 in response to the growing concern over the emergence and re-emergence of infectious diseases. Following the 1992 Institute of Medicine report "Emerging Infections: Microbial Threats to the United States," CDC developed and published in 1994 a plan for addressing these threats. That plan highlighted the foundational role of surveillance and included in its recommendations, the creation of a network of population-based centers of excellence established through state public health departments collaborating with academic institutions, local health departments, public health and clinical laboratories, infection control professionals, healthcare providers, and CDC for special surveillance and applied public health research - the EIP. See CDC's EIP website at http://www.cdc.gov/ncezid/dpei/eip.

The EIP can be better understood through the metaphor of a tree with roots, a trunk, and branches. The roots are the recognition and documentation of the growing problem and the recommendations in the above cited reports. The trunk is the crosscutting capacity and functionality needed to sustain the network and ensure it can adapt (the General EIP Function and Structure activity described in Attachment 1), while the branches are disease area-specific activities (also described in Attachment 1). See this clearly illustrated in a recent Emerging Infectious Diseases journal article at http://wwwnc.cdc.gov/eid/article/21/9/15-0619.

EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases. Activities of the EIPs fall into the following overall categories: (1) active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies and newly emerging issues. The EIP network is particularly suited to address key public health issues and inform public health policy and treatment guidelines, focusing on priority activities that lead directly to the prevention of disease.

Over the past 20+ years, the EIPs have proved to be a national resource for conducting active, population-based surveillance and special studies for invasive bacterial diseases including antibiotic-resistant

infections, foodborne pathogens, healthcare associated infections (HAIs), influenza, and many other infectious diseases.

For additional background information, see the individual EIP activity descriptions in Attachment 1 – Activities.

b. Statutory Authorities

This program is authorized under the Public Health Service Act Sections 301(a)[42 U.S.C. 241(a)], 317(k)(1)[42 U.S.C. 247b(k)(1), and 317(k)(2)[42 U.S.C. 247b(k)(2)], as amended.

c. Healthy People 2020

This program addresses the "Healthy People 2020" focus area(s) of Food Safety, Healthcare-Associated Infections, Immunizations and Infectious Diseases, Public Health Infrastructure, and Respiratory Diseases. http://www.healthypeople.gov

d. Other National Public Health Priorities and Strategies

This FOA supports various national public health strategies/priorities for infectious diseases and other conditions. See Attachment 1 – Activities, for specific information regarding national priorities and strategies for each individual EIP activity.

e. Relevant Work

EIP has been in existence since 1995. There are currently 10 grantees in the EIP that are completing their most recent 5-year EIP project period (1/1/2012 – 12/31/2016). See http://www.cdc.gov/ncezid/dpei/eip for details of the relevant work.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

Strategies and Activities	Short-Term Outcomes	Long-Term Outcomes
- Population-based approach - Crosscutting scientific and business support - Flexibility to address emerging/urgent issues - Partnerships and collaborative network - Training - Data management and information dissemination - Information systems and standardized data collection and transmission	**- More and improved data for informing public health policy available** **- Novel/improved surveillance methods developed and implemented** **- Baseline incidence/prevalence of infectious diseases and other conditions established** **- Risk factors for infectious diseases and other conditions established** **- Trends in infectious diseases and other conditions, including antimicrobial resistance, identified** **- Interventions with established effectiveness developed and available** **- New/updated disease treatment guidelines and interventions with established effectiveness**	- Improved public health system surveillance and response capacity - Public health system better informed, prepared, and able to identify, control, mitigate, and prevent outbreaks of infectious diseases and other conditions - Decreased incidence and severity of infectious diseases and other conditions

- Laboratory specimen collection and banking - Active surveillance, applied public health epidemiologic and laboratory activities and research, prevention/intervention evaluation	**developed and available** **- High-risk populations for various infectious diseases and other conditions identified**	

i. Purpose

The purpose of this program announcement is to sustain and enhance support to the existing EIP network and potentially develop new sites as part of the EIP.

Specific purpose and objectives of each EIP activity (listed in Section 2.a.3 – "Strategies and Activities," below) are included in Attachment 1 - Activities.

ii. Outcomes

The overall outcomes will focus on:

- More and improved data for informing public health policy available
- Novel/improved surveillance methods developed and implemented
- Baseline incidence/prevalence of infectious diseases and other conditions established
- Risk factors for infectious diseases and other conditions established
- Trends in infectious diseases and other conditions, including antimicrobial resistance, identified
- Interventions with established effectiveness developed and available
- New/updated disease treatment guidelines and interventions with established effectiveness developed and available
- High-risk populations for various infectious diseases and other conditions identified

For details regarding the expected outcomes of each EIP activity, refer to Attachment 1 - Activities. Awardees will be held accountable for meeting the project period outcomes included in Attachment 1.

iii. Strategies and Activities

EIP activities include general crosscutting function and structure as well as individual programmatic activities. Some activities are required (all applicants must apply) and some are optional.

Following is a brief overview of each EIP activity. Details for each EIP activity are provided in Attachment 1 - Activities. Awardees will be held accountable for all requirements included in Attachment 1 for each Activity for which they are funded.

General EIP Function and Structure: Attachment 1, Section A - Required

1. Population-based Activities: Identify and manage populations/catchment areas for EIP activities as appropriate.
2. Management and Coordination: Ensure sufficient scientific, programmatic, and business/administrative leadership, management, and coordination of the EIP.
3. Flexibility: Ensure flexibility and efficiency of the EIP to respond to emerging or urgent public health issues.
4. Collaboration and Partnerships: Develop and operate the EIP site to function effectively as a member

of the national network and establish partnerships with an academic institution (required) and other local partners (optional as appropriate for various programmatic activities).
5. Training: Incorporate training in the EIP.
6. Data Management: Collect, manage, analyze, and interpret data from EIP projects. Work with CDC to develop Data Management Plans for any funded activities and to assure adherence to CDC's policies regarding public health research and non-research data management and access.
7. Information Systems: Improve and modernize information systems and adopt and take advantage of electronic data exchange.
8. Lab Specimens: Ensure availability of lab specimens/clinical isolates.
9. Program Evaluation: Assure capacity for EIP program evaluation and performance measurement.
10. Human and Vertebrate Animal Subjects Protections, Paperwork Reduction Act, and Dual Use Research of Concern: Ensure adherence to human and vertebrate animal subjects protection policies and requirements. Work with CDC scientists to obtain Office of Management and Budget Paperwork Reduction Act (OMB-PRA) approvals, as needed. Comply with the United States Government Policy for Institutional Oversight of Life Science Dual Use Research of Concern (DURC).

Programmatic Activities:

1. Core Programmatic Network Activities (Each includes required and optional activities)

- Active Bacterial Core surveillance (ABCs): Attachment 1, Section B
    - Active, laboratory, population-based surveillance and conduct special studies for invasive group A Streptococcus, H. influenzae, N.meningitidis, group B Streptococcus, and S. pneumoniae in order to monitor their disease burden, track antimicrobial resistance and evaluate prevention strategies. Enhanced pertussis and legionellosis surveillance and special studies will be done to better understand rising disease rates and evaluate prevention strategies to reverse these rising trends.
- Foodborne Diseases Active Surveillance Network (FoodNet): Attachment 1, Section C
    - Active, population-based surveillance at select US sites for laboratory-confirmed infections of 9 bacterial and parasitic pathogens transmitted commonly through food (Campylobacter, Cyclospora, Cryptosporidium, Listeria monocytogenes, Salmonella, Shiga toxin-producing Escherichia coli (STEC), Shigella, Vibrio, and Yersinia). FoodNet also conducts active surveillance for pediatric cases of Hemolytic Uremic Syndrome (HUS).
- Influenza: Attachment 1, Section D
    - Population-based surveillance to provide near real-time weekly rates of laboratory-confirmed influenza-associated hospitalizations during each influenza season. Special studies will be conducted to better understand laboratory practices and evaluate prevention strategies in high-risk populations.
- Healthcare-Associated Infections and Antimicrobial Resistance: Attachment 1, Section E
    - Population-based surveillance for specific HAI and/or AR pathogens or infections and special projects, including HAI and antimicrobial use prevalence surveys.

2. Other Programmatic Activities – All are optional

- HPV-IMPACT: Attachment 1, Section F
    - Evaluate the impact of the Human Papilloma Virus (HPV) vaccination program and evaluate vaccine effectiveness through a population-based surveillance system that could, in addition to monitoring overall CIN2+ trends, enable monitoring trends in HPV type distribution in CIN2+ lesions among vaccinated and unvaccinated women. Optional projects may also address other HPV-associated outcomes.
- Lyme and Other Tickborne Diseases (TickNET): Attachment 1, Section G
    - Better define the public health and economic burden of tickborne diseases in the United States, identify new risk factors, and develop and evaluate effective public health prevention and

control strategies.

- Rotavirus: Attachment 1, Section H
  - Study the vaccine take of oral rotavirus vaccine in U.S. infants and assess for correlation of the vaccine response with the secretor phenotype and genotype status of the infants.
- Prion Disease: Attachment 1, Section I
  - Implement and maintain an active prion surveillance system in the U.S.
- Arbovirus: Attachment 1, Section J
  - Studies to better define the public health and economic burden of arboviral diseases in the United States, and to identify and improve public health prevention and control measures.
- Congenital CMV: Attachment 1, Section K
  - Establish the clinical sensitivity of dried blood spots for detection of congenital in newborns.
- Other emerging or site-specific activities:
  - Applicants may propose individual projects that address emerging issues (e.g., respiratory syncytial virus, Legionnaire's disease) and/or locally relevant public health issues that meet the objectives of the EIP. These may include activities addressing non-communicable diseases that have the potential to benefit from EIP abilities and approach.

1. Collaborations

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

Awardees are expected to collaborate with CDC programs involved in EIP activities and other EIP grantees as described in the General EIP Function and Structure section, above, and in Application Content and individual program activity sections of Attachment 1. **Awardees will be held accountable for meeting the collaboration requirements included in Attachment 1 - Activities.**

b. With organizations not funded by CDC:

Awardees are required to collaborate with academic institutions and other partners as described in the General EIP Function and Structure section, above, and in Application Content and individual program activity sections of Attachment 1. **Awardees will be held accountable for meeting the collaboration requirements included in Attachment 1 - Activities.**

2. Target Populations

See individual program activity sections of Attachment 1 for any applicable guidance regarding identifying populations, etc., for the individual activities. Overall and as appropriate, consider disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions. **Awardees will be held accountable for meeting any target population requirements included in Attachment 1 - Activities.**

a. Inclusion

See individual program activity sections of Attachment 1 for any applicable guidance regarding identifying populations, etc., for the individual activities. Overall and as appropriate for the EIP activity, strive to include people with disabilities; tribal populations; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; people with limited health literacy; and/or populations that may otherwise be overlooked by the program. **Awardees will be held accountable for meeting any inclusion requirements included in Attachment 1 - Activities.**

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

For details regarding each EIP activity's evaluation and performance measurement requirements, refer to each activity section of Attachment 1. Awardees will be held accountable for the requirements included in Attachment 1.

Generally, evaluation and performance measurement for the various EIP activities include quantitative and qualitative measures regarding the following:

- Staff participation on EIP Steering Group meetings and calls and for individual EIP activity workgroup/committee meetings, calls, trainings, etc.
- For surveillance, engagement of applicable partner institutions (clinical institutions, etc)
- For studies, enrollment of subjects/cases
- Completeness of data
- Quality of data
- Timeliness of data submission
- Collection and shipping of isolates
- Adherence to study/project protocols

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

Applicants are to develop evaluation and performance measurement plans in each of the separate application narratives (General EIP Function and Structure, Core Programmatic Network Activities, and Other Programmatic Activities). Detailed application instructions are provided in FOA Section D, below.

c. Organizational Capacity of Awardees to Implement the Approach

The "ideal" applicant will have the superior organizational capacity needed to perform as an EIP, such as:

- Strong program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, personnel management.
- Demonstrated relevant experience and capacity (management, administrative, and scientific/technical) to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles.

- Existing working relationships with an academic partner (required) and possibly other institutions/organizations which can serve as a solid starting point for the EIP-specific partnerships necessary to successfully implement the EIP.

d. Work Plan

In the application narrative, applicants must provide a detailed work plan for each individual activity (General EIP Function and Structure, Core Programmatic Network Activities, and Other Programmatic Activities) for the first year of the project and a high-level work plan for subsequent years. See application guidance/instructions in Application Content, below, and the individual activity sections of Attachment 1.

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.

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

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

CDC Activities

- Provide general coordination for all EIP sites and the overall network.
- Provide coordination specifically for EIP crosscutting activities such as information technology, quality assurance, culture-independent diagnostic testing, advanced molecular detection, etc.
- Develop, facilitate, and participate in collaborative multi-site relationships as needed to support the successful completion of the project.
- Provide consultation and scientific and technical assistance as necessary in the operation of the EIP. This may include:
    - Facilitating the development of protocols and procedure manuals,
    - Assisting sites with local human subjects requirements,
    - Training grantee personnel,
    - Designing projects,

- Serotyping isolates,
- Performing antimicrobial susceptibility testing,
- Developing Data Management Plans,
- Analyzing and interpreting data,
- Disseminating results,
- Coordinating and facilitating communications among EIPs, and
- Facilitating and coordinating the development of information exchange. CDC will consult with sites to assist evolution of EIP-related information systems to conform with applicable (e.g., HHS, CDC) standards.

- Obtain determination of research or non-research from the Associate Director for Science for the respective CIO when CDC scientists are engaged in the research.
- Obtain IRB approval from the CDC Institutional Review Board for research involving human subjects when CDC is engaged.
- Obtain Office of Management and Budget approval per the Paperwork Reduction Act, if necessary.
- Assist grantee principal investigators, as needed, in complying with their responsibilities described in the United States Government Policy for Institutional Oversight of Life Science Dual Use Research of Concern (DURC) http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf.

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: U50

3. Fiscal Year: 2017

4. Approximate Total Fiscal Year Funding: $35,000,000

5. Approximate Project Period Funding: $175,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $175,000,000

6. Total Project Period Length: 5 year(s)

7. Expected Number of Awards: 10

8. Approximate Average Award: $3,500,000 Per Budget Period

9. Award Ceiling: $0 Per Budget Period

This amount is subject to the availability of funds.

No ceiling

10. Award Floor: $0 Per Budget Period

No floor

11. Estimated Award Date: 12/01/2016

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

2. Additional Information on Eligibility

Eligible applicants that can apply for this funding opportunity are listed below:

- State governments or their Bona Fide Agents (this includes 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)

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

3. Justification for Less than Maximum Competition

Eligibility is limited to state health departments because the EIP infrastructure depends on a direct relationship with public health agencies that have sufficient legal authority and responsibility to perform public health surveillance and response activities. The network must also consist of definitive populations large enough to adequately determine disease burden, evaluate large scale interventions, and impact public health policy decisions. This is the same eligibility that has been a requirement of EIP since the program began in 1995.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711

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

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@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. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

Due Date for Letter of Intent: **05/06/2016**

b. Application Deadline

Due Date for Applications: **06/30/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

Webinar Info:

Friday - April 29, 2016 from 1:00 - 2:30PM EST

Web link: https://webconf.cdc.gov/skm5/696HGJD7

Audio Call-in: 888-324-6989 Participant Passcode: 2825114

5. CDC Assurances and Certifications

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

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

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

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

Due Date for Letter of Intent: May 6, 2016

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CIO staff to estimate the potential review workload and plan the review.

By the date listed above, prospective applicants are asked to submit a letter of intent that includes the following information:

- Number and title of this funding opportunity
- Descriptive title of any proposed research projects
- Name of applicant (health department and, if applicable, bona fide agent). If you are applying as a bona fide agent of a state or local government, you must provide a letter from the state as documentation of your status at the time of application.
- Name, address, email, and telephone number of the Principal Investigator/Project Director
- Names of other key personnel
- Participating academic institution(s) and other key partners

The letter of intent should be sent to:

Gregory Anderson, MS, MPH

Extramural Research Program Office

Office of the Associate Director for Science

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

1600 Clifton Road, MS E-60

Atlanta, GA 30333

Telephone: 404-718-8833

Fax: 404-718-8822

Email: GAnderson@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

(Maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. The 20 page limit includes the work plan.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include all of the 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. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

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

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

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

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

PROJECT NARRATIVE GENERAL INSTRUCTIONS (Supplemental instructions to Paragraph 10. - "Project Narrative," above):

FORMAT:

For the application, provide one single file entitled "Activity Narratives" that includes individual and complete narratives for: General EIP Function and Structure (required), for each Core Programmatic Network Activity (includes required and optional activities), and for each Other Programmatic Activity (optional) proposed. Each individual activity narrative must include the following sections in the following order:

- Background
- Approach
    - Purpose
    - Outcomes
    - Strategies and Activities
        - Collaborations
        - Target Populations and Inclusion
- Evaluation and Performance Measurement Plan
- Organizational Capacity of Applicant to Implement the Approach
- Work Plan
- Human Subjects and/or Vertebrate Animal Protections (if applicable)*

See additional instructions for each of these narrative sections throughout this FOA Section D.10. and Section D.11, below.

PAGE LIMIT:

Disregard page limits stated under first sentence of Paragraph 10 - "Program Narrative," above (but do follow other page and type format instructions). Maximum number of pages for the entire Application Narrative file is 50 (excluding budget, budget narrative, appendices, and required forms). If narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.

PHASING IN OF EIP ACTIVITIES (New applicants only):

For each separate activity narrative, refer to the specific activity section in Attachment 1 – Activities and respond appropriately for each narrative section. For applicants that are not current EIPs, narratives for the Core Programmatic Network Activities may reflect a phased approach that fully implements one or more of these activities over the first 2-3 years of the new EIP project period. For example, implementation of the Core Programmatic Network Activities could be staggered (e.g., implement one in year one, another in year 2, etc.) or implement multiple activities in the first year and phase or ramp up in subsequent years, or some combination.

REQUIRED ACTIVITY NARRATIVES:

Regardless whether a new applicant chooses to phase in via a phased or staggered approach, HAI/AR is required to be proposed for implementation in the first year.

Applicants that are current EIPs are required to propose full implementation/continuation of all required Core Programmatic Network Activities.

*HUMAN SUBJECTS/VERTEBRATE ANIMAL PROTECTIONS:

For each proposed activity that involves human subjects and/or vertebrate animal research, describe how applicant will ensure adherence to human subjects and/or vertebrate animal protection policies and requirements. For human subjects research, describe the risks to human subjects, the adequacy of protection against risks, potential benefits of the proposed research to human subjects and others and the importance of knowledge gained (please see Section 4.1 at: http://grants.nih.gov/grants/funding/424/SupplementalInstructions.pdf#4_1_protection_of_human_subject). If available, indicate the local status of IRB review or determination and provide in an attachment, copies of the most recent local IRB approvals. For vertebrate animal research, please address all required components found at: http://grants.nih.gov/grants/guide/url_redirect.htm?id=11150.

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 Target Population section in the CDC Project Description.

In each activity narrative, clearly identify and describe the target population and catchment area for that activity. Describe how the population size will be sufficient to obtain necessary data to adequately address the project objectives. As applicable and appropriate, address how specific populations who can benefit from the EIP activity will be included. For further information, see CDC Project Description section – Approach: Inclusion, above, as well as the individual activity sections of Attachment 1.

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. See Section E (pages 4 and 5) at

http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf . For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.

- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

In the General EIP Function and Structure activity narrative, describe your overall strategy/structure for assuring robust overall evaluation and performance measurement capacity. In each Core Network Programmatic Activity and Other Programmatic Activity narrative, describe an evaluation and performance management plan specific to that activity. For new EIP applicants and/or for activities that are new to established EIP applicants, this may be a brief, initial plan that will be updated and more fully detailed over the first 6 months of the award.

d. Organizational Capacity of Applicants to Implement the Approach

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

In the General EIP Function and Structure activity narrative, clearly describe the applicant's general capacity for implementing the EIP. Specifically describe existing or planned partnership with an academic institution as required and described earlier in this FOA. Include name of institution, name of institution PI for the EIP collaboration, institution's capacity and experience in conducting active, population-based surveillance, laboratory testing, data management, and applied public health research, etc., as will be needed to successfully implement the EIP.

In narratives for Core Network Programmatic Activities and Other Programmatic Activities, refer to the individual activity sections of Attachment 1 and address capacity specific to each activity as appropriate.

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.

For each activity narrative, provide a detailed, time-phased work plan that clearly identifies specific objectives and actions, key responsible persons, etc., necessary to successfully implement the activity.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Implement 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).

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http:// www.cdc.gov /grants /interested in applying /application resources.html .

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

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

Additional budget instructions:

For the application, provide one single file entitled "Budget Narrative" that includes individual and complete line-item budgets and detailed justification narratives for: General EIP Function and Structure (required), for each Core Programmatic Network Activity (includes required and optional activities), and for each Other Programmatic Activity (optional) proposed. Each individual activity budget should be fully detailed for the first Budget Period (January 1, 2017 - December 31, 2017).

In addition to the Budget Narrative, applicants must also complete the required EIP budget template provided in Attachment 2 (and available at http://www.cdc.gov/ncezid/dpei/eip). The file should be entitled "EIP Budget Template." This is the same template that has been used in EIP for current and previous budget periods so existing EIP grantee applicants may choose to use/update their budget template from last year.

For EIP program activities that have multiple required and/or optional activities (e.g., ABCs, FoodNet, Influenza, and HAIC), provide **one** budget that incorporates the costs for all activities under that program

activity. The only exception is under HAIC (Attachment 1 - Section E) – if proposing the Optional Category 1, Project #2 "candidemia surveillance" project, a separate budget should be provided. All other required and optional HAIC projects should be combined into one single budget (see also the Budget Note in Attachment 1 - Section E). The required EIP budget template includes an instruction tab that will clearly explain how budgets should be broken out.

For the General EIP Function and Structure activity, the budget should include crosscutting scientific, programmatic, and business/administrative staff and related costs (e.g., office rent, utilities, office supplies, travel, etc.) that are not covered by applicant's Indirect Cost Rate Agreement and that are not specific to one or more Core Network Programmatic Activities and/or Other Programmatic Activities.

Applicants should consider and include requests for travel that may be necessary for proposed activities, including specifically (in the General EIP Function and Structure activity) travel to the annual EIP Steering Committee meeting. Travel that is approved and funded by CDC will be considered a required activity of the cooperative agreement.

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 Pro-Children Act of 2001, 20 U.S.C. Sections 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. Funds Tracking

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

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

15. 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.

16. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

17. Pilot Program for Enhancement of Employee Whistleblower Protections

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

18. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

19. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Disregard language above noting that funds may not be used for research. Research activities are allowable and fundable through this FOA.

Funds related to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.

Projects that involve the collection of information, identical record keeping or reporting from 10 or more individuals and are funded by a cooperative agreement and constitute a burden of time, effort, and/or resources expended to collect and/or disclose the information will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA).

On September 24, 2014, the Federal government issued a policy for the oversight of life sciences "Dual Use Research of Concern" (DURC) and required this policy to be implemented by September 24, 2015. This policy applies to all New and Renewal awards issued on applications submitted on or after September 24, 2015, and to all non-competing continuation awards issued on or after that date. CDC grantee institutions and their investigators conducting life sciences research subject to the Policy have a number of responsibilities that they must fulfill. Institutions should reference the policy, available at http://www.phe.gov/s3/dualuse, for a comprehensive listing of those requirements.

Non-compliance with this Policy may result in suspension, limitation, or termination of United States Government (USG) funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

20. Data Release Plan

Applications involving release and sharing of data must include a copy of the applicants Data Release Plan. The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the CDC data sharing agreement will be released in a timely manner, completely, and as accurately as possible, to facilitate the broader community, and developed in accordance with CDC policy on Releasing and Sharing Data.

21. Other Submission Requirements

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

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

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at 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 OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent

an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide. http:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 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 CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis. An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase I Review

All applications will be initially reviewed for completeness by CDC OGS staff. Complete applications will be reviewed for responsiveness by the CDC. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach	Maximum Points:40

Overall, across all submitted activity narratives:

- Are plans adequate and practical to carry out the proposed objectives?
- Does the applicant provide a clear plan on how to implement and conduct each of the activities?
- Does the applicant provide evidence that they can fully accomplish specific activities proposed based on methodology, personnel, and requested budget?
- Are there clear and appropriate timelines for implementation?
- Do the staff members have appropriate experience?
- Are the staff roles clearly defined including particularly the roles of the PI, the partner academic institution, other partners, other EIP site leadership, etc.?
- For proposed activities that involve research:
    - Is the local status of IRB review or determination documented?
    - If local IRB approval has been obtained, are copies of the most recent approvals included with the application?
    - If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?
    - If vertebrate animals are included in any research projects, does the application clearly describe: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) adequacy of veterinary care; 4) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 5) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia? For additional information on review of vertebrate animal use, please refer to the Worksheet for Review of the Vertebrate Animal Section (http ://grants.nih.gov/grants/guide/url_redirect.htm?id=11150).
    - Reviewers will assess whether biohazardous materials or procedures proposed are potentially hazardous to research personnel and/or the environment and, if needed, determine whether adequate protection is proposed.
    - Does the applicant adequately describe plans to appropriately manage OMB-PRA and DURC requirements/policies?

ii. Evaluation and Performance Measurement	Maximum Points:25

Overall, across all submitted activity narratives:

- Does the applicant provide measures of effectiveness (performance measures) that will demonstrate accomplishment of the cooperative agreement objectives in each of the appendices of this FOA?
- Are the measures objective and quantitative, and do they adequately measure the intended outcome of each proposed activity?

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

Overall, across all submitted activity narratives:

- Does the applicant describe sufficient capacity to perform the general EIP structure and functions, core programmatic network activities, and any proposed optional programmatic activities?
- Does the applicant clearly describe an existing or planned partnership with an academic institution as required by this FOA?
- Does the applicant include a Letter of Support from the academic partner that clearly articulates the nature of the partnership and the partner's commitment to participate in the proposed EIP activities?
- Does the applicant provide adequate descriptions of the catchment areas for each population-based activity in the EIP that takes into account sample size or specific population needed to conduct the project?
- Does the applicant provide examples of how their EIP has responded (if an existing/prior EIP applicant) or can respond (if a new EIP applicant) in a flexible and timely manner to emerging or critical public health infectious disease threats?
- Does the applicant have a plan to utilize resources to maximize efficiency and effectiveness across activities?
- Does the applicant demonstrate the ability to participate as a working member of the national EIP network and establish local collaborations and partnerships?
- Does the application include opportunities for training for students and public health professionals?
- Is there a plan to communicate and disseminate findings and lessons learned in the EIP to the local public health community and among other state health departments as appropriate?
- Does the applicant adequately describe methods of data management and isolate collection, as well as tools and capacity to pilot new methods of surveillance and data exchange for research as local/state information systems evolve?

Budget

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored). Is the justification and itemized budget for conducting the project reasonable and consistent with stated objectives and planned program activities?

c. Phase III Review

Applications will be evaluated for scientific and technical merit by an appropriate peer review group (Special Emphasis Panel or SEP), in accordance with CDC peer review policy and procedures for research, using the stated review criteria. As part of the scientific peer review, all applications:

- Will undergo a selection process in which all responsive applications will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

Applications will compete for available funds with all other recommended applications submitted in response to this FOA. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- Scientific merit of the proposed project as determined by SEP review.
- Availability of funds.
- Relevance of each proposed project to program priorities.
- Funding preference will be given to existing EIP grantees prior to funding new grantees. After funding existing grantees, new sites may be funded for specific Core Programmatic Network Activities and/or Other Programmatic Activities based on availability of funds and whether they would enhance

the geographic and/or racial diversity of the network to achieve appropriate representation in the EIPs.

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

2. Announcement and Anticipated Award Dates

Awards are expected to be announced no later than January 1, 2017.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

- AR-1: Human Subjects Requirements
- AR-2: Inclusion of Women and Racial and Ethnic Minorities in Research
- AR-3: Animal Subjects Requirements
- AR-7: Executive Order 12372
- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-14: Accounting System Requirements
- AR-15: Proof of Non-Profit Status
- AR-22: Research Integrity
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-28: Inclusion of Persons Under the Age of 21 in Research
- AR-25: Release and Sharing of Data
- AR-31: Research Definition
- Dual Use Research of Concern Policy: http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf

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

3. Reporting

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

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

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

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov no later than 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

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

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

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 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
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)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds

appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. grantee name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The grantee must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Greg Jones, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Division of Preparedness and Emerging Infections

1600 Clifton Road, MS C-18

Atlanta, GA 30333

Telephone: (478) 278-2972
Email: gjj1@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:
Yolanda Ingram-Sledge, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road (MS-E14)

Atlanta, GA 30341

Telephone: (770) 488-2787
Email: YSledge@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 Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@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

For international FOAs:

- SF424
- SF424A
- Letters of Support
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Bona Fide Agent status documentation, if applicable
- Documentation of Relevant Accomplishments: This may include abstracts, publications, bibliographies, number of students trained or training opportunities provided, etc.
- IRB determination/approval letters (for proposed research activities) - if available
- EIP Budget Template (**REQUIRED**)

Appendices submitted via Grants.gov should be uploaded in a PDF file format, and should be clearly titled such as:

- Curriculum vitaes, Letters of Support, Indirect Cost Rate Agreement, IRBs, etc.

Multiple documents of the same type (such as organizational charts, letters of support, CVs, IRBs) should be scanned in as one file. Do not provide a separate attachment for each individual letter or CV.

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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: Plain Writing Act of 2010, Public Law 111-274 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.

FOA-specific Glossary and Acronyms