



Centers for Disease Control and Prevention

Center for Global Health

Developing professional training programs to increase capacity for effective global health response to humanitarian emergencies

CDC-RFA-GH15-1624

Application Due Date: 06/05/2015

Signature

Date

Developing professional training programs to increase capacity for effective global health response to humanitarian emergencies

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Part I. Overview Information

A. Federal Agency Name:

Centers for Disease Control and Prevention

B. Funding Opportunity Title:

Developing professional training programs to increase capacity for effective global health response to humanitarian emergencies

C. Announcement Type:

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

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

D. Agency Funding Opportunity Number:

CDC-RFA-GH15-1624

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

93.269

F. Dates:

1. Due Date for Letter of Intent: N/A
2. Due Date for Applications: 06/05/2015
3. Date for Informational Conference Call: 05/14/2015

G. Executive Summary:

1. Summary Paragraph:

This FOA supports the implementation of programs and activities targeted at increasing the capacity of humanitarian partners to improve the health of populations affected by humanitarian emergencies and conflict settings. Its purpose is to increase the number of trained humanitarian professionals through the development of didactic and experiential training programs in public health response. Projects should consider the development, implementation and evaluation of programs that are inexpensive, widely accessible, public health-focused, and innovative in their approaches to maximize their potential impact.

- a. Eligible Applicants: Open
- b. FOA Type: Cooperative Agreement
- c. Approximate Number of Awards: 1
- d. Total Project Period Funding: \$500,000
- e. Average One Year Award Amount: \$100,000
- f. Number of Years of Award: 5
- g. Approximate Date When Awards will be Announced: 09/01/15
- h. Cost Sharing and /or Matching Requirement: None

Part II. Full Text

A. Funding Opportunity Description

1. Background

In 2014 there was a sharp rise in the number of people living in regions of the world affected by conflict, with far-reaching political, security, economic, development and humanitarian consequences. The United Nations classifies humanitarian crises from level 1 (L1) to level 3 (L3), with L3 the most critical type of crisis that requires a system-wide response across the humanitarian community. In 2014, there were a record number of L3 crises: Syria, Iraq, Central African Republic, Philippines, and South Sudan. This resulted in requests for US \$17.9 billion to help over 76 million people in 31 countries. With the increase in the number of critical complex emergencies, adequate donor funding for each emergency is declining and as of 30 November 2014, these appeals were only funded at 52 percent. Agencies and organizations are struggling to reach more people in need with smaller budgets, driving the need for effective monitoring and evaluation of programs.

As the number, scale, and intensity of humanitarian emergencies rises, the need for sufficient well-trained staff is becoming even more important. There are approximately 16 million refugees and 27 million internally displaced persons every year worldwide, but there are only an estimated 211,000 international aid workers to assist this population. Only a fraction of these aid workers have expertise in public health and its relevance in emergencies. Large humanitarian organizations are in need of trained routine and surge staff to effectively respond to public health threats. In addition, new programs, tools and resources are constantly available in emergencies; however professional humanitarian staff may not be aware of or effectively use them. At the same time, new evaluation methods, programming approaches and techniques should be piloted and evaluated prior to large-scale roll out. This requires that staff be trained to identify and evaluate effective and appropriate solutions for humanitarian response. Currently and for the foreseeable future, demand for such training programs for humanitarian professionals exceeds the supply of available and accessible training programs.

One specific area of targeted need is emergency nutrition programs, as recent emergencies have highlighted the weaknesses in the emergency nutrition sector. Over the past five years, numerous nutritional crises have all presented the international nutrition community with challenges to staff responses with individuals who can support the effective and appropriate scale up of a nutrition response. Current academic programs are limited in number and are often not teaching appropriate skills needed for international emergency nutrition response. In addition, current programs lack sufficient connections with implementing organizations necessary to provide additional field training and opportunities for employment with international aid groups.

a. Statutory Authorities

This program is authorized under Public Health Service Act, Sections 301(a) (42 U.S.C. 241(a)) and 307 (42 U.S.C. 242l), and include the parallel citation to 42 U.S.C. § 242l, 247b (k) (1), and 42 U.S.C. § 241(a), (c), as amended.

b. Healthy People 2020

This Funding Opportunity Announcement (FOA) supports multiple priorities of Healthy People 2020. It directly relates to the global health priority to improve public health and strengthen U.S. national security through global disease detection, response, prevention, and control strategies. The FOA seeks to increase the capacity and the number and impact of trained and skilled staff to respond to humanitarian emergencies, which often include outbreaks of infectious disease. Within global health, this FOA also addresses the emerging burden of non-communicable diseases in emergency settings, which are a priority in Healthy People 2020. Another related Healthy People 2020 priority addressed is development of public health infrastructure, specifically ensuring that humanitarian

organizations have a capable and qualified workforce that can respond to public health needs in emergencies. The last major priority addressed relates to preparedness. Implementation of the activities outlined in this FOA helps to improve the Nation’s ability to prevent, prepare for, respond to, and recover from a major health incident. As seen with the recent Ebola epidemic, training in health emergencies will allow us to more effectively work with cross-border and global partners to enhance national, continental, and global health security. For additional information see <https://www.healthypeople.gov/2020/topics-objectives/topic/global-health>

c. Other National Public Health Priorities and Strategies

The purpose of this FOA supports the Global Health Security Agenda, an international effort to develop measurable steps required to prevent outbreaks, detect threats in real time, and rapidly respond to infectious disease threats. Increasing the capacity and the number and impact of trained and skilled staff to respond to health threats in humanitarian emergencies will directly accelerate action toward a world safe and secure from all infectious diseases. Specifically, the monitoring and evaluation activities conducted by these trained workers may help prevent and detect outbreaks of communicable and non-communicable diseases in humanitarian contexts. For additional information see <http://www.globalhealth.gov/global-health-topics/global-health-security/ghsagenda.html>

d. Relevant Work

The Emergency Response and Recovery Branch (ERRB) applies public health and epidemiologic science to reduce the health impact of disasters and emergencies, including complex humanitarian events and to strengthen the recovery of health systems in these settings. Working in partnership with other U.S. government agencies, United Nations (UN) agencies (UN High Commissioner for Refugees [UNHCR], UN Children’s Fund [UNICEF]), and non-governmental organizations (NGOs), ERRB coordinates, supervises, and monitors CDC’s work in international emergency settings and in refugee or displaced populations. The branch also provides assistance during emergencies focusing on the following:

- Rapid assessments on health, water, sanitation and hygiene (WASH), and nutrition
- Public health surveillance and epidemic investigations
- Operational research in emergency and post-emergency settings
- Program development and evaluation
- Post-emergency health systems reconstruction
- Partner capacity building

Additionally, ERRB has extensive experience with non-research cooperative agreements with a variety of partners.

2. CDC Project Description

A.2.a. Approach

CDC-RFA-GH15-1624 Logic Model			
Professional Humanitarian Training Programs			
<i>*Asterisk indicates project period outcome</i>			
Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes

<p>Strengthen public health response, management and operations in humanitarian emergencies</p> <ul style="list-style-type: none"> • Develop, promote and implement training courses for <ul style="list-style-type: none"> -responders -response leaders -clinician leaders • Share emergency management best practices in trainings and online • Work with key partners/ stakeholders to increase number of organizations engaged in preparedness & response trainings <p>Strengthen global capacity for emergency nutrition response</p> <ul style="list-style-type: none"> • Develop, promote and implement a practical emergency nutrition training program in multiple languages 	<p>*Increase in responders, response leaders and clinician leaders that are better prepared to respond to emergencies</p> <p>Improved timeliness of detection and response</p> <p>*Increased emergency nutrition capacity</p> <ul style="list-style-type: none"> -More students -More mentors engaged in training -More field practicums -More placements for newly trained -Improved training materials & strategies <p>*More in-country emergency nutrition capacity assessments conducted</p>	<p>*Increased amount and quality of information on public health response activities</p> <p>*Increased use of evidence-based tools and practices</p> <p>*Increased capacity of humanitarian organizations to respond to surge staffing requirements</p> <p>*Increased use of proven management and operations activities</p> <p>Increased coordination of medical and public health activities in emergencies</p>	<p>Increased response effectiveness</p> <p>Improved prevention and control of health threats</p> <p>Decreased morbidity and mortality in humanitarian emergencies</p>
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i. Problem Statement

In 2014 there was a sharp rise in the number of people living in regions of the world affected by conflict, with far-reaching political, security, economic, development and humanitarian consequences. The United Nations classifies humanitarian crises from level 1 (L1) to level 3 (L3), with L3 the most critical type of crisis that requires a system-wide response across the humanitarian community. In 2014, there were a record number of L3 crises: Syria, Iraq, Central African Republic, Philippines, and South Sudan. This resulted in

requests for US \$17.9 billion to help over 76 million people in 31 countries. With the increase in the number of critical complex emergencies, adequate donor funding for each emergency is declining and as of 30 November 2014, these appeals were only funded at 52 percent. Agencies and organizations are struggling to reach more people in need with smaller budgets, driving the need for effective monitoring and evaluation of programs.

As the number, scale, and intensity of humanitarian emergencies rises, the need for sufficient well-trained staff is becoming even more important. There are approximately 16 million refugees and 27 million internally displaced persons every year worldwide, but there are only an estimated 211,000 international aid workers to assist this population. Only a fraction of these aid workers have expertise in public health and its relevance in emergencies. Large humanitarian organizations are in need of trained routine and surge staff to effectively respond to public health threats. In addition, new programs, tools and resources are constantly available in emergencies; however professional humanitarian staff may not be aware of or effectively use them. At the same time, new evaluation methods, programming approaches and techniques should be piloted and evaluated prior to large-scale roll out. This requires that staff be trained to identify and evaluate effective and appropriate solutions for humanitarian response. Currently and for the foreseeable future, demand for such training programs for humanitarian professionals exceeds the supply of available and accessible training programs.

One specific area of targeted need is emergency nutrition programs, as recent emergencies have highlighted the weaknesses in the emergency nutrition sector. Over the past five years, numerous nutritional crises have all presented the international nutrition community with challenges to staff responses with individuals who can support the effective and appropriate scale up of a nutrition response. Current academic programs are limited in number and are often not teaching appropriate skills needed for international emergency nutrition response. In addition, current programs lack sufficient connections with implementing organizations necessary to provide additional field training and opportunities for employment with international aid groups.

ii. Purpose

The purpose of this funding is to increase the capacity of humanitarian partners to improve health of populations affected by humanitarian emergencies and conflict settings. Its main strategy is to increase the number of trained humanitarian professionals, through the development of didactic and experiential training programs in public health response. This program activity will also address the global shortage of qualified emergency nutrition staff.

iii. Outcomes

As reflected in the Logic Model Overview, each of the two strategies has a related set of activities and short- and intermediate-term outcomes for the five year project period. Measurable progress on these will contribute to the specified long-term outcomes.

Applicants will assess their existing resources and technical expertise, partner network, training resources, and experience working in humanitarian settings and determine whether they can successfully achieve the specified outcomes. The awardee is only expected to achieve those outcomes identified in the application and for which it receives funding. As noted in the logic model, the short- and intermediate- term outcomes for each strategy are expected to contribute to a series of long-term outcomes for the effort as a whole. Awardees will be expected to make progress toward the long-term outcomes outlined in the Logic Model above, but they may not be fully achievable by the end of the project period.

Short Term

- Increase in responders, response leaders and clinician leaders that are better prepared to respond to emergencies

- Increased emergency nutrition capacity
- More in-country emergency nutrition capacity assessments conducted

Intermediate Term

- Increased amount and quality of information on public health response activities
- Increased use of evidence-based tools and practices
- Increased capacity of humanitarian organizations to respond to surge staffing requirements
- Increased use of proven management and operations activities

iv. Funding Strategy

N/A

v. Strategies and Activities

As noted earlier, applications should address all strategies and all activities. Applicants should ensure that they can conduct all of these activities in the allotted time project period.

Strategy 1: Strengthen public health response, management and operations in humanitarian emergencies

Activity 1: Develop, promote and implement training courses for responders, response leaders, clinician leaders

Activity 2: Share emergency management best practices in trainings and online

Activity 3: Work with key partners/ stakeholders to increase number of organizations engaged in preparedness & response trainings

Strategy 2: Strengthen global capacity for emergency nutrition response

Activity 1: Develop, promote and implement a practical emergency nutrition training program in multiple languages

1. Collaborations

a. With CDC-funded programs:

Awardees are required to collaborate with CDC Emergency Response and Recovery Branch staff including subject matter experts and Epidemic Intelligence Service (EIS) Officers.

b. With organizations external to CDC:

Awardees are expected to collaborate with academic groups and humanitarian organizations in program development, implementation, and evaluation. Collaboration should be in the form of standard memorandums of understanding or agreement between awardees and these groups. Activities funded through this FOA should be complimentary and supportive of existing efforts. Awardees should have practical working knowledge of existing activities and gaps related to the objectives of this FOA.

2. Target Populations

The end target population is internally displaced populations and populations affected by humanitarian crises in a variety of locations, urban, peri-urban or rural. The grantee will use professional educators with experience in international emergency training to train humanitarian professionals that will reach this target population through programs and activities.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC will work with awardees to determine if the FOA strategies and activities have been implemented as expected and if the intended project period outcomes have been achieved. This is key information to keep the awardees on track, to demonstrate the effectiveness of the FOA, and/or to suggest ways to improve the program. This includes routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting).

Such monitoring may also include the following activities for each strategy:

- 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 the outcomes within stated timelines.
- Working with awardees on adjusting the work plan based on achievement of outcomes 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.

Sample evaluation questions for each activity or outcome and associated performance measures may include:

- To what extent has awardee developed, promoted and implemented training courses? (Process)
 - # of training courses developed for responders, response leaders and clinician leaders
 - # of training courses conducted for responders, response leaders and clinician leaders
 - # of responders trained in courses
 - # of response leaders trained (management)
 - # of clinician leaders trained
 - % of those trained that rate courses highly (good or excellent)
 - % of those trained that would recommend course
- To what extent has capacity to respond to surge staffing requirements increased? (Outcome)
 - #/% of those trained that are have been deployed to international emergencies at 6 months
 - #/% of those trained that are have been deployed to international emergencies at 1 year
 - #/% of those trained that are have been deployed to international emergencies at 2 year
 - #/% of organizations represented in trainings that have deployed staff at 1 year
- To what extent have emergency management best practices been incorporated into live trainings? (Process)
 - # of multidisciplinary faculty involved in management trainings
 - # of case studies of management of prior emergencies used in trainings
- To what extent are online tools being utilized to support training on emergency management best practices? (Process)
 - # of online resources on emergency management developed and implemented
 - # of registered users of online portal
 - # of unique visitors /page views to online resources
 - % of users successfully completing a training post-test
- To what extent have humanitarian organizations participated in trainings? (Outcome)
 - # of humanitarian organizations represented among trainees by year
 - # of trainings co-led by staff from humanitarian organizations

- To what extent has capacity to conduct in-country emergency nutrition assessments increased? (Outcome)
 - # of US emergency nutrition personnel trained
 - # of field based humanitarian organization practicum placements
 - # of in-country staff capacity assessments conducted
 - # of newly trained emergency nutritionists hired by aid organizations/surge roster

ii. Applicant Evaluation and Performance Measurement Plan

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

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

c. Organizational Capacity of Awardees to Execute the Approach

The grantee should be an institution of higher learning with a school of public health accredited by the Council on Education for Public Health (<http://ceph.org/accredited/>).

The grantee should have a Department of Global Health or the equivalent and a viable Global Health faculty base. In addition the organization must have the ability to host graduate students and be located in an area in or near Atlanta to ensure access to mentors within CDC/ERRB.

Applicants must have sufficient organizational capacity to carry out the evidence-based strategies and activities outlined in this FOA. The anticipated organizational skill sets the applicant would need to have to execute this FOA include:

Program Management:

- Planning and execution
- Performance management and monitoring
- Communication management
- Partnership development
- Reporting
- Training
- Workforce management

Subject Matter Expertise:

- Expertise in working in humanitarian emergencies in the field
- Expertise in working with displaced populations
- Multidisciplinary experience in management, operations, and leadership
- Expertise in developing tools, materials, educational information, guidelines, or health strategies for the relevant populations targeted
- Experience in developing and implementing graduate and professional training programs

- Experience working with international partners to develop practical training programs
- Access to and expertise in developing innovative education programs

Financial Planning:

- Budget management and tracking
- Budget administration
- Financial Reporting

d. Work Plan

Applicants should provide a high-level work plan that covers the duration of the project, with more detail for the first year of the project period. The work plan - even if it uses terms like goals and objectives - needs to draw on the strategies and activities, outcomes, and performance measures presented in the logic model and narrative sections of the FOA. The table below is a sample work plan. Applicants can use this or a different format, but the work plan must include the information above. The work plan should be completed for each project period outcome identified in the logic model. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

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

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve objectives within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of objectives and changing budgets.

- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

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

f. CDC Program Support to Awardees

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

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

Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas.

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

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

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

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

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Funding Activity Category:	HL
3. Fiscal Year:	2015
Estimated Total Funding:	\$500,000
4. Approximate Total Fiscal Year Funding:	\$100,000
5. Approximate Project Period Funding:	\$500,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	\$100,000 Per Budget Period
9. Award Ceiling:	\$100,000 Per Budget Period
10. Award Floor:	\$20,000 Per Budget Period

11. Estimated Award Date: 09/01/2015

12. Budget Period Length: 60 month(s)

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

13. Funds Tracking

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

14. Direct Assistance

Direct assistance is not available through this FOA.

15. Indirect Costs

Indirect Costs are not an allowable cost through this FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

- State governments
- County governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public housing authorities/Indian housing authorities
- Native American tribal organizations (other than Federally recognized tribal governments)
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- For profit organizations other than small businesses
- Small businesses
- Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

2. Special Eligibility Requirements

The specific emphasis on humanitarian training in health emergencies specified in this grant requires that a successful grantee have substantial global health experience and begin work immediately upon receipt of the award. CDC/CGH/DGHP/ERRB considers that this can only be accomplished by an institution of higher learning with a school of public health accredited by the Council on Education for Public Health (<http://ceph.org/>). A letter from applicants verifying this accreditation is required.

3. Justification for Less than Maximum Competition

N/A

4. Other

N/A

5. Cost Sharing or Matching

Cost Sharing / Matching No
Requirement:

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

6. Maintenance of Effort

Maintenance of Effort is not required 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](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](http://www.grants.gov):

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually

takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> 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 member(s) to obtain DUNS number, verify & update information under DUNS number 	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> 1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) 	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact www.fsd.gov/US Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> 1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization 	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Applications: **06/05/2015**

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

Date for Informational Conference Call: 05/14/2015

Informational Conference Call Time and Numbers:

Thursday May 14, 2015 at 10AM PT, 1PM US Eastern Standard Time.

The call in number is 1-877-953-3014 (US) or 1-517-477-1345 (Intl)

Passcode 3634833

5. CDC Assurances and Certifications

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

Applicants may follow either of the following processes:

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

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

6. Contents and Form of Applications Submission

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

7. Letter of Intent (LOI)

Descriptive title of proposed project:

- Name, address, telephone number, and email address of the Principal Investigator/Project Director, or both
- Name, address, telephone number, and email address of the primary contact for writing and submitting this application
- Number and title of this FOA

- Other: LOIs must be received via email, please submit to the Project Officer, Cyrus Shahpar, at iyp3@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Problem Statement

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

ii. Purpose

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

iii. Outcomes

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

iv. Strategy and Activities

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

evaluating new strategies or practice-based innovations. (See CDC Project description: Strategies and Activities section).

c. Applicant Evaluation and Performance Measurement Plan

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

The plan must:

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

Specifically applicants must provide a letter verifying that they are an institution of higher learning with a school of public health accredited by the Council on Education for Public Health (<http://ceph.org/accredited/>). Applicants must name this file “Accreditation” and upload it at www.grants.gov.

Applicants should also attach an organization chart for their school of public health and Department of Global Health. Finally CVs for primary project contacts should be submitted. Applicants must name these files “CVs/Resumes” or “Organizational Charts” and upload it at www.grants.gov.

Applicants must also list at least 5 countries where you currently work: the area of country-camp, urban, peri-urban; size and characteristics of displaced populations; and length of time in each country by months and years (must have at least 5 years of experience in the field of emergencies). Include any education, training, or nutrition activities this work involves and demonstrate that work by existing letter, agreements, website, etc.

Applicants must name these files “Global Health Activities” and upload it at www.grants.gov.

Applicants must also provide materials on existing global health or humanitarian training programs they are currently involved in. They should demonstrate this work by existing letter, agreements, website, etc.

Applicants must name these files “Training Activities” and upload it at www.grants.gov.

11. Work Plan

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

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

12. Budget Narrative

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

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

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:

<http://www.cdc.gov/grants/interestedinapplying/applicationresources.html>

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

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

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

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

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: [http://www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.pdf)).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:
<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
<http://www.thecommunityguide.org/tobacco/index.html>
<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Funding Restrictions

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

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

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

16. Other Submission Requirements

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

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

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

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

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

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

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

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

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

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

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

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

E. Application Review Information

1. Review and Selection Process

a. Phase I Review

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

b. Phase II Review

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

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

i. Approach

Maximum Points: 30

Evaluate the extent to which the applicant addresses the items below.

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.
- Demonstrates experiences utilizing novel / asynchronous learning methods such as web-based courses and evaluation methods.

ii. Evaluation and Performance Measurement

Maximum Points: 30

Evaluate the extent to which the applicant addresses the items below.

- Demonstrates experience evaluating educational/training programs.
- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 40

Evaluate the extent to which the applicant addresses the items below.

- Is an accredited School of Public Health at an institution of higher learning.
- Demonstrates relevant experience and capacity (both management, administrative, and technical) to achieve the goals of the project. This includes experience developing professional training programs and implementing them with experienced trainers. It also includes faculty with expertise in global health, humanitarian emergencies, and emergency nutrition.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles. Provides an organizational chart.
- Budget: When scoring budgets, CDC programs must assess whether the budget aligns with the proposed work plan. For additional guidance, check with the CIO extramural program office, GMO or GMS.

c. Phase III Review

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

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

Preference may be given to applicants:

- with existing humanitarian emergency programs
- with experience developing humanitarian training
- with ongoing work with CDC/CGH/DGHP/ERRB to facilitate collaboration/mentorship
- with an ability to host graduate students and staff from humanitarian organizations
- are located in an area near Atlanta to ensure access to mentors within CDC/CGH/DGHP/ERRB. It is expected that projects under this FOA will leverage, compliment, or synergize with existing CDC-funded work around the world
- have an intimate knowledge of the non-governmental and international organizations related to program implementation and evaluation, scientific measurement of needs and outcomes for emergency-affected, conflicts and natural disasters, populations.

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

2. Anticipated Announcement and Award Dates

The Grants Management Officer will provide electronic communication to the successful awardee(s) in the form of a notice of award letter. Award date is expected to be 09/01/2015.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

The following administrative requirements apply to this project:

Generally applicable ARs:

AR-9: Paperwork Reduction Act

AR-10: Smoke-Free Workplace

AR-11: Healthy People 2010

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-21: Small, Minority, And Women-owned Business

AR-24: Health Insurance Portability and Accountability Act

AR-25: Release and Sharing of Data

AR-26: National Historic Preservation Act of 1966

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

AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973

AR-32: Executive Order 131410: Promoting Quality and Efficient Health Care in Federal Government (If applicable applicants should be aware of the program's current business needs and how they align with nationally adopted Public Health Information Network (PHIN) standards, services, practices, and policies when implementing, acquiring, and updating public health information systems.)

AR-33: Plain Writing Act of 2010

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

AR-35: Nutrition Policies

ARs applicable to awards related to conferences:

AR-20: Conference Support

AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:

AR-8: Public Health System Reporting (Community-based non-governmental organizations)

AR 23: Compliance with 45 C.F.R. Part 87 (Faith-based organizations)

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

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

3. Reporting

a. CDC Reporting Requirements

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

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

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

b. Specific Reporting Requirements

i. Awardee Evaluation and Performance Measurement Plan

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

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

When developing evaluation and performance measurement plans, applicants are encouraged to use the

Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: <http://www.cdc.gov/eval/guide/index.htm>

ii. Annual Performance Report

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

This report must include the following:

- **Performance Measures (including outcomes)** – Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results** – Awardees must report evaluation results for the work completed to date (including any impact data).
- **Work Plan (maximum of 25 pages)** – Awardees must update work plan each budget period.
- **Successes**
 - Awardees must report progress on completing activities outlined in the work plan
 - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year
 - Awardees must describe success stories
- **Challenges**
 - Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
 - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year
- **CDC Program Support to Awardees**
 - Awardees describe how CDC could assist them in overcoming the challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan
- **Administrative Reporting** (not subject to page limits)
 - SF-424A Budget Information-Non-Construction Programs
 - Budget Narrative – Must use the format outlined in Section D. Content and Form of Application Submission, Budget Narrative Section
 - Indirect Cost Rate Agreement

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

iii. Performance Measure Reporting

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

iv. Federal Financial Reporting

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

v. Final Performance and Financial Report

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

At a minimum, this report must include the following:

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

The report must not exceed 40 pages.

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

4. Federal Funding Accountability and Transparency Act of 2006

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

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

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

- http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- http://www.hhs.gov/asfr/ogapa/aboutog/Grants%20Management%20Information/ffata_guidelines.html

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Cyrus Shahpar, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Center for Global Health
4770 Buford Highway NE, MS F-57
Atlanta, GA 30341
Phone: (770) 488-0043
Email: iyp3@cdc.gov

Grants Staff Contact

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

Lakita Reid, Grants Management Specialist
Department of Health and Human Services
Centers for Disease Control and Prevention
Procurement and Grants Office
2920 Brandywine Road, MS K-75
Atlanta, GA
Phone: 770.488.2742
Email: wtl9@cdc.gov

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

www.grants.gov Contact Center: 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications

- Work Plan
- Table of Contents for Entire Submission

I. Glossary

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

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

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

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

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

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year which describes domestic assistance programs administered by the federal government. This government-wide compendium of Federal programs lists projects, services, and activities which provide assistance or benefits to the American public. <https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Inclusion: Inclusion refers to both the meaningful involvement of community members in all stages of the

program process, and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

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

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

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

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

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

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

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

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

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

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

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

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

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

www.plainlanguage.gov

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

Program Strategies: Public health interventions or public health capabilities.

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

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

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

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

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

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

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