Centers for Disease Control

Office of Public Health Preparedness and Response

CDC-RFA-TP16-1602
Application Due Date: 11/14/2016
CDC-RFA-TP16-1602

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-TP16-1602. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:
Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Funding Opportunity Title:

C. Announcement Type: New - Type 1
This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

The purpose of this amendment is to add information regarding the application requirements only. The program activities will not change as a result of this amendment.

[Section F - Page 1] Due date for Applications has been changed to 11/14/16.

[Section 11 - Page 20] Application work plans and budget must detail what support they plan to provide to their local and tribal health departments, how the support will be provided, and for what type of activities, such as emergency operations, risk communication, surveillance, and vector control.

[Section 12 - Page 21] Pre-award costs and reimbursements are not applicable to this supplement.

The purpose of this supplement is to announce that an additional $25 million in PHPR Zika funding is available to the current 53 PHPR Zika awardees. Awardees may apply for funding needed to complete Zika preparedness and response activities that are within the scope of the Zika funding opportunity announcement and will be completed by June 30, 2017. Proposals are due to CDC by 11:59 p.m. EST on Friday, November 11, 2016.

CDC will review the funding requests and award funding based on the following considerations.

- Actual ongoing local transmission or high risk of local transmission in the jurisdiction
- Presence of Aedes aegypti or other competent vector in the jurisdiction
- Number of travel-associated cases in the jurisdiction
- Spending rate of currently awarded PHPR Zika funds

Because of the limited funds available, applications may not be fully funded. All awards are pending funds available.

This funding is intended to address planning and operational response gaps for ZVD and to assure state, local, tribal, and territorial operational readiness for ZVD.

D. Agency Funding Opportunity Number:
CDC-RFA-TP16-1602

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

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

3. Date for Informational Conference Call:
   Estimated date is 11/16/2016.

G. Executive Summary:

1. Summary Paragraph:
   This Announcement outlines CDC guidance for domestic response to a potential Zika virus disease (ZVD) outbreak. CDC is providing $25 million in funding to 53 state, territorial, and local health departments to support accelerated Zika public health preparedness planning and operational readiness. Funding is intended to address ZVD planning and operational response gaps and enable jurisdictions to provide emergency management response support that exceeds their normal capacity. Expected outcomes:

   • Further refinement of jurisdictional Zika response plans, identification of gaps and coordination with CDC’s Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases cooperative agreement
   • Establishing jurisdictional incident management teams for Zika response and points of contact for U.S. Pregnancy Registry
   • Exercising jurisdictional response plan components
   • Developing risk communication plans and culturally appropriate messaging to inform the public about ZVD risks and protective measures
   • Identifying jurisdictional resources for human surveillance, vector surveillance and control, and maternal-child health services including comprehensive services for families impacted by ZVD
   • Implementing administrative preparedness plans for rapid implementation of service contracts
   • Providing public health emergency management expertise, support, and response coordination to address operational gaps and coordinate jurisdictional resources

a. Eligible Applicants: Limited
b. FOA Type: Cooperative Agreement
c. Approximate Number of Awards: 53
d. Total Project Period Funding: $0
   Although there is no project period ceiling, funding may be solicited annually.
e. Average One Year Award Amount: $471,698
   Average stated is overall average per budget period.
f. Total Project Period Length: 2
g. Estimated Award Date: 12/01/2016
h. Cost Sharing and / or Matching Requirements: N

Part II. Full Text

A. Funding Opportunity Description

1. Background
a. Overview
As of April 11, 2016, local vector-borne transmission of Zika virus was identified in more than 40 countries and U.S. territories in the Americas, including Puerto Rico, U.S. Virgin Islands, Marshall Islands, and American Samoa. To date, Zika has not spread by mosquitoes in the continental United States, but travel-associated cases are being reported. CDC continues to evaluate cases of Zika transmission in the United States and U.S. territories and has developed response plans to reduce the spread of ZVD associated with Aedes aegypti and Aedes albopictus mosquitoes and minimize maternal-fetal transmission of Zika virus.

To protect the nation, CDC is providing $25 million in funding to 53 state, territorial, and local health departments, based on current Zika virus transmission at the time of this announcement, evidence of historical arboviral patterns, and jurisdictions likely to become affected, to support accelerated public health preparedness planning and operational readiness for responding to Zika. The funding is intended to address planning and operational response gaps for ZVD and to assure state, local, tribal, and territorial operational readiness for ZVD. Reimbursement of pre-award costs as of May 18, 2016, is allowed under this announcement. These pre-award costs cannot exceed 20% of the total budget. Funding cannot be used for activities already covered by other federal grants or cooperative agreements.

This funding opportunity announcement outlines CDC guidance, technical, and financial assistance in response to a potential outbreak of ZVD in the continental United States, Hawaii, tribal nations, and U.S. territories and freely associated states.

Measurable outcomes of the program will be in alignment with one (or more) of the following CDC Office of Public Health Preparedness and Response Government Performance and Results Act (GPRA) performance goals.

- GPRA Performance Goal 2: Advance Scientific Knowledge and Innovation
- GPRA Performance Goal 3: Advance the Health, Safety, and Well-Being of the American People

b. Statutory Authorities
317(a) of the Public Health Service Act, subject to available funding and other requirements and limitations.

c. Healthy People 2020
This program addresses the “Healthy People 2020” Healthy People 2020 (http://www.healthypeople.gov) focus area of “Preparedness.” The goal of this focus on preparedness is to improve the nation’s ability to prevent, prepare for, respond to, and recover from a major health incident. Preparedness involves government agencies, nongovernmental organizations, the private sector, communities, and individuals working together to improve the nation’s ability to prevent, prepare for, respond to, and recover from a major health incident.

d. Other National Public Health Priorities and Strategies
- National Health Security Strategy of the United States of America (NHSS) The overarching goals of NHSS are to build community resilience and to strengthen and sustain health and emergency response systems.

e. Relevant Work
- CDC provides funding and technical assistance to public health departments nationwide through the Public Health Emergency Preparedness (PHEP) cooperative agreement (www.cdc.gov/phpr/coopagreeent.htm) to build and strengthen their abilities to respond effectively to any public health threat. PHEP awardees include 50 states, four directly funded localities, and eight territories and freely associated states. However, when emerging public health threats pose a significant risk to the nation’s public health and security, CDC works to bolster the state, local, tribal, and territorial public health infrastructure that is critical to public health preparedness and response. CDC’s Public Health Preparedness and Response (PHPR) Cooperative Agreement for All-Hazards Public Health Emergencies provides a separate funding mechanism for awarding contingent emergency response funding in the event of a pandemic or an all-hazards public health emergency in one or more PHEP jurisdictions.

- Epidemiology and Laboratory Capacity Cooperative Agreement: Announcement # CDC-RFA-CK14-1401CONTPPHF16.

2. CDC Project Description

a. Approach

**Bold** indicates project period outcome.


<table>
<thead>
<tr>
<th>Strategies and Activities</th>
<th>Short-Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthen Public Health Incident Management and Emergency Operations Coordination</td>
<td>- State, local, tribal, and territorial jurisdictions conduct a well-organized and coordinated Zika response.</td>
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<tr>
<td>- Activate an incident management structure (IMS) to support the Zika outbreak response.</td>
<td>- The jurisdiction’s Zika response plan considers the recommendations included in the &quot;CDC Zika Virus Planning and Response: State and Local Guidance and Checklist&quot; and specifically identifies the response actions the jurisdiction will take in advance of the event, once there is confirmed local transmission, widespread transmission, etc.</td>
<td></td>
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<tr>
<td>- Develop a comprehensive Zika response plan.</td>
<td>- Response partners understand their roles</td>
<td></td>
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<td>- Coordinate response activities among state, local, and tribal public health and emergency management authorities (as needed) and determine areas of responsibility and authority.</td>
<td>- Reduced risk of ZVD in pregnant women.</td>
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<tr>
<td>- Test and exercise components of the jurisdiction's Zika response plan.</td>
<td>- Vector control measures are in place across the jurisdiction and sufficient to meet the needs of the community.</td>
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<tr>
<td>- The jurisdiction can test and exercise Zika prevention and control measures and make improvements as needed.</td>
<td>- The jurisdiction can rapidly mount and sustain a robust public health emergency response and meet the ongoing response needs of the community.</td>
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<td>- The jurisdiction can implement expedited hiring, reassignment, laboratory surge, and</td>
<td>- Prevention of or reduction in Zika morbidity and mortality.</td>
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<td></td>
<td>- Earliest possible recovery from and return of the public health and healthcare systems to pre-incident levels or improved functioning.</td>
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</tbody>
</table>
2. Strengthen Information Management and Sharing
- Develop, coordinate, and disseminate information, alerts, warnings, and notifications including outreach to the community, travelers, and clinicians regarding Zika.

3. Strengthen Community Recovery and Resilience
- Characterize probable risk for the jurisdiction’s vulnerable populations related to Zika virus (e.g., women of child-bearing age; pregnant women; and newborns with adverse birth outcomes).
- Engage with private and public partners (e.g., communities and healthcare systems) to minimize impact for at-risk population(s).
- Identify resources within the community that can be offered to families that are impacted by ZVD.

in the response and meet performance standards outlined in the jurisdiction’s response plan.
- The jurisdiction can rapidly identify and investigate a possible ZVD outbreak.
- The jurisdiction can coordinate response actions across all levels of government and include nongovernmental partners in response planning, especially the healthcare sector.
- The jurisdiction can communicate risk information and situational awareness to response partners and to the public in time to meet the response needs of the jurisdiction.
- The jurisdiction can effectively reach at-risk communities and vulnerable populations to assure they have a basic understanding of ZVD, understand their personal and community risk, understand self-protective measures, and understand how to access services, including contraception and pregnancy-related care.
- The jurisdiction can provide timely situational awareness to clinicians and other healthcare response partners.
i. Purpose

This funding is intended to support the U.S. public health system and to assure the readiness and response capability to respond effectively to ZVD within the funded jurisdictions to reduce the spread of ZVD associated with Aedes aegypti and Aedes albopictus mosquitoes and minimize maternal-fetal transmission of Zika virus.

ii. Outcomes

Applicants are expected to achieve the following short-term outcomes during the project period:

- State, local, tribal, and territorial jurisdictions conduct a well-organized and coordinated Zika response.
- Jurisdictional Zika response plans consider the recommendations included in the "CDC Zika Virus Planning and Response: State and Local Guidance and Checklist" and specifically identifies the response actions jurisdictions will take in advance of the event, once there is confirmed local transmission, widespread transmission, etc.
- Response partners understand their roles in the response and meet performance standards outlined in jurisdictional response plans.
- Jurisdictions can rapidly identify and investigate a possible outbreak of ZVD.
- Jurisdictions coordinate response actions across all levels of government and include nongovernmental partners in response planning, especially the healthcare sector.
- Jurisdictions can communicate risk information and situational awareness to response partners and to the public in time to meet the response needs of the jurisdiction.
- Jurisdictions can effectively reach at-risk communities and vulnerable populations to assure they have a basic understanding of ZVD, understand their personal and community risk, understand self-protective measures, and understand how to access services, including contraception and pregnancy-related care.
- Jurisdictions can provide timely situational awareness to clinicians and other healthcare response partners.
- Jurisdictions can identify families impacted by ZVD and connect them to community services.

iii. Strategies and Activities

Applicants must use this Zika PHPR funding to accomplish the following three activities.

1. Strengthen Public Health Incident Management and Emergency Operations Coordination

Applicants should identify and assemble a Zika incident management structure (IMS) that includes subject matter experts (SMEs) best suited for preparing for and responding to a ZVD outbreak. The incident managers should ensure Zika response activities are coordinated across the response’s functional areas, including those funded by CDC, HHS, and other federal grant programs, including CDC’s Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases cooperative agreement and the upcoming pregnancy and birth defects cooperative agreement (if applicable).
Following are emergency operations coordination activities applicants should consider.

- Appoint a senior representative to coordinate Zika response efforts and identify an incident manager.
- Secure surveillance and control resources necessary to enable emergency response if needed. Review existing syndrome surveillance system, if present, and determine its applicability for Zika surveillance.
- Support coordination among relevant state public health officials to link vector control and human surveillance activities and to ensure jurisdictional vector control personnel have the most up-to-date information on affected regions. If the health department is not responsible for vector control activities, the health department should ensure that the IMS structure and plans include communication and coordination with those other departments.
- Review state and local mosquito control programs and assess current capacity and capability and determine decision-making processes and authorities for vector control activities.
- Review, or develop if needed, a state vector-borne disease preparedness and response plan and tailor as appropriate for Zika.
- Exercise vector surveillance and control plans, including activities involving local and tribal health departments and, if applicable, emergency management, environmental, and agricultural sectors to identify potential gaps and develop appropriate improvement plans.
- Provide technical assistance to local and tribal health departments (if applicable) on development of Zika-specific response plans and assist in the identification of resources.
- Review preparedness plans to ensure emergency rapid hiring and contracting processes are in place, particularly for vector control surveillance and response.
- Organize regular meetings between the Zika incident manager and state, local, and tribal vector preparedness and response partners to discuss plans and current progress and ensure broadly understood decision-making processes are in place.
- If local transmission has been confirmed, determine whether the statewide IMS should be activated and if there is a need for assistance from a CDC field team to provide on the ground technical, risk communication, vector control, and logistical support. If local transmission spreads to multiple locations within a jurisdiction, determine specific geographical boundaries in which to focus aggressive response efforts and provide regular situation updates to keep the public and partners informed.

2. Strengthen Information Management and Sharing

Applicants must plan and coordinate critical information sharing among public health agency staff, local and tribal governments, healthcare providers including maternal-child health clinicians, key partners, and the public. This includes developing, coordinating, and disseminating information, alerts, warnings, and notifications regarding Zika risks and self-protective measures to the public, particularly pregnant women and other at-risk and vulnerable populations, and incident management responders. CDC suggests that jurisdictions consider targeting at a minimum, the public, travelers, and clinicians when developing the information sharing and risk communication messaging activities.

Community Outreach/Public Information

Informing the public about Zika virus and related birth defects or illnesses is a critical component of a Zika preparedness and response plan. Following are specific activities to consider.

- Assess existing messaging and communications activities related to prevention of mosquito-borne diseases, such as Zika, chikungunya, and dengue, to identify gaps in communication and understanding. This will inform the development of a risk communications work plan.
- Initiate a communications campaign to raise awareness of Zika virus. Primary messaging should focus on awareness, personal protection against mosquitoes, and residential source reduction. Work with key partners and stakeholders to coordinate communication messages, products, and programs.
- Educate the public on the risks of sexual transmission of the Zika virus so that the public, especially pregnant women and their male partners, follow guidelines to prevent transmission and further spread of the virus.
• Update scripts for state call centers to include Zika messaging.
• Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed.
• Identify local vendors for translation (as necessary), printing, signage, audiovisual/public service announcement development and determine what is required (funding, contract approval) to use these resources for message and product dissemination.
• Ensure a process is in place to disseminate information about jurisdictions with widespread transmission if such transmission occurs.

Travelers

Applicants should ensure travelers to areas with locally transmitted Zika virus receive appropriate information regarding risks and protective measures. Appropriate activities include:

• Disseminating travel notices designed to inform travelers and clinicians about the risks for contracting Zika infection related to specific destinations and provide prevention recommendations.
• Deploying messages encouraging travelers returning from areas with Zika transmission to take precautions upon return to reduce the risk of spread to local mosquito populations. Risk-reduction steps include actions to prevent mosquito bites for at least three weeks.

Clinician Outreach

Support efforts to prevent Zika virus infection during pregnancy; obtain travel histories, especially for pregnant women; monitor pregnant women; and in cases of suspected or confirmed Zika virus infection in pregnant women, help track adverse pregnancy and infant outcomes. Applicants should coordinate and support as needed related activities being funded by CDC’s ELC cooperative agreement.

• Inform healthcare providers on the risks, recognition, diagnosis, reporting, clinical management, outcomes, and prevention of Zika virus infections.
• Provide educational materials and up-to-date messaging to physicians, specifically healthcare providers of women of reproductive age, regarding the Zika virus infection to:
  • Advise patients, especially pregnant women, women trying to become pregnant, and their male partners, on how to reduce mosquito exposure.
  • Ensure obstetric providers increase screening for symptoms of Zika and adhere to the CDC guidelines for monitoring pregnant women in regions with local transmission.
  • Counsel patients on how to reduce their risk of sexual transmission of the Zika virus and reduce unintended pregnancies through provision of effective contraception if desired.
• Support jurisdictional healthcare partners, including pediatric providers, to ensure infants with possible congenital Zika virus infection are evaluated according to CDC guidelines.
• Ensure hospitals are trained on appropriate specimen collection and pathology recommended for infants or fetal deaths with possible congenital Zika virus infection.
• Expand educational outreach on recognition of Guillain-Barre syndrome and the potential spectrum of neurologic disorders that may result from Zika infection.
• Work with vital records departments to update birth certificate requirements so that microcephaly is added to the list of congenital anomalies collected on birth certificates and ensure the information is reported to the National Center for Health Statistics.

3. Strengthen Community Recovery and Resilience

Applicants should collaborate with community partners to plan and advocate for the jurisdiction’s at-risk population related to Zika virus (e.g., women of reproductive age; women desiring contraceptive services; pregnant women; and newborns with adverse birth outcomes such as microcephaly or other major birth defects and related developmental disabilities that might be associated with Zika virus infection). This includes evaluating available services and developing long-term plans to address potential needs for these
children and their families, including follow-up medical care and behavioral health care services.

**Other Zika Preparedness and Response Activities**

Upon completion of the primary preparedness and response activities listed above, jurisdictions should use these PHPR Zika funds to work in support of other CDC-funded Zika programs, such as the ELC cooperative agreement, providing the proposed activity is not duplicative. Following are examples of possible uses of PHPR Zika funding.

**Vector Control and Surveillance**

Support ELC (CDC-RFA-CK14-1401PPHF) guidance targeting vector control programs in priority areas with at-risk populations to suppress Zika virus transmission if local cases or an outbreak is detected.

**Health Surveillance and Epidemiological Investigation**

Support ELC guidance regarding adequate diagnosis and reporting of Zika virus cases and monitoring epidemiologic trends in distribution, transmission, and severity to direct prevention and control efforts and to identify cases that require follow-up or intervention.

**Laboratory Testing and Support Services**

Support public health laboratory testing of specimens from suspect Zika cases, to include outreach to healthcare providers on how to submit specimens through the state health department. Applicants are encouraged to establish a point of contact for healthcare providers who have questions regarding testing services and the interpretation of results of tests for Zika virus infection. In addition, applicants should support and advance Laboratory Response Network (LRN) activities as needed. Applicants should review their laboratory staff surge capacity plans and address gaps as appropriate.

**Blood Safety**

Ensure jurisdictional plans are in place to reduce the risk of transfusion-transmitted Zika virus during a local or more widespread outbreak in areas with active transmission, according to Food and Drug Administration guidelines. Suggested activities may include working with local and state epidemiology and surveillance partners to:

- Identify the support needed to investigate Zika virus infections suspected to be associated with blood products or transfusions in collaboration with local blood centers and transfusing healthcare facilities,
- Provide assistance to local blood centers within endemic areas so that blood products collected are tested for the Zika virus, subjected to pathogen-reduction technology, or come from sources where Zika infection is not present, and
- Work with blood collection centers to develop protocols directing them to notify state and local health officials when donors test positive for ZVD.

1. **Collaborations**

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

   Applicants are required to collaborate with CDC's Division of State and Local Readiness, ELC program office, pregnancy and birth defects programs, and LRN program office to ensure that activities and funding are complementary and not duplicative. Funding cannot be used for activities already covered by other federal grants or cooperative agreements.

   b. **With organizations not funded by CDC:**
Applicants are encouraged to collaborate with their jurisdictional laboratory, surveillance, and epidemiology leads, maternal-child health programs, environmental health/vector control programs, healthcare providers, blood safety organizations, and emergency management partners. In addition, applicants are encouraged to partner with other federal programs, including the Hospital Preparedness Program (HPP) cooperative agreement administered by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR).

No formal MOUs are required.

2. Target Populations

Target populations include women of childbearing age; pregnant women; and newborns with adverse birth outcomes such as microcephaly or other major birth defects and related developmental disabilities that might be associated with Zika virus infection. Applicants must plan and coordinate critical Zika response activities targeting healthcare providers including maternal-child health clinicians, key partners, and the public, particularly pregnant women and other at-risk populations.

a. Inclusion

Applicants must develop plans for including the underserved populations including tribal, disabled, and English speakers of other languages (ESOL), as well as other populations, to ensure they benefit from the applicants’ Zika preparedness and response plans and activities.

iv. Funding Strategy

Funds are intended to accelerate state, local, and territorial public health planning to prevent, prepare for, respond to, and recover from ZVD within 53 state, local, and territorial public health agencies. Eligible applicants are state, territorial, and local health departments that have been identified based on current Zika virus transmission at the time of this announcement, evidence of historical arboviral patterns (i.e., the presence of either Aedes aegypti or Aedes albopictus mosquitoes), or jurisdictions likely to become affected. Funding levels are based on risk. CDC may modify this funding strategy should additional federal funding become available.

Applicants may also receive other federal funds for ZVD preparedness and response; however this PHPR Zika funding is intended to specifically support the public health sector’s preparedness planning and response activities and to support public health’s ability to collaborate with other necessary response partners including but not limited to emergency management, environmental health, maternal-child health, and vector control authorities.

Activities should be fully coordinated with other CDC-funded public health programs and those of other agencies in the jurisdictions to promote cross-cutting and coordinated activities while limiting duplication. Specifically, public health activities should be coordinated with CDC’s ELC cooperative agreement, which provides funding for laboratory, vector surveillance, and pregnancy registry activities related to ZVD.

This funding is targeted to address public health preparedness capabilities including but not limited to:

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Information Sharing

In addition, funded jurisdictions must ensure their administrative preparedness plans include processes to expedite contracts needed for critical Zika preparedness and response activities, particularly those related to vector control surveillance and response. CDC also encourages jurisdictions to review their current preparedness plans to ensure timelines are consistent with cycle times identified in their current HPP-PHEP.
administrative preparedness plans with a focus on emergency rapid hiring and contracting processes.

See Section H of this announcement for the funding table.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Performance measures will align with capabilities associated with the short-term outcomes enumerated above and will align with the following:

- Ability to stand up and maintain a robust public health emergency response sufficient to meet the jurisdiction’s needs
- Earliest possible identification and investigation of Zika outbreak
- Testing Zika intervention and control measures to assure their timely implementation
- Timely communication of situational awareness and risk information by public health partners for Zika information sharing
- Continuity of emergency operations throughout the Zika surge
- Expedited hiring, reassignment, and procurement to meet the jurisdiction's response needs
- Timely coordination and support of Zika response activities with healthcare and other partners

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

c. Organizational Capacity of Awardees to Implement the Approach

Applicants must be current recipients of the CDC Public Health Emergency Preparedness (PHEP) cooperative agreement and have functional public health emergency management programs within their jurisdictions. The organizational capacity and skills needed to implement the award include public health emergency management, incident management and response leadership, program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management. Progress will be assessed, in part, on the applicants' submission of a CDC checklist of recommended activities. This checklist is to be submitted at the time of application, with updated checklists submitted on a quarterly basis as a means of documenting progress toward achieving the response goals outlined in this funding opportunity announcement.
d. Work Plan

CDC will provide applicants with a suggested work plan template, the use of which is not required but is strongly encouraged. If applicants choose to create their own work plan template, it must include all the information elements contained in the CDC template and the logic model included in this FOA. In addition, applicants must also submit with their applications a Zika response checklist based on CDC’s "Interim Zika Virus Planning and Response: State and Local Guidance and Checklist." The checklist is designed to document progress toward meeting CDC-recommended response activities. Applicants will be required to update the checklist and submit it to CDC as a quarterly progress report along with a quarterly budget summary documenting the jurisdiction’s expenditures. CDC will provide the interim guidance document, suggested checklist, and budget summary form to applicants within seven days following the publication of this FOA.

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities:

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

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

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

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

In this cooperative agreement, CDC staff will be substantially involved in the program activities above and beyond routine grant monitoring. CDC’s Division of State and Local Readiness project officers and subject matter experts will review applications to ensure activities are in scope and do not duplicate those funded by other CDC cooperative agreements. CDC will use application submission information to identify strengths and weaknesses, to update work plans, and to establish priorities for site visits and technical assistance. To assist recipients in achieving the purpose of this award, CDC will conduct the following activities.
1. Provide ongoing guidance, programmatic support, and training and technical assistance as related to activities outlined in this Zika funding announcement(s). Technical assistance resources include a Zika work plan template, checklist reporting template, and spend plan template as needed.
2. Provide technical assistance to assure that Zika funding from PHPR and ELC are complementary and not duplicative. CDC encourages coordination at state and local levels.
3. Convene conference calls, site visits, and other communications as applicable with awardees.
4. Facilitate communication among awardees to advance the sharing of expertise on preparedness and response activities for Zika.
5. Coordinate planning and implementation activities with federal partners including the HPP cooperative agreement.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement
   CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism: U90
   Cooperative Agreements for Special Projects of National Significance (SPNS)

3. Fiscal Year: 2017

4. Approximate Total Fiscal Year Funding: $25,000,000

5. Approximate Project Period Funding: $0
   This amount is subject to the availability of funds.
   Although there is no project period ceiling, funding may be solicited annually.
   Estimated Total Funding: $50,000,000

6. Total Project Period Length: 2 year(s)

7. Expected Number of Awards: 53

8. Approximate Average Award: $471,698 Per Budget Period
   Average stated is overall average per budget period.

9. Award Ceiling: $5,000,000 Per Budget Period
   This amount is subject to the availability of funds.

10. Award Floor: $162,289 Per Budget Period

11. Estimated Award Date: 12/01/2016

12. Budget Period Length: 7 month(s)

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

Direct Assistance (DA) is available through this FOA. Supplement Budget period estimated to align with BP1 end date. Amendment may not extend past end date of current budget period, i.e., June 30, 2017.

Direct Assistance assignment under this announcement are temporary postitions and may not exceed the project period.

C. Eligibility Information

1. Eligible Applicants

<table>
<thead>
<tr>
<th>Eligibility Category</th>
<th>State governments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>County governments</td>
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<tr>
<td></td>
<td>City or township governments</td>
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<tr>
<td>Others (see text field entitled &quot;Additional Information on Eligibility&quot; for clarification)</td>
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</tr>
</tbody>
</table>

Additional Eligibility Category:

Government Organizations:

Territorial governments or their bona fide agents in 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.

2. Additional Information on Eligibility

Eligibility is limited to state, local, and territorial public health departments or their bona fide agents funded under original announcement TP16-1602.


- Local health departments: Chicago (IL), Los Angeles County (CA), New York City (NY), and Washington, D.C.

3. Justification for Less than Maximum Competition

This is a public health emergency.
Funds are intended to accelerate state, local, and territorial public health planning to prevent, prepare for, respond to, and recover from ZVD within 53 state, local, and territorial public health agencies. Eligible applicants are based on CDC data associated with the presence of Aedes aegypti and Aedes albopictus mosquitoes and the potential for widespread or local transmission of the Zika virus associated with those vectors. CDC identified eligible applicants according to current Zika virus transmission at the time of this announcement, published CDC documents mapping the jurisdictions at highest risk for ZVD and those likely to be affected, and evidence of historical arboviral patterns.

4. Cost Sharing or Matching

Cost Sharing / Matching No

5. Maintenance of Effort

MOE is not required.

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](http://www.grants.gov).

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http://fedgov.dnb.com/webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

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

b. System for Award Management (SAM):

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

c. Grants.gov:

The first step in submitting an application online is registering your organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at [www.grants.gov](http://www.grants.gov). All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

<table>
<thead>
<tr>
<th>Step</th>
<th>System</th>
<th>Requirements</th>
<th>Duration</th>
<th>Follow Up</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>Data Universal Number System (DUNS)</th>
<th></th>
<th>1-2 Business Days</th>
<th>To confirm that you have been issued a new DUNS number check online at <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> or call 1-866-705-5711</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Click on <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a>, select Begin DUNS search/request process.</td>
<td>2. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #.</td>
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<tr>
<td></td>
<td>3. Request appropriate staff member(s) to obtain DUNS number, verify &amp; update information under DUNS number.</td>
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<tr>
<td>2</td>
<td>System for Award Management (SAM) formerly Central Contractor Registration (CCR)</td>
<td>1. Retrieve organizations DUNS number.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>2. Go to <a href="http://www.sam.gov">www.sam.gov</a> and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov).</td>
<td>3-5 Business Days but up to 2 weeks and must be renewed once a year.</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Grants.gov</td>
<td>1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR).</td>
<td>Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov).</td>
<td>Register early! Log into grants.gov and check AOR status until it shows you have been approved.</td>
</tr>
<tr>
<td></td>
<td>2. Once the account is set up the E-BIZ POC will be notified via email.</td>
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<td></td>
<td>3. Log into grants.gov using the password the E-BIZ POC received and create new password.</td>
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<td></td>
<td>4. This authorizes the AOR to submit applications on behalf of the organization.</td>
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</tbody>
</table>

**2. Request Application Package**

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

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

a. Letter of Intent Deadline (must be emailed or postmarked by)
Due Date for Letter of Intent: N/A

b. Application Deadline
Due Date for Applications: 11/14/2016, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call
Estimated date is 11/16/2016.

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

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

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

6. Content and Form of Application Submission
Applicants are required to include all of the following documents with their application package at www.grants.gov.

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

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

10. Project Narrative
(Maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. The 20 page limit includes the work plan.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Failure to follow the guidance and format may negatively impact scoring of the application.

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

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

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

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

1. Collaborations
Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.
2. Target Populations
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the Target Population section in the CDC Project Description.

a. Inclusion: Applicants must address how they will include specific populations who can benefit from the program. Refer to the CDC Project Description section – Approach: Inclusion.

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. See Section E (pages 4 and 5) at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf. For further information about CDC’s requirements under PRA see http://www.hhs.gov/ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach
Applicant must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan
(Included in the Project Narrative’s 20 page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.
Applicants must provide a budget and work plan that supports their funding requests. Applicants must use the suggested work plan template that CDC provided as part of the application process for the first phase of funding.

Application work plans and budget must detail what support they plan to provide to their local and tribal health departments, how the support will be provided, and for what type of activities, such as emergency operations, risk communication, surveillance, and vector control.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: [http://www.phaboard.org](http://www.phaboard.org)). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern 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](http://www.grants.gov). If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file “Indirect
Cost Rate” and upload it at www.grants.gov.

Pre-award costs are not allowable under this amendment.

13. Tobacco and Nutrition Policies

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

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

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

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

14. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:
- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

15. Health Insurance Marketplaces

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

16. Intergovernmental Review

Executive Order 12372 does not apply to this program.

17. Pilot Program for Enhancement of Employee Whistleblower Protections

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

18. Copyright Interests Provisions

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

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

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

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

Restrictions in additional to those listed above, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for construction or major renovations.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or $185,100 per year. (See [http://grants.nih.gov/grants/policy/salcap_summary.htm](http://grants.nih.gov/grants/policy/salcap_summary.htm).)
- Recipients cannot use funds to acquire real property such as land, land improvements, structures, and appurtenances thereto. In addition, activities under individual grants that constitute major renovation of real property or purchase of a trailer or modular unit that will be used as real property may be charged to HHS grants only with specific statutory authority and GMO approval.
- Recipients awardees cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts. Recipients can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.

NOTE: For the purposes of this FOA, clinical care will be defined as "directly managing the medical care and treatment of patients with suspected or confirmed Zika virus disease."
20. Data Release Plan

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

21. Other Submission Requirements

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

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

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

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

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

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

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@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@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis. An applicant’s request for permission to submit a paper application must:

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

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

E. Review and Selection Process

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

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

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.
   i. Approach
   ii. Evaluation and Performance Measurement
   iii. Applicant’s Organizational Capacity to Implement the Approach

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

   i. Approach Maximum Points: 25

Identification of gaps: How clearly did the work plan identify and quantify existing operational gaps and the root cause of the gaps to be addressed?

Has the awardee included estimated timelines for completion of all performance and work plan activities as well as obligation and liquidation of funds within the budget and project period? Timelines should be consistent with cycle times identified in awardee jurisdiction’s current HPP-PHEP administrative preparedness plan.

   ii. Evaluation and Performance Measurement Maximum Points: 50

Outcomes: For each identified topic area, how well do the expected outcomes align with successfully addressing the problem or gap? What evidence is provided that any expected changes or improvements to the public health/healthcare systems or to the community, such as awareness, knowledge, attitudes, skills, opinion, behavior, policies, or health improvement, will be demonstrated during the project period?

What evidence is provided that demonstrates that the activities, deliverables (outputs), and outcomes can be achieved during the project period?
iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 25

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

Guidance for Developing FOAs (new, non-research), Version 3.0 Page 23

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart.

Budget

The extent to which the proposed budget is adequately justified and consistent with this program announcement and the applicant’s proposed activities. Is the itemized budget for conducting the project and justification reasonable and consistent with stated objectives and planned program activities?

c. Phase III Review

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this funding opportunity announcement.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to
the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities. The following factors also may affect the funding decision:

NA

2. Announcement and Anticipated Award Dates

_Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the awardee and CDC._ The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director. Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability and Transparency Act Of 2006 (FFATA) requirements.

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

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

Successful recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) 2 Part 215 or Part 92, as appropriate.

<table>
<thead>
<tr>
<th>AR</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AR-8</td>
<td>Public Health System Reporting Requirements</td>
</tr>
<tr>
<td>AR-9</td>
<td>Paperwork Reduction Act Requirements</td>
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<td>AR-10</td>
<td>Smoke-Free Workplace Requirements</td>
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<td>AR-11</td>
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<td>AR-12</td>
<td>Lobbying Restrictions</td>
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<td>AR-14</td>
<td>Accounting System Requirements</td>
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<td>AR-21</td>
<td>Small, Minority, and Women-Owned Business</td>
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<td>AR-24</td>
<td>Health Insurance Portability and Accountability Act Requirements</td>
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<td>AR-25</td>
<td>Release and Sharing of Data</td>
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<td>AR-27</td>
<td>Conference Disclaimer and Use of Logos</td>
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<tr>
<td>AR-29</td>
<td>Compliance with E.O. 13513 Federal Leadership on Reducing</td>
</tr>
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<td></td>
<td>Text Messaging while Driving, October 1, 2009</td>
</tr>
</tbody>
</table>


**3. Reporting**

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

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

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

<table>
<thead>
<tr>
<th>Report</th>
<th>When?</th>
<th>Required?</th>
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<tbody>
<tr>
<td>Application submission requirements</td>
<td>Refer to Section D: Application and Submission Information</td>
<td>Yes</td>
</tr>
<tr>
<td>Work plan</td>
<td>Note: CDC requires applicants to submit work plans and budgets, using the suggested template for the work plan provided during the first phase of funding.</td>
<td></td>
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<tr>
<td>Budget</td>
<td></td>
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<tr>
<td>Updated Zika response checklist</td>
<td>30 days after the end of each quarter</td>
<td>Yes</td>
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<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>Spend down report; CDC will provide awardees with a suggested template for reporting expenditures.</td>
<td>30 days after the end of each quarter</td>
<td>Yes</td>
</tr>
<tr>
<td>Awardee evaluation and performance measurement plan</td>
<td>6 months into award</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual performance report (APR)</td>
<td>Must be submitted via <a href="http://www.grants.gov">www.grants.gov</a> no later than 120 days before the end of the budget period.</td>
<td>Yes</td>
</tr>
<tr>
<td>Data on performance measures</td>
<td>Annually</td>
<td>No</td>
</tr>
<tr>
<td>Federal financial reporting forms</td>
<td>90 days after end of calendar quarter in which budget period ends</td>
<td>Yes</td>
</tr>
<tr>
<td>Final performance and financial report</td>
<td>90 days after end of project period.</td>
<td>Yes</td>
</tr>
<tr>
<td>Payment Management System (PMS) reporting</td>
<td>Quarterly reports due October 30, 2016; January 30, 2017; April 30, 2017; July 30, 2017; October 30, 2017</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**a. Awardee Evaluation and Performance Measurement Plan (required)**

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

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

**Performance Measurement**

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

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

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

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

This report must include the following:

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

*Annual Federal Financial Reports, including unobligated balances, must be submitted to OGS grants managment specialists, with copies submitted to Sharon Sharpe at ssharpe@cdc.gov.*

The awardees must submit the Annual Performance Report via [www.grants.gov](http://www.grants.gov) 120 days before the end of the budget period.
c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for awardees at the beginning of the award period.

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

As CDC has transitioned to GrantSolutions/Grants Management Module, FFRs must be submitted to assigned OGS grants management specialists. eRA Commons is no longer operable for nonresearch recipients to submit FFRs.

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

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

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

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

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

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

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

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”).Outlined below are the specifics of this requirement:

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this FOA.
**Program Office Contact**

For programmatic technical assistance, contact:
Sharon Sharpe, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, NE,
Mailstop D29
Atlanta, GA 30329-027

Telephone: (404) 639-0817
Email: lss1@cdc.gov

**Grants Staff Contact**

For financial, awards management, or budget assistance, contact:
Shicann Phillips, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Rd
Atlanta, GA 30341

Telephone: (770) 488-2809
Email: ibq7@cdc.gov

For assistance with submission difficulties related to [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other submission questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

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

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

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

For international FOAs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Organization Charts

I. Glossary

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

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

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

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

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

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

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

CDC Assurances and Certifications: Standard government-wide grant application forms.
**Competing Continuation Award:** A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization’s intent to submit an application.
**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

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

**Plain Writing Act of 2010:** Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

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