

**Funding Opportunity Announcement (FOA)
New, Non-research, Domestic**

Implementation of Strategic Plans for Billing for Immunization Services in Health Department Clinics

CDC-RFA-IP14-1411

National Center for Immunization and Respiratory Diseases (NCIRD)



Contents

Part I. Overview Information	2
A. Federal Agency Name.....	2
B. Funding Opportunity Title	2
C. Announcement Type	2
D. Agency Funding Opportunity Number	2
E. Catalog of Federal Domestic Assistance (CFDA) Number	2
F. Dates.....	2
Part II. Full Text	3
A. Funding Opportunity Description.....	3
B. Award Information	10
C. Eligibility Information	11
D. Application and Submission Information	11
E. Application Review Information.....	20
F. Award Administration Information	22
G. Agency Contacts	26
H. Other Information	27
I. Glossary	27

Part I. Overview Information

A. Federal Agency Name:
Centers for Disease Control and Prevention (CDC)
B. Funding Opportunity Title:
Implementation of Strategic Plans for Billing for Immunization Services in Health Department Clinics
C. Announcement Type: New—Type 1
This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf .
D. Agency Funding Opportunity Number:
CDC-RFA-IP14-1411
E. Catalog of Federal Domestic Assistance (CFDA) Number:
CFDA 93.268
F. Dates
1. Letter of Intent (LOI) Deadline: n/a
2. Application Deadline: August 8, 2014, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov
3. Informational conference call for potential applicants: July 24, 2014, 10am EST; 1-866-873-4356 participant code 4924156
G. Executive Summary:
1. Summary Paragraph:
This funding opportunity announcement will improve the efficiency and effectiveness of immunization programs through continuance of current insurance billing projects, or to implement new projects for public health department insurance billing. Many aspects of this FOA continue or build upon activities that were previously funded under the American Recovery and Reinvestment Act of 2009 (ARRA) and/or the Prevention and Public Health Fund (PPHF) of the Affordable Care Act (ACA). This cooperative agreement provides two options that applicants can select for development and action. Those two options are (1) planned but

not yet implemented a billing project; or (2) want to build a new billing project. Applicants may apply based on the eligibility criteria outlined in Part II, Section c. Eligibility Information. The criteria may vary depending on the stage of any awardees current or proposed billing processes.

a. Eligible Applicants (select one): limited competition
b. FOA Type (select one): cooperative agreement
c. Approximate Number of Awards: 15
d. Approximate Total Project Period Funding: \$5 million
e. Average One Year Award Amount: \$350,000
f. Number of Years of Award: two (24 month project period)
g. Approximate Date When Awards will be Announced: August 30, 2014
h. Cost Sharing and /or Matching Requirements: none

Part II. Full Text

A. Funding Opportunity Description
<p>1. Background</p> <p>The Billables Project is a CDC-funded effort to enable state and local health departments to bill public and private insurance plans for immunization services provided to insured patients.</p> <p>Since 2009, CDC has given more than \$27.5 million to 38 project awardees to assist them in developing plans that will enable them to begin billing for vaccine services.</p> <p>The money collected through such billing programs is being used to expand and improve state and local immunization services for both children and adults.</p> <p>CDC, through the federally legislated American Recovery and Reinvestment Act of 2009 (ARRA), began providing more than \$6.5 million in 2009 to 14 program awardees to develop plans that would enable them to begin billing for vaccine services.</p> <p>Through the federally legislated Affordable Care Act, Prevention and Public Health Fund (PPHF), CDC provided more than \$13 million in 2011 to 14 additional program awardees to develop plans that will enable them to begin billing for vaccine services. Half of the original 14 awardees have moved to the next step of implementing their plans, and the National Association of County and City Health Officials (NACCHO) has developed a tool kit to assist</p>

awardees with billing practices.

Through the federally legislated Affordable Care Act, Prevention and Public Health Fund (PPHF), CDC provided more than \$8 million in 2012 to seven additional program awardees to develop plans that will enable them to begin billing for vaccine services and seven more awardees to pursue full implementation of billing across their jurisdiction.

Awardees have developed a public health action plan that will describe activities, protocols, and procedures needed to pilot, initiate, and sustain a successful billing effort within the immunization program.

Status as of June 2014:

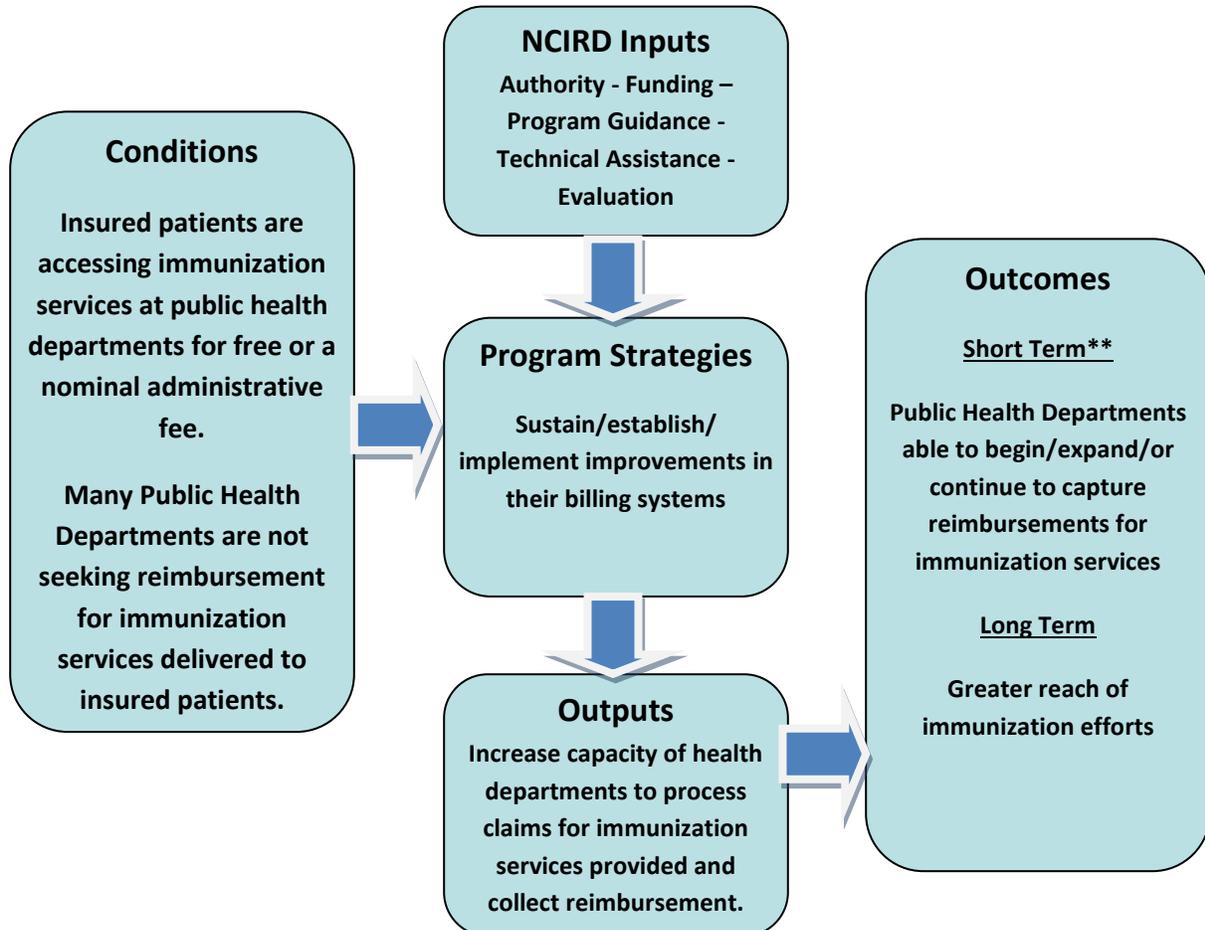
- 38 awardees have received funding for planning, implementation, or both
- All 14 ARRA awardees funded in 2009 have provided implementation plans
- All 21 of the PPHF awardees funded in 2011 and 2012 for planning have made great strides in their plan development, and will be evaluating and piloting their project plans over the next several months
- Implementation awardees funded in 2011 and 2012 are at various stages of billing:
 - All are working on or have already developed contracts with payers
 - All are conducting assessment and training with local health departments on billing
 - Most are able to bill Medicare and Medicaid specifically for flu vaccine. Efforts are being made to collect more specific data
- NACCHO was funded in 2011 to work on a billing tool kit that is now available online
- In August 2012 CDC conducted a three-part series of training in conjunction with America's Health Insurance Plans (AHIP) on billing concepts

A stakeholder meeting was held in August 2013 and was attended by payers, awardees, and partner organizations. Participant's shared billing knowledge and resources, and some awardees reported that they were able to secure contracts as a result of interaction at the meeting.

a. Statutory Authorities: This project is authorized under section 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended and the Patient Protection and Affordable Care Act (PL 111-148). This program is funded in part by 2011,

2012, and 2014 Prevention and Public Health Funds (PPHF-2012).
b. Healthy People 2020:
The billables project directly supports the Healthy People 2020 Goals for Immunization and Infectious Diseases. Immunization and Infectious Diseases are in fact, one of Healthy People 2020's specific Goals. Healthy People 2020 goals for immunization and infectious diseases are rooted in evidence-based clinical and community activities and services for the prevention and treatment of infectious diseases. The Goal is to increase immunization rates and reduce preventable infectious diseases through the implementation of 32 specific Objectives. Objectives new to Healthy People 2020 focus on technological advancements and ensuring that States, local public health departments, and nongovernmental organizations are strong partners in the Nation's attempt to control the spread of infectious diseases. The billables project supports that approach due to the electronic nature of capturing billing information. Objectives for 2020 reflect a more mobile society and the fact that diseases do not stop at geopolitical borders. Awareness of disease and completing prevention and treatment courses remain essential components for reducing infectious disease transmission.
c. Other National Public Health Priorities and Strategies:
n/a
d. Relevant Work:
Since 2009, as a direct result of grant and cooperative agreements funding provided by CDC, many awardees have successfully planned for and started implementation of viable billing practices.
2. CDC Project Description
a. Approach:
This project is intended to support all immunization awardees except for those who received funding under CDC-RFA-IP11-1107PPHF11 Part 4.

**Logic Model for IP14-1411
Implementation of Strategic Plans for
Billing for Immunization Services in Health Department Clinics
(* are outcomes expected during the project period)**



i. Problem Statement:

Insured patients are accessing immunization services at public health departments for free or a nominal administrative fee. Many Public Health Departments are not being reimbursed for immunization services delivered to insured patients.

ii. Purpose:

The purpose of this cooperative agreement is to enable public health departments to bill health insurance plans, with the intent of capturing immunization service delivery fees.

iii. Outcomes:

As noted in the logic model, the strategies/activities funded by this FOA will lead to the following short-term outcome which is expecting during the project period:

<p>Short Term: Public Health Departments able to begin/expand/or continue to capture reimbursements for immunization services.</p> <p>Over time it is expected that this short term outcome will help enhance the following long-term outcome, but this is not an outcome grantees will be held accountable for during the project period.</p> <p>Long Term: Greater reach of immunization efforts.</p>
<p>iv. Funding Strategy:</p> <p>Minimum awards can be as low as \$100,000 per awardee. Maximum awards can be as high as \$500,000 per awardee. Average award per awardee is expected to be \$350,000. Criteria for eligibility:</p> <ol style="list-style-type: none"> 1) All awardees are eligible except for those who received funding under CDC-RFA-IP11-1107PPHF11 Part 4 - Implement strategic plans for billing for immunization services in health department clinics.
<p>v. Strategies and Activities:</p> <p>Vaccinating insured individuals in local health department clinics and billing third-party payers can allow immunization programs to manage valuable resources more efficiently.</p> <p>As noted in the logic model, Funding provided by this cooperative agreement will aid selected awardees to either implement established action plans or begin a new billing program. Desirable activities should include:</p> <ol style="list-style-type: none"> 1. Describe the current environment and billing situation 2. Identify the main payer's to be targeted by this effort 3. Describe a Plan of Action with Milestones 4. Describe how you will implement the Plan of Action 5. Conduct a cost-benefit analysis to document the "yield" of the effort.
<p>1. Collaborations –</p> <p>a. With CDC funded programs:</p> <p>CDC expects new awardees that currently do not have billing projects, to collaborate with awardees that have already launched billing projects, or with awardees that have already completed the planning stages of setting up a billing project.</p>
<p>b. With organizations external to CDC:</p> <p>Additionally, CDC expects new awardees to collaborate with external</p>

<p>partners that have direct business experience with billing, for the purposes of obtaining advice on how to best launch a billing project in their jurisdiction. Such external partners can include but not be limited to all public health department jurisdictions at the state and local levels, and any/all health insurance plans that provide coverage for immunization service delivery.</p>
<p>2. Target Populations:</p>
<p>Inclusion: Within the awardees public health jurisdiction, all men, women, and children of all ages.</p>
<p>b. Evaluation and Performance Measurement:</p>
<p>i. CDC Evaluation and Performance Measurement Strategy:</p>
<p>CDC Evaluation and Performance Measurement Strategy: CDC will work with awardees on final measures that indicate the strategy was implemented and the outcomes were achieved. The measures are likely to resemble the following:</p> <p>Process Measure: Grantees will be asked to track measures of the output listed in the logic model by increasing capacity of health departments to process claims for immunization services provided and collect reimbursement.</p> <p>Outcome Measures: Grantees will be expected to track and report progress on only the short-term outcome measure, which is to begin/expand/or continue to capture reimbursements for immunization services.</p>
<p>ii. Applicant Evaluation and Performance Measurement Plan:</p>
<p>Applicant Evaluation Plan: Besides affirming their ability to and willingness to collect the performances measures above, Awardees will provide a method(s) of assessing success or progress of their billing system efforts as follows: Cost-benefit analyses that will identify, quantify, and add all positive factors (benefits), and subtract all negative factors (costs) for a billing program within your health jurisdiction.</p>
<p>c. Organizational Capacity of Awardees to Execute the Approach:</p>
<p>Expectations of awardees will be that they have sufficient staff or will hire additional staff to manage their billing project. Experience has already demonstrated that at least one FTE with billing expertise will be needed to manage this project. Depending on the size of the awardee and how large their billing project becomes, may warrant additional staff support.</p>
<p>d. Work Plan:</p>
<p>Awardees must develop a work plan that includes one or more objectives that address how they will plan, implement, and monitor a billing project. The objectives should align with the strategy, output, and outcome in the logic model. Each plan objective must be specific, measurable, realistic, attainable, relevant and time-oriented, to be attained within the identified funding period. For each objective, awardees must</p>

provide:

- a. Specific activities to be undertaken to accomplish each objective.
- b. Staffing plan that demonstrates an understanding of the labor and qualifications needed to accomplish each activity. All staff members must be identified by name, title, and function in support of the billing project.
- c. Plan of Action with Milestones for reaching each objective identified in the work plan.

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). The HHS Awarding Agency Grants Administration Manual (AAGAM)* 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 Chapter 2.01.101 of the HHS AAGAM* 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.

*Beginning 10/01/2014, AAGAM will be replaced with GPAM.

f. CDC Program Support to Awardees:

CDC will have substantial involvement with the day-to-day management of this Cooperative Agreement, consistent with grants management directives defining substantial

involvement to include:

1. Provide technical assistance in setting program priorities and implementing and evaluating project activities.
2. Facilitate communication between programs to problem solve and collaborate on program development.
3. Monitor the recipient's performance of program activities and progress toward program goals.

B. Award Information

1. Type of Award: Cooperative Agreement
CDC's substantial involvement in this program appears in the CDC Program Support to Awardees section.

2. Award Mechanism: H23 - Cooperative Agreement

3. Fiscal Year: 2014

4. Approximate Total Fiscal Year Funding: \$5 million

5. Approximate Total Project Period Funding: \$5 Million

6. Total Project Period Length: 24 months

7. Approximate Number of Awards: 15

8. Approximate Average Award: \$350,000

9. Floor of Individual Award Range: \$100,000

10. Ceiling of Individual Award Range: \$500,000

11. Anticipated Award Date: September 30, 2014

12. Budget Period Length: 24 months

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).]

*Beginning FY 14, AAGAM will be replaced with GPAM.

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

C. Eligibility Information

1. Eligible Applicants: Criteria for eligibility:

All awardees are eligible except for those who received funding under CDC-RFA-IP11-1107PPHF11 Part 4 - Implement strategic plans for billing for immunization services in health department clinics.

1. Special Eligibility Requirements:

N/A

2. Justification for Less than Maximum Competition:

CDC previously awarded funds under CDC-RFA-IP11-1107PPHF11 to 14 immunization program awardees for the purpose of implementing billing systems to bill for immunization services rendered to insured individuals in local health departments.

Under that same FOA, an additional 7 awardees were funded simultaneously to conduct planning that would allow them to also bill for immunization services. These 7 awardees have not implemented those plans as yet due to lack of funding. Also, 3 awardees were awarded funding with ARRA funds in 2009 but have not yet implemented.

As a result of over three years of experience now in planning and implementing billing systems, the initial 14 implementation awardees have demonstrated that billing systems are a very expensive public health intervention to develop and use, however, after the initial investment is made, billing projects are considered to be a very effective management tool.

3. Cost Sharing or Matching:

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.

4. 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 usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
- c. [Grants.gov](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 must start the registration process as early as possible.

- 2. Request Application Package:** Applicants may access the application package at www.grants.gov.
- 3. Application Package:** Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.
- 4. Submission Dates and Times:** If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a

paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

a. Letter of Intent (LOI) Deadline (must be emailed or postmarked by): n/a

b. Application Deadline: August 8, 2014, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov

5. CDC Assurances and Certifications: All applicants are required to sign and submit “Assurances and Certifications” documents indicated at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications, name the file “Assurances and Certifications” and upload it as a PDF file at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at <http://wwwn.cdc.gov/grantsassurances/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 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 (LOI): not required

8. Table of Contents: (No page limit and not included in Project Narrative 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 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 15 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 15 pages will not be considered. 15 page limit includes the work plan.

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in

the CDC Project Description section.

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

- a. **Background:** Applicants must provide a description of relevant background information that includes the context of the problem.

NOTE: Applicant must provide an accurate accounting of how many health department clinics are providing vaccine services within their jurisdiction.

- 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 must 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 in 2-3 sentences 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 must 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:** Applicants 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 Guide¹ (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must 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.)

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

¹ <http://www.thecommunityguide.org/index.html>

Applicants must file letters of support, as appropriate, name the file “Letters of Support”, and upload it as a PDF file at www.grants.gov.]

2. **Target Populations:** Applicants must describe the specific target population(s) in their jurisdiction. Refer back to the CDC Project Description section – Approach: Target Population.

c. **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 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 must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

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

d. **Organizational Capacity of Applicants to Implement the Approach:**

Applicant must address the organizational capacity requirements as described in the CDC Project Description. Applicants must name this file “CVs/Resumes” or “Organizational Charts” and upload it at www.grants.gov.]

11. Work Plan: *Included in the Project Narrative’s 15 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, 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
- Other categories
- Total Direct costs
- Total Indirect costs
- Contractual costs

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

If applicable and consistent with statutory authority, 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://phaboard.org>). Applicant entities include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana 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 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 at www.grants.gov.

13. Tobacco and Nutrition Policies:

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

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

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: [http://www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](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. Health Insurance Marketplaces:

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

15. Intergovernmental Review:

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_spsc/.](http://www.whitehouse.gov/omb/grants_spsc/)

16. Funding Restrictions:

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [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.

17. Other Submission Requirements:

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

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

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

- b. **Tracking Number:** Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.
- c. **Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

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

- d. Technical Difficulties:** If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.
- e. Paper Submission:** If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

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

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

E. Application Review Information

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

a. Phase I Review:

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

b. Phase II Review:

A objective review panel will evaluate complete, eligible applications in accordance with the “Criteria” section of the FOA for:

1. **Approach (40 points):** Is the plan adequate to fully address each of the required elements listed in Section I of this Announcement including specific and measurable objectives and activities to meet those objectives? Is the plan complete, sound, and practical? Does the plan include a timeline of milestones to be used to track the development of a billing plan? Does it include process measures? Has the applicant provided a description of planning efforts to obtain strong stakeholder support from those entities that will be instrumental in the implementation of a successful program?
2. **Evaluation and Performance Measurement (30 points):** Has the grantee described process and outcome measures that will evaluate the success of the proposed activities? Do the health departments (HDs) assess patient volume, third-party payers to contract with, and the best method for billing? Does the applicant provide a cost-benefit plan that will identify, quantify, and add all positive factors (benefits/revenue collected) for a billing program on any scale within the health jurisdiction? Does the applicant provide a plan that will identify, quantify, and subtract all the negative factors (costs) of the program? Does the applicant’s plan provide for an analysis of data collected to determine if implementation of a billing program is feasible across the entire health jurisdiction?
3. **Applicant’s Organizational Capacity to Implement the Approach (30 points):** Is the staffing plan adequate and does it demonstrate an understanding of the labor needed to accomplish the stated objectives and related activities? Do staff members have appropriate experience? Are the staff roles clearly defined? As described, will staff be sufficient to accomplish the identified program goals? Has experience been demonstrated in establishing working relationships between the immunization program and traditional and non-traditional partners and coalitions? Does the applicant have the capacity to implement a plan once it has been developed? Has the applicant described the resources that currently exist and outlined the resource needs required to bill for immunization services in health department clinics?
4. **Budget and Justification** (reviewed but not scored)

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.

b. Phase III Review:

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

2. Announcement and Anticipated Award Dates:

CDC will notify selected awardees by phone call prior to distribution of official award notice. Anticipated award date is August 30, 2014.

F. Award Administration Information

1. Award Notices:

Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and e-mailed to the awardee 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 requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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

- AR-7: Executive Order 12372
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-24: Health Insurance Portability and Accountability Act

For more information on the C.F.R., 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 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, 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 to validate continuous 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.

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 must be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan must build on the elements stated in the initial plan, and must be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:
- Indicate the frequency that evaluation and performance data are to be collected.
 - Describe how data will be reported.
 - Describe how evaluation findings will be used to ensure continuous quality and program improvement.
 - Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
 - Describe dissemination channels and audiences (including public dissemination).
 - Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at:

<http://www.cdc.gov/eval/guide/index.htm>

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 data about the effects of the program).
- **Work Plan**—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 must describe any challenges that might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or 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 must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative—must use the format outlined in “Content and Form of Application Submission, Budget Narrative” section.
 - Indirect Cost-Rate Agreement.

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

iii. Performance Measure Reporting: CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to data collection. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format.

iv. Federal Financial Reporting (FFR): The annual FFR form (SF-425) is required and must be submitted through eRA Commons² within 90 days after each budget period ends. The report must 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 including a final financial and performance report. This report is due 90 days after the project period ends.

At a minimum, this report must include (40 page max):

- Performance Measures (including outcomes)—Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results—Awardees must report final evaluation results for the project period.
- Impact/ Results—Awardees 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.

Awardees must email 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 (FFATA):

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

²<https://commons.era.nih.gov/commons/>

accessible Web site, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000.

For the full text of these requirements, see:

<http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

For **programmatic technical assistance**, contact:

Jack Nemecek, Ph.D., Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases
1600 Clifton Rd., N.E.: MS-A19
Telephone: 404-639-8219
Email: jkn6@cdc.gov

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

Mattie B. Jackson, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E15
Atlanta, GA 30341
Telephone: 770-488-2696
Email: mij3@cdc.gov

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

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

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

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

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

H. Other Information

Following is a list of acceptable attachments that 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
- Work Plan
- Table of Contents for Entire Submission

- Optional attachments:
 - Resumes/CVs
 - Letters of Support
 - Organizational Charts
 - Non-profit organization IRS status forms, if applicable
 - Indirect Cost Rate , if applicable
 - Memorandum of Agreement (MOA)
 - Memorandum of Understanding (MOU)
 - Bona Fide Agent status documentation, if applicable

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs):

Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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 catalog published twice a year that describes domestic assistance programs administered by the federal government. This catalog lists projects, services, and activities that provide assistance or benefits to the American public. This catalog is available at <https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>.

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 that establishes a binding, legal procurement relationship between CDC and a recipient, and obligates the recipient to furnish a product.

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.

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: An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. Direct assistance generally involves the assignment of Federal personnel or the provision of equipment or supplies, such as vaccines. <http://intranet.cdc.gov/ostlts/directassistance/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>.

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 Web site 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.

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.

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 nongovernment 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.

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

Nongovernment Organization (NGO): Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

Notice of Award (NoA): The only binding, authorizing document between the recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient fiscal officer identified in the application.

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.

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 observable benefits or changes for populations or public health capabilities that will result from a particular program strategy.

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

Program Strategies: Public health interventions or public health capabilities.

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): National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

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.

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. *Black's Law Dictionary 2 Kent, Comma 450.*

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

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 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.