

Amended August 14, 2013 for the following changes:

- Removed the following language for 2013 Funding Application Guidance on page 24:
Travel for key staff to CDC-sponsored or co-sponsored meetings for partnership collaboration including the National Immunization Conference, the Program Managers' Meeting, any meetings associated with Prevention and Public Health Fund awards, and training related to Perinatal Hepatitis B Prevention, AFIX and the Vaccines for Children Program is required as a function of this award and should be included in the budget.
- Replaced the following language for 2013 Funding Application Guidance for clarification purposes on page 24:
Travel for key staff for **partnership collaboration is required** as a function of this award and should be included in the budget.

This amendment is not a solicitation for applications.

Amended June 21, 2012 for the following changes:

- Removed "DRAFT" from the footer of FOA's first page.
- Removed footer from FOA which showed revision date of CDC's FOA template to avoid possible confusion on version or revision dates.
- Updated contact for programmatic technical assistance on page 22.
- Added application guidance to end of FOA (pages 24-26).

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: Immunization and Vaccines for Children Program

Announcement Type: New – Type 1

Agency Funding Opportunity Number: CDC-RFA-IP13-1301

Catalog of Federal Domestic Assistance Number: 93.268 and 93.539

Key Dates:

To receive notification of any changes to CDC-RFA-IP13-1301, return to the synopsis page of this announcement at: www.grants.gov and click on the “Send Me Change Notification Emails” link. An email address is needed for this service.

Application Deadline Date: August 20, 2012, 11:59 pm U.S. Eastern Time.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for National Center for Immunization and Respiratory Diseases:

- Continue existing services for uninsured and underinsured adults and older children provided by non-traditional venues, such as pharmacies, retail-based clinics, and school-based settings, to promote and offer vaccinations.
- Heighten efforts to provide adequate hepatitis vaccinations through Section 317.
- Continue to provide funding and technical assistance to immunization awardees to develop, enhance, and maintain immunization information systems capable of identifying individuals in need of immunization, measuring vaccination coverage rates, producing reminder and recall notices, and interfacing with electronic medical records.
- Increase national public awareness and provider knowledge about vaccine-preventable diseases and immunization recommendations using an array of media and culturally-appropriate tools and resources to support informed decision-making about vaccination.
- Improve methods to assess vaccination coverage levels across the lifespan in order to identify groups at risk of vaccine-preventable diseases, monitor racial and ethnic disparities in vaccine coverage, evaluate the effectiveness of programs designed to increase coverage levels, monitor uptake of new vaccines, assess differential impact of vaccine shortages, measure performance by various types of

providers, and provide greater understanding of socio-demographic and attitudinal factors associated with vaccination.

- Support the systems required for ordering and distributing all public sector vaccines through the Vaccine Management Business Improvement Project.
- Provide the evidence-base for immunization through surveillance, epidemiology, and laboratory services and research.
- Continue to fund immunization programs to develop plans that will allow additional state and local health department clinics to develop the capacity for billing health insurance plans for services provided to health plan members. The savings in Section 317 funds can then be used to enhance efforts to vaccinate more high-need individuals.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

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

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

This program is authorized under section 317 of the Public Health Service Act, [42 U.S.C. section 247b], as amended.

Prevention and Public Health Fund (PPHF) funding is authorized under sections 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).

The Vaccines for Children (VFC) program is authorized under Section 1902(a)(62) of the Social Security Act, 42 U.S.C. section 1396a(a)(62). The VFC Program was established under the authority of Section 1928(a) of the Social Security Act, 42 U.S.C. 1396s(a).

Purpose

The purpose of the program is to support efforts to plan, develop, and maintain a public health workforce that helps assure high immunization coverage levels, low incidence of vaccine-preventable diseases, and maintain or improve the ability to respond to public health threats. As a part of this effort, the purpose of the VFC program is to increase access to vaccines for eligible children by supplying federal government-purchased pediatric vaccines to public and private health care providers enrolled in the program. To be eligible for this program, children (newborns through 18 years of age) must meet one of the following criteria:

- Medicaid eligible
- Uninsured,
- American Indian/Alaska Native
- Uninsured with respect to the vaccine to be administered and served by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) or another VFC provider who has a signed memorandum of understanding with an FQHC or RHC to serve these underinsured children.

Awardees are expected to position themselves to effectively and appropriately transition into a changing health care environment over the five-year period of this announcement. These efforts should make use of evidence-based strategies to reduce or eliminate coverage disparities by race, ethnicity, and socioeconomic status and protect the most vulnerable in the community.

This program addresses the following “Healthy People 2020” objectives for immunization:

- Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases
- Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children
- Maintain vaccination coverage levels for children in kindergarten
- Increase routine vaccination coverage levels for adolescents
- Increase the percentage of children and adults who are vaccinated annually against seasonal influenza
- Increase the percentage of adults who are vaccinated against pneumococcal disease
- Increase hepatitis B vaccine coverage among high-risk populations
- Increase the percentage of providers who have had vaccination coverage levels among children in their practice population measured within the past year

- Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections)

Program Implementation

Required Recipient Objectives

1. Enhance stewardship and accountability for all publicly purchased vaccine and VFC and 317 grant funding.

- Assure the affordability of the vaccine finance policy and update when budget, target populations, or vaccine recommendations change
- Maintain up-to-date vaccine spend plan
- Accomplish replenishment of federal vaccine inventory by the end of each federal fiscal year (September 30); this applies only to awardees that distribute vaccines purchased with state and local funds.
- Accomplish replenishment of S-CHIP vaccine inventory quarterly
- For those awardees that purchase vaccines on behalf of a separate Child Health Insurance Program (S-CHIP), accomplish replenishment of S-CHIP vaccine inventory (where applicable) quarterly.
- Support the integrity and visibility of the federal inventory by complying with NCIRD’s “Policy Regarding Awardee-supported Vaccine Depots” (published September 2009 and available in the “Centralized Vaccine Distribution Guide”).
- Participate in the Federal Excise Tax Credit Program by ensuring that all FET-eligible vaccines are submitted for credit within six months of vaccine spoilage or expiry, with all returns entered into VTrckS for awardees that have rolled onto VTrckS.
- Assure that VFC-enrolled providers comply with VFC program requirements through annual compliance site visits to at least 50% of active VFC-enrolled providers and through other means as defined in the current VFC Operations Guide
- Assure proper storage and handling of federally purchased vaccine by program providers as defined in the VFC Operations Guide, Module 6, at <http://www.cdc.gov/vaccines/programs/vfc/operations-guide.htm>
- Implement a plan to assure that Section 317 vaccine is not provided on a routine basis to fully privately insured individuals including children covered by S-CHIP.

2. Assess program performance for program improvement

- a. Annually create, understand, and assess awardee-specific tables of CDC-acquired coverage data from NIS, NIS-Teen, NIS-Influenza, BRFSS as well as IIS and other program-acquired local and state level data for the purpose of identifying and addressing areas of low or lagging vaccination coverage in children, adolescents and adults.
 - i. Develop annual plan for steps to be taken for improvement
 - ii. Improve and sustain immunization coverage levels
 - iii. Reduce or eliminate coverage disparities by race, ethnicity, and socioeconomic status
 - iv. Promote evidence-based strategies
 - v. Promote vaccination through key partnerships
 - vi. Support communications to enhance informed vaccine decision-making for consumers, health care providers and policy makers
- b. Report school-enterer coverage annually to CDC using CDC-approved reporting methods or by consulting with CDC staff to identify acceptable alternatives.
- c. Work with VFC providers on quality improvement processes to increase coverage levels and decrease missed opportunities, using AFIX components as appropriate, and move toward use of IIS as primary source of data for provider coverage level assessment by the end of the project period.
- d. Assure adherence to CDC's Manual for the Surveillance of Vaccine-preventable Diseases (located at <http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>) including Vaccine Adverse Events Reporting
 - i. Conduct vaccine-preventable disease surveillance and case investigation
 - ii. Submit case and/or death notifications to CDC
 - iii. Assess timelines and completeness of case/death investigation, reporting, and notification
 - iv. Designate staff to coordinate VAERS and Vaccine Safety activities
- e. Engage in ongoing evaluation of program activities based on CDC's guidance (located at <http://www.cdc.gov/vaccines/programs/progeval/default.htm>)

3. Assure access to vaccines

- a. Document the process used by applicant to meaningfully engage American Indian tribal governments, tribal organizations representing

- those governments, tribal epidemiology centers, or Alaska Native Villages and Corporations located within its boundaries in immunization activities.
- b. Enroll and sustain a network of VFC and other providers to administer federally funded vaccines to program-eligible (including all VFC-eligible) populations according to CDC/ACIP and NVAC standards
 - c. Assure compliance with all VFC statutory requirements described in the VFC Operations Guide
 - d. Assure compliance with HHS Deputization Guidance
 - e. Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission:
 - i. Identification HBsAg+ pregnant women
 - ii. Newborn prophylaxis with hepatitis B vaccine and HBIG
 - iii. Timely completion of doses 2 and 3
 - iv. Post-vaccination serology

4. Assure that the immunization information technology infrastructure supports program goals and objectives

- a. Assure EHR-IIS interoperability readiness using NVAC functional standards, and facilitate Meaningful Use of EHR-IIS data.
- b. Promote provider site participation and assure immunization record completeness, timeliness, accuracy, efficiency, and data use to support immunization program goals and objectives.
- c. Incorporate dose-level accountability into IIS functionality so that information can be received and stored. (Dose-level accountability includes assigning a provider-determined program eligibility category for a patient to each administered dose of vaccine.)
- d. Assure provider participation in vaccine ordering and inventory management using either VTrckS Direct or an EXIS (which could be an IIS or other external system) that communicates with VTrckS using the CDC-compliant interface.
- e. Assure that annual IIS planning documents are developed or updated.

5. Improve and maintain preparedness

- a. In conjunction with public health preparedness programs, develop plans for vaccine-preventable disease outbreaks that are managed with vaccination.
- b. Work with preparedness programs to assure preparedness for influenza pandemics and other events requiring a vaccination response, including developing or updating, exercising, and ensuring maintenance of plans for:
 - i. Large-scale, mass vaccination and

- ii. Identification and vaccination of critical infrastructure personnel and other priority groups.
- c. Work with new and existing partners to increase demand for seasonal influenza vaccine to improve preparedness for an influenza pandemic including school-located vaccination where feasible.

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

CDC Activities

Stewardship and Accountability

- CDC will monitor awardee spend plan updates, providing regular feedback and working with awardees to identify and address barriers associated with completing regular monthly spend plan updates.
- CDC will monitor awardee vaccine replenishments and provide feedback prior to the end of the federal fiscal year.
- CDC will monitor compliance with “Policy Regarding Awardee-supported Vaccine Depots” and provide feedback and technical assistance to awardees that are not in compliance.
- CDC will provide feedback and technical assistance to awardees related to the Federal Excise Tax program and its requirements.
- CDC will provide VFC policy guidance via the VFC Operations Guide, periodic trainings, and routine quarterly conference call updates to assist awardees implement their VFC programs in accordance with federal requirements.

Program Assessment

- CDC will provide guidance, trainings, tools and technical assistance to enable awardees to gain knowledge about program evaluation through NIC or other trainings and workshops, webinars and conference calls, and resources from other CDC programs and external organizations shared via <http://www.cdc.gov/vaccines/programs/progeval/default.htm>.
- CDC will provide the templates for the required Program Evaluation Topic Report, the Program Evaluation Plan, the Program Evaluation Final Report and the annual Program Evaluation Progress Report; CDC will review and provide feedback on these documents.
- CDC will review, as needed, data collection methodology and instruments developed by the awardee for their program evaluation.
- CDC evaluation staff will join project officers via conference call to review progress on program evaluation during site visits.
- CDC will assist, as needed, with interpretation of the program evaluation findings
- CDC will assist, as needed, with dissemination and publication of the program evaluation findings.

- CDC will provide resources to enable grantees to have appropriate and timely evidence-based education, training and communication materials. This can include technical assistance to sustain partnership development.
- CDC will analyze and report results of annual surveys regarding national, state and selected local level child, adolescent and adult immunization vaccination coverage.
- CDC will assist, as needed, in the interpretation, use, dissemination and publication of CDC-acquired and program-acquired vaccination coverage data.
- CDC will participate in the approval and design of sampling methods for school-enterer vaccination coverage surveys.
- CDC will assist, as needed, in the development of data collection and reporting methods for school-enterer vaccination coverage data.
- CDC will work with awardees and the BRFSS program at CDC to assess and develop vaccine coverage questions and provide state-level coverage estimates for vaccine coverage monitored through BRFSS. CDC will support quarterly meetings (by teleconference or, when possible, in person) of the National Adult Immunization Coordinators' Partnership to facilitate updates on issues specific to adult immunization.
- CDC will provide standards, guidance, and trainings on the AFIX process to assist awardees implement their quality improvement programs.
- CDC will analyze and report results of selected surveillance indicators for national surveillance data received electronically by CDC from jurisdictions, and will assist jurisdictions in the interpretation and use of those indicators.

Vaccine Access

- CDC will participate in the management of vaccine ordering through guidance, approval, and regular monitoring of the Cost and Affordability Tool and the Vaccine Ordering and Forecasting Application.

Immunization information technology infrastructure

- CDC will support the production of guidance on topics impacting IIS operations.
- CDC will support the production and maintenance of IIS electronic interface guidance.
- CDC will advance activities to promote EXIS connections and business operations to Vaccine Tracking System (VTrckS).
- CDC will advance technology improvement areas to support immunization programs, including vaccine barcoding and clinical decisions support.
- CDC will develop and support improvements in IIS data quality and program evaluation measures to assess IIS performance. This includes comparing and reporting IIS evaluation measures against other vaccination and program standards.
- CDC will support the development of analytic methodologies to assess vaccination coverage using IIS data

- CDC will collaborate with external partners to promote IIS in national health IT initiatives.

Preparedness

- CDC will analyze and report results of annual surveys of awardee plans and activities related to preparedness.
- CDC will design and develop additional tools to assess awardee preparedness and coordination with preparedness offices for vaccine preventable disease outbreak and pandemic response as needed.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement. CDC substantial involvement in this program appears in the Required Objectives Section above.

Award Mechanism: H23, Immunization Grants and Vaccines for Children

Fiscal Year Funds: 2013

Approximate Current Fiscal Year Funding (includes direct and indirect costs):

Section 317: \$ 260,141,103.00

VFC: \$ 81,312,000.00

Approximate Total Project Period Funding (includes direct and indirect costs):

Section 317: \$ 1,166,142,640 (This amount is an estimate, and is subject to availability of funds.)

VFC: \$ 430,459,000 (This amount is an estimate, and is subject to availability of funds.)

Approximate Number of Awards: 64

Approximate Average Award:

Section 317: \$ 3,644,195.75 (This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

VFC: \$ 1,345,184.375 (This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Floor of Individual Award Range: \$200,000

Ceiling of Individual Award Range: \$33,000,000 total cost including indirect costs. (This ceiling is for the first 12-month budget period.)

Anticipated Award Date: January 1, 2013

Budget Period Length: 12 months

Project Period Length: Five years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

III. ELIGIBILITY INFORMATION

Eligible Applicants

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

State and local governments or their Bona Fide Agents (this includes the District of Columbia, City of New York, Philadelphia, Houston, Chicago, San Antonio, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)

Limited Competition

Assistance will be provided only to the current 64 grantees because they have the necessary infrastructure in place to perform the activities required and have the experience needed to successfully complete the required objectives. Included among these grantees are the District of Columbia, City of New York, Philadelphia, Houston, Chicago, San Antonio, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. The Federated States of Micronesia, the Republic of Palau and the Republic of the Marshall Islands are not eligible for funding through the VFC Program. Competition is limited to the entities listed above because they have the primary responsibility for carrying out the public health assurance functions required to achieve the desired outcomes and performance goals established by CDC.

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.Grants.gov. Please visit

www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) and DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) which will require up to at least 4 weeks to complete registration in its entirety. The CCR registration can require an additional two weeks to complete. You are required to maintain a current registration in CCR. CCR registration must be renewed annually.

Central Contractor Registration and Universal Identifier Requirements

Foreign entities only: Prior to registering for CCR, please follow the Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: http://www.dlis.dla.mil/Forms/Form_AC135.asp

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov.

If an award is granted, the awardee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the awardee organization.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Special Requirements:

If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements.

- Late applications will be considered non-responsive. See section “IV.3. Submission Dates and Times” for more information on deadlines.
- Awardees may purchase federal-contract vaccine with awardee funds either in advance of use or after use. A positive balance results when the awardee purchases in advance of use. When purchasing in advance of use, the awardee will have a “credit” against which they may draw, i.e. there will be no need to replenish in arrears. When purchasing after use, the awardee will have a “debit” which must be satisfied by replenishing vaccines used. CDC will purchase enough 317-funded vaccine to enable awardee-funded purchases after use. Awardees must commit to replenishing in arrears any 317-funded vaccine purchased to cover the awardee-funded portion of vaccine need. The awardee’s 317 budget will be reduced by the amount of the awardee’s replenishment commitment if the commitment is not fulfilled by the awardee.
- This grant will require documentation in the application and in progress reports that demonstrates the state health department has meaningfully engaged American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native Villages and Corporations located within their boundaries in the planning, implementation and evaluation of immunization activities.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program

IV. Application and Submission Information

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Application Deadline Date: August 20, 2012, 11:59 pm U.S. Eastern Time.

Applicants must download the SF424 application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 email: pgotim@cdc.gov Monday-Friday 7:00am – 4:30pm U.S. Eastern Standard Time for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Print, scan and upload as an additional attachment into the application package.

A letter of intent is not applicable to this funding opportunity announcement.

Note: (Limit file names to 50 characters and do not use special characters (example: &, -, *, %/, #) including periods (.), blank spaces and accent marks, within application form fields and file attachment names. An underscore (_) may be used to separate a file name. Also, do not attach multiple documents with the same file name.) Please do not cut and paste information into any fields within the application package all information must be typed.

A **Project Abstract** must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A **Project Narrative** must be submitted with the application forms. This narrative should be no more than five pages in length and must list each required activity from this Announcement (see Program Implementation/Required Recipient Objectives) and indicate whether the objective is ongoing or one that will advance over the five years of the project period. If the latter, the applicant should indicate the outcome it expects to reach by the end of the project period, the activities that will occur in the succeeding years of the project period, by year, and the performance measure it will use to document progress.

The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 5. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Page margin size: One inch

- Number all narrative pages; not to exceed the maximum number of pages.

Applicants must complete their one-year budgets and work plans for the first year of the project in eGrATIS and attach those documents with the narrative and all other required documentation in grants.gov.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information may include:

- Curriculum Vitas/Resumes
- Organizational Charts
- Indirect cost rate agreement

Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named as follows:

- (awardee name_name of document); example: Chicago_indirect_cost_rate.

No more than five should be uploaded per application.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.

Additional Submission Requirements

Electronic Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC, Procurement and Grant Office, Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 Email:pgotim@cdc.gov Monday-Friday 7:30am -4:30pm for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their 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 application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the GMO/GMS [See Section VII "Agency Contacts"], for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevented electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. 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) as early as possible 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/.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-

IP13-1301. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

The application will be evaluated against the following criteria:

1. Work plan action steps (60 points). Are the proposed action steps adequate to fully address each of the required elements listed in Section I of this Announcement including specific and measurable outcomes and performance measures?
2. Appropriate use of categorical funds (40 points). Are the action steps appropriately linked to funding sources that can be used based on the guidance provided in the “Allowable Use of Funds” document which is included in the Immunization Program Operations Manual and can be found at <http://www.cdc.gov/vaccines/vac-gen/policies/ipom/default.htm>.
3. Budget and Justification Narrative (Reviewed, but not scored): Budget (SF 424A) and Budget Narrative (Reviewed, but not scored). Although the budget is not scored, applicants should consider the following in development of their budgets. Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives and planned program activities?
4. If the applicant requests 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 should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.
5. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:
<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

Review and Selection Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the National Center for Immunization and Respiratory Diseases and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be

notified that the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the “V.1. Criteria” section above. The objective review process will follow the policy requirements as stated in the GPD 2.04 at <http://intranet.hhs.gov/administrative/grantsinfo/documents/aagam204-104C.doc> Reviewers will be CDC employees from within the Coordinating Center for Infectious Disease.

VI. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-20 Conference Support
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data

- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006. – Compliance with Section 508 of the Rehabilitation Act of 1973
- Additional information on the requirements can be found on the CDC Web site at the following Internet address:
http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:
<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Reporting

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 grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, www.USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over \$25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

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 recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf .

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period [you may choose to INSERT a due date rather than use the “no less than” language]. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Budget Narrative.
 - d. Indirect Cost Rate Agreement.
 - e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Financial Status Report* (SF 269) and annual progress report, no more than 90 days after the end of the budget period.
3. Final performance and Financial Status Reports*, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VII below entitled “Agency Contacts”.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Denise Rogers, Acting Branch Chief
Program Operations Branch, NCIRD
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS A19
Atlanta, GA 30333

Telephone: 404-639-8313

E-mail: dqr2@cdc.gov

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

Constance Jarvis, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS K14

Atlanta, GA 30341

Telephone: 770-488-2859

E-mail: ABQ3@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726 Email: support@grants.gov

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

For **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 the hearing impaired or disabled is available at:

TTY 1-888-232-6348

VIII. Other Information

For additional information on reporting requirements, visit the CDC website at:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC funding opportunity announcements can be found at www.grants.gov.

2013 Funding Application Guidance

General

Prior to writing the 2013 funding application, applicants should carefully review the required recipient objectives in the Funding Opportunity Announcement (CDC-RFA-IP13-1301). The application and budget request should reflect the applicant's ability to implement required objectives to achieve the goals described in the "Purpose" section of the announcement. To that end, this Program Guidance links the five-year performance goals and the Program Requirements in the "Program Implementation" section of the Funding Announcement with required activities referenced in the Immunization Program Operations Manual (IPOM).

The focus of the 2013-2017 FOA is on the following five areas:

- Enhance stewardship and accountability for all publicly purchased vaccine and VFC and 317 operations funding.
- Assess program performance for program improvement
- Assure access to vaccines
- Assure that the immunization information technology infrastructure supports program goals and objectives
- Improve and maintain preparedness

For 2013, the National Center for Immunization and Respiratory Diseases (NCIRD) expects that the activities and performance measures in the applications will correspond with the Required Recipient Objectives identified under "Program Implementation" in the 2013 Funding Opportunity Announcement.

Travel for key staff for **partnership collaboration is required** as a function of this award and should be included in the budget.

Work plans and budgets should be entered in eGrATIS. The five-year IIS strategic plan (2013-2017) and annual updates of goals, activities, timeline and budget will be submitted separately (no later than March 31, 2013) to Carl Phillip in the Immunization Information Systems Support Branch, cup1@cdc.gov, 404-639-8199.

The Immunization Program Operations Manual provides detailed information about each of the required objectives and all required activities. Please note that the work plan should indicate HOW an objective will be met. When writing applicant-generated activities, those activities must address how the objective will be met and not simply restate the objective.

Immunization Program Operations Manual (IPOM)

Before beginning work on the 2013 funding application, please read the Foreword to the IPOM. The Foreword provides an explanation of the 2013 IPOM layout as well as key information that will help in developing work plans and activities.

Use of Categorical Funds

VFC Financial Assistance (FA) - Operations Funds are awarded directly to the awardee for VFC program operations expenses. These funds are managed and monitored by the awardee and are to be used only to support the day-to-day activities necessary to carry out the VFC program (i.e., they are intended only for a specific use; see tables on pp. 11-20 of the IPOM). This includes vaccine management and accountability, provider recruitment, enrollment, annual re-enrollment, education regarding the VFC program, maintaining controls against fraud and abuse, working with the state Medicaid agency, and ongoing evaluation of program efforts.

VFC/AFIX - Operations Funds are awarded directly to the awardee for VFC/AFIX program operations expenses. These funds are managed and monitored by the awardee and are to be used only for VFC/AFIX program activities (i.e., they are “categorical” and intended for a specific use; see tables on pp. 11-20 of the IPOM). Funds are to be used to assess enrolled VFC provider compliance with the VFC program requirements (e.g., VFC eligibility screening, appropriate vaccine ordering, storage, and handling procedures, etc.) and, through the AFIX process, to assess the standard of practice at the immunization provider level and identify actions (e.g., missed opportunities to vaccinate) which may be negatively impacting immunization coverage levels.

VFC Ordering Funds are awarded directly to the awardee specifically and used only to support the activities related to receiving, reviewing, ensuring the accuracy and appropriateness of, and submitting vaccine orders to CDC.

VFC Distribution Funds are awarded directly to those few awardees that, because of their unique circumstances, are unable to have vaccine shipped to their providers by CDC’s third-party distributor.

Pandemic Influenza Funds are awarded directly to the awardee for those activities directly related to 1) developing, revising, and exercising preparedness and response plans for vaccine-preventable disease outbreaks, including pandemic influenza, in coordination with public health preparedness groups, especially plans for providing mass vaccination, including school-located vaccination, and identifying and vaccinating critical infrastructure groups, and 2) increasing demand for seasonal influenza vaccination in coordination with new and existing partners.

Immunization Program Evaluation (IPE) Requirement

- Current guidance, templates, tools, and other resources are available at <http://www.cdc.gov/vaccines/programs/progeval/default.htm>
- Questions, comments and suggestions should be emailed to IPE@cdc.gov and the awardee's assigned CDC project officer.
- Email ipe@cdc.gov with requests to add staff to the IPE email list.
- In addition to program managers, all awardee staff performing tasks related to the IPE requirement, should review the IPE FAQs at: <http://www.cdc.gov/vaccines/programs/progeval/ipe-faqs.htm>

All awardee staff participating in the current or previous cycles of the IPE requirement should be included on the CDC IPE email list so they can receive relevant documents.

Statistical Analysis Software (SAS) ® Licensing

Prior to this FOA, SAS[®] licenses were available to grantees and paid for using CDC funds. Beginning with the 2013 FOA, the Direct Assistance (DA) mechanism will be used to cover the cost of this software for both the continuation of previously acquired licenses as well as the procurement of new licenses. To take advantage of CDC pricing from the developer, a request to designate DA funds for your SAS licensing should be included in the application. For planning purposes, SAS licensing cost \$1083.00 per licensed user in 2012.