Centers for Disease Control

National Center for Emerging and Zoonotic Infectious Diseases

2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging
Infectious Diseases (ELC)
CDC-RFA-CK19-1904
Application Due Date: 05/17/2019

2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging
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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-CK19-1904. 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)

B. Notice of Funding Opportunity (NOFO) Title:

2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

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 https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CK19-1904

E. Assistance Listings (CFDA) Number:

93.323

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
Is a LOI:	Not Applicable
N/A	
2. Due Date for Applications:	**05/17/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

An informational call will be held approximately two weeks after posting. The estimated date and time for this call is March 21, 2019 at 3:00 p.m.

G. Executive Summary:

1. Summary Paragraph:

The Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Notice of Funding Opportunity (NOFO) builds upon the program that was initiated in 1995 as one of the key activities under CDC?s plan to address emerging infectious disease threats. The purpose of this NOFO is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory, and information systems components of public

health departments.

a. Eligible Applicants:	Limited
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	64
d. Total Period of Performance Funding:	$1,500,000,000
e. Average One Year Award Amount:	$3,125,000

Figure is estimate only

f. Number of Years of Award:	5
g. Estimated Award Date:	08/01/2019
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The goal of the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) program is to reduce illness and related deaths caused by a wide range of infectious disease threats. The ELC Program provides annual funding, strategic direction and technical assistance to domestic jurisdictions for core capacities in epidemiology, laboratory, and health information technology activities. In addition to strengthening core infectious disease capacities nationwide, this cooperative agreement also supports a myriad of specific infectious disease programs.

In the last five years, NCEZID?s extramural funding has increased from $109 million in FY 2013 to $302 million in FY 2017. This increase coincides with increased responsibilities at the state and local level for emerging infectious disease control, notably for emergency responses to Ebola and Zika, and for expanded investment to curb antibiotic resistant (AR) infections and modernize public health laboratory capacity. Ebola and Zika funding began as one-time emergency funding, while AR funding is expected to reoccur annually, and base vector-borne disease funding is beginning to grow. Together with food- and water-borne disease program growth, these investments have moved from capacity building to program delivery. In other infectious disease areas, capacity building is still the focus of investments.

b. Statutory Authorities

Public Health Service Act Sections 301(a) [42 U.S.C. 241(a)] and 317(k) (2) [42 U.S.C. 247b (k) (2)], as amended and the Patient Protection and Affordable Care Act (PL 111-148), Title IV,

Sections 4002 and 4304 (Prevention and Public Health Fund).

c. Healthy People 2020

The ELC supports the following activities aligned with Health People 2020 Topics and Objectives: Food Safety, Health Communication and Health Information Technology, Healthcare Associated Infections, Immunization and Infectious Diseases, Public Health Infrastructure, and Respiratory Diseases.

d. Other National Public Health Priorities and Strategies

ELC supports CDC?s Agency priorities including Winnable Battles: Healthcare Associated Infections (HAI) and Food Safety. Other National Public Health Priorities and Strategies are defined in individual project attachments.

e. Relevant Work

This ELC Competing Continuation builds upon the program that was initiated in 1995 as one of the first key activities under CDC?s plan to address emerging infectious disease threats. The program has grown to become one of CDC?s key nationwide cooperative agreements for supporting state and local infectious disease capacity for 1) cross-cutting epidemiology, laboratory and health information systems, and 2) specific infectious disease-area Programs and Projects. This also builds upon special funding allocations (e.g., Ebola, Zika, Hurricane funding, etc.) that helped to enhance epidemiology, laboratory, and health information systems to specific disease and health threats.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CK19-1904
OVERALL ROADMAP FOR THE EPIDEMIOLOGY AND LABORATORY CAPACITY FOR PREVENTION AND CONTROL OF EMERGING INFECTIOUS DISEASES (ELC)

Core Areas/Strategies	Short-term	Mid-term	Long-term
ELC provides funding to recipients to implement these strategies.	*ELC recipients produce these outputs as a result of implementing the strategies.*	*As a result of the outputs, ELC recipients will achieve these outcomes.*	*As a result of achieving the mid-term outcomes, these longer term outcomes will be achieved.*
1. Surveillance, Detection and Response • 1a: Enhance workforce capacity • 1b: Enhance investigation and outbreak response • 1c: Improve surveillance and reporting • 1d: Strengthen laboratory testing for response • 1e: Enhance laboratory testing for surveillance and reporting • 1f: Improve laboratory coordination and outreach to improve efficiency • 1g: Enhance coordination between epi-lab-HIT • 1h: Advance electronic information exchange implementation • 1i: Sustain and/or enhance information systems	Investigations conducted Best practices for outbreak management in place Surveillance of infectious disease conducted Best fit and/or modern laboratory diagnostic techniques and capabilities in place Laboratory operations are maintained and/or improved	Effective public health workforce prepared to respond to infectious disease threats Improved understanding of the epidemiology and incidence of infectious diseases Improved surveillance • Improved completeness of data • Improved timeliness of reporting • Increased distribution and use of data to public health partners	More efficient and accurate public health reporting More rapid detection of cases and outbreaks More timely, complete and effective investigation efforts: • Response to outbreaks • Investigation of outbreaks • Implementation of control measures Improved use of data to: • Inform public health response and control • Improve public health practice • Inform program and policy development • Develop and implement public health best practices and/or guidelines
2. Prevention and Intervention Strategies • 2a: Implement public health interventions and tools • 2b: Develop/advance policies to improve public health capabilities • 2c: Implement health promotion strategies	Coordination between laboratories within the state and/or within laboratory networks are improved Increased interoperability between information systems and between entities	Improved efficiencies between laboratories and their networks/use of public health resources Infectious disease data is automated and efficient Electronic mechanisms for data exchange are in place	Public and healthcare providers adopt appropriate practices to protect themselves and the public from infectious diseases
3. Communications, Coordination and Partnerships • 3a: Coordinate and engage with partners • 3b: Information dissemination	Integrated surveillance information systems Development, implementation, and evaluation of strong: • Public health interventions • Policies • Communication campaigns	Increased awareness of: • Public regarding infectious disease risks and protective actions • Providers regarding appropriate public health actions	

i. Purpose

The purpose of this NOFO is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. ELC is CDC?s national

funding strategy to support state, local, and territorial health departments to battle infectious disease threats in the U.S. This is accomplished by providing financial and technical resources to support the implementation of three core strategies; (1) surveillance, detection and response, (2) prevention and intervention strategies, and (3) communications, coordination and partnerships. ELC resources may support each of these individually however, it is only through integration that these complementary core areas are optimized.

ii. Outcomes

As reflected in the ELC Overall Roadmap, awardees are expected to show measurable progress made toward the outcomes for this five-year project period. Each of ELC?s Cross-Cutting, Program and disease-specific Projects focuses on one or more of these outcomes; these are specified in the ?Outcomes? section of each project attachment. As such, the specific outcomes awardees are expected to demonstrate progress for will depend on the Programs or Projects funded.

The mid-term outcomes will also be achieved during this project period: (1) Effective public health workforce better prepared to respond to infectious disease threats; (2) Improved understanding of the epidemiology and incidence of infectious diseases; (3) Improved surveillance: Improved completeness of data, Improved timeliness of reporting, Increased distribution and use of data to public health partners; (4) Improved efficiencies between laboratories and their networks/use of public health resources; (5) Infectious disease data is automated and efficient; (6) Electronic mechanisms for data exchange are in place; (7) Increased awareness of: Public regarding infectious disease risks and protective actions, Providers regarding appropriate public health actions.

Long term, ELC will contribute to: (1) More efficient and accurate public health reporting; (2) More rapid detection of cases and outbreaks; (3) More timely, complete and effective investigation efforts: Response to outbreaks, Investigation of outbreaks, and Implementation of control measures; (4) Improved use of data to: Inform public health response and control, Improve public health practice, Inform program and policy development, Develop and implement public health best practices and/or guidelines; (5) Public and healthcare providers adopt appropriate practices to protect themselves and the public from infectious diseases.

iii. Strategies and Activities

Note that each project has a separate attachment (identified below) which details sub-activities and other key criteria. Furthermore, the planning and preparation of your response to this NOFO, and implementation and monitoring/evaluation of all ELC activities must be coordinated via your established ELC Governance Team.

The framework of this Cooperative Agreement is organized into three major sections of content:

Section I: Cross-cutting Emerging Infectious Disease Capacity, Systems and Leadership

    A. Cross-Cutting Epidemiology and Laboratory Capacity
    B. ELC Leadership, Management and Administration
    C. Health Information Systems Capacity
    D. Impact and Evaluation
    E. Cross-Cutting Emerging Issues: Enhanced Surveillance, Investigation Response and

Reporting, Surge Efforts and Interventions

Section II: Emerging Infectious Disease Programs

F. Foodborne, Waterborne, Enteric, and Environmentally Transmitted Diseases: Capacity Building for Surveillance, Detection, Response, Reporting, and Prevention

G. Healthcare-associated Infections (HAI) and Antibiotic Resistance (AR)

G1. Healthcare-associated Infections, Antibiotic Resistance, and Antibiotic Stewardship

G2. Antibiotic Resistance Laboratory Network (AR Lab Network)

H. Vector-borne Diseases: Building Comprehensive Programs to Identify, Diagnose, Report, Prevent, and Respond

Section III: Disease-Specific Projects

I. Mycotics: Detecting and Preventing Fungal Infections

J. Binational Border Infectious Disease Surveillance (BIDS) Program

K. Global Migration, Border Interventions and Migrant Health

L. Prion Surveillance

M. Rabies Surveillance

N. Parasitic Diseases Surveillance

O. Enhanced Vaccine-Preventable Disease (VPD)

P. Legionnaires? Disease Prevention

Q. Influenza Surveillance and Diagnostic Testing

R. Non-Influenza Respiratory Diseases: Diagnostics, Reporting, and Surveillance

S. Threat of Antibiotic-Resistant Gonorrhea: Rapid Detection and Response Capacity

T. Gonococcal Isolate Surveillance Project (GISP)

U. Syphilis and HIV Prevention Through Social, Sexual and Phylogenetic Networks

V. Human Papillomavirus Surveillance Among Men

W. Infants with Congenital Exposure: Surveillance and Monitoring to Emerging Infectious Diseases and Other Health Threats

As described above, ELC is a complex Cooperative Agreement with cross-cutting and large infectious disease programs, as well as a myriad of disease-specific projects. Within each program or project section, the activities will be grouped by key strategies that link back to the mid- and long-term outcomes (see below and Roadmap in Section 2.a). Programs and Projects will vary in the number of strategies applied, and specific activities associated with these strategies are described in the program and project attachments within this NOFO.

A. Surveillance, Detection and Response

1a: Enhance workforce capacity

1b: Enhance investigation and outbreak response

1c: Improve surveillance and reporting

1d: Strengthen laboratory testing for response

1e: Enhance laboratory testing for surveillance and reporting

1f: Improve laboratory coordination and outreach to improve efficiency

1g: Enhance coordination between epi-lab

1h: Advance electronic information exchange implementation

1i: Sustain and/or enhance information systems

B. Prevention and Intervention Strategies

2a: Implement public health interventions and tools

2b: Develop/advance policies to improve public health capabilities

2c: Implement health promotion strategies

C. Coordination and Partnerships

3a: Coordinate and engage with partners

3b: Information dissemination

In this NOFO Programs and Projects have outlined a path to meet minimum expectations, expand or enhance these capacities, and even provide leadership amongst other jurisdictions. Each Program or Project section will include an activities summary table, grouping the activities by three tiers:

Tier 1: Core required activities within the program

Tier 2: Enhanced or expanded activities

Tier 3: Advanced activities, Regional Activities, Centers of Excellence or similar

1. Collaborations

Internal coordination for effective ELC portfolio management

Since 2012, all ELC recipients were required to implement a governance structure for the management and oversight of the portfolio of ELC activities in their jurisdiction. All ELC recipients are required to maintain an active ELC Governance Team comprised of a Principal Investigator and representatives from epidemiology, laboratory, and health information systems (the PI may serve as a representative for one of these areas). Representatives on the Governance Team should be positioned within the organization such that they may make strategic recommendations and decisions about the activities supported with ELC resources. Members are expected to communicate with other staff regarding various aspects of ELC activities within the jurisdiction.

Building upon previous year?s successes and challenges, the role of this Team is to work together to assure sufficient and appropriate oversight and integration of the ELC Cooperative

Agreement planning and implementation. Funding to support the ELC program as a whole should complement and be closely coordinated, with other CDC programs related to improving surveillance for, and response to, infectious diseases, for example the Emerging Infections Program (EIP) and the Public Health Emergency Preparedness (PHEP) cooperative agreements. ELC recipients should also be aware of, and are strongly encouraged to use, resources designed as management tools that improve efficiency and promote sustainability of Public Health Labs (PHLs) and their services. Two of these resources have been developed in a collaborative fashion between CDC and the Association of Public Health Laboratories (APHL) under the Laboratories Efficiencies Initiative (LEI): (1) the LEI Informatics Self-Assessment Tool for Public Health Laboratories and (2) the online National PHL Test Service Directory.

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

Each Program or Project has its own description of required or suggested collaborations if applicable. This information may be found in each of the specific attachments.

b. With organizations not funded by CDC:

Each program or project that appears in Part II of this NOFO has its own program guidance that provides collaboration (if applicable) information specific to that CDC program.

2. Target Populations

Each program or project that appears in Part II of this NOFO has its own program guidance that provides a target population (if applicable) information specific to that CDC program.

a. Health Disparities

N/A

iv. Funding Strategy (for multi-component NOFOs only)

Section I: Cross-cutting Emerging Infectious Disease Capacity, Systems and Leadership

   A. Cross-Cutting Epidemiology and Laboratory Capacity $25,600,000; 64 awards
   B. ELC Leadership, Management and Administration $8,000,000 to $11,000,000; 40-50 awards
   C. Health Information Systems Capacity $32,000,000; 64 awards
   D. Impact and Evaluation $600,000; 5 awards
   E. Cross-Cutting Emerging Issues: Enhanced Surveillance, Investigation Response and Reporting, Surge Efforts and Interventions (estimated) up to $500,000; up to 64 awards

Section II: Emerging Infectious Disease Programs

   F. Foodborne, Waterborne, Enteric, and Environmentally Transmitted Diseases: Capacity Building for Surveillance, Detection, Response, Reporting, and Prevention $33,000,000; 56-59 awards

   G. Healthcare-associated Infections (HAI) and Antibiotic Resistance (AR)

      G1. Healthcare-associated Infections, Antibiotic Resistance, and Antibiotic Stewardship

$28,000,000; 57 awards

   G2. Antibiotic Resistance Laboratory Network (AR Lab Network) $2,250,000; up to 56 awards

  H. Vector-borne Diseases: Detection, Response, Reporting and Prevention $16,000,000; 60 awards

Section III: Disease-Specific Projects

  I. Mycotics: Detecting and Preventing Fungal Infections $600,000; 20 awards

  J. Binational Border Infectious Disease Surveillance (BIDS) Program $750,000; 1-4 awards

  K. Global Migration, Border Interventions and Migrant Health $230,000; 3-5 awards

  L. Prion Surveillance $500,000; 7 awards

  M. Rabies Surveillance $125,000; 2 awards

  N. Parasitic Diseases Surveillance $100,000; 10 awards

  O. Enhanced Vaccine-Preventable Disease (VPD) $6,400,000; 64 awards

  P. Legionnaires? Disease Prevention $3,000,000; 25 awards

  Q. Influenza Surveillance and Diagnostic Testing $8,100,000; 57 awards

  R. Non-Influenza Respiratory Diseases: Diagnostics, Reporting, and Surveillance $750,000; 10-15 awards

  S. Threat of Antibiotic-Resistant Gonorrhea: Rapid Detection and Response Capacity $5,164,038; 8 awards

  T. Gonococcal Isolate Surveillance Project (GISP) $915,000; 25 awards

  U. Syphilis and HIV Prevention Through Social, Sexual and Phylogenetic Networks $1,400,000; 2 awards

  V. Human Papillomavirus Surveillance Among Men $375,000; 3 awards

  W. Infants with Congenital Exposure: Surveillance and Monitoring to Emerging Infectious Diseases and Other Health Threats $3,000,000; 4-9 awards

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy
The purpose of evaluation and performance measurement is to help CDC and ELC awardees monitor the extent to which activities planned were successfully completed, demonstrate how capacity building activities contribute towards program outcomes, and inform decisions about future programming that drive continuous program improvement for more efficient and effective program performance.

Each of the ELC Program or Projects require a detailed Evaluation and Performance Measurement Strategy described in their individual attachment (i.e., requirements for reporting of performance measures.).

In addition, funds provided under this cooperative agreement may be used to support activities that assure compliance with CDC?s Data Management Plan (DMP). A DMP is required if the NOFO involves the collection or generation of public health data. The goal of the policy is to ensure public access to federally funded public health data. This specifically requires the development of Data Management Plans (DMPs) for ELC activities that includes collection of public health data. One overall DMP is requested; however, if the information below differs by a specific ELC program or project, please describe those exceptions. DMPs should be as complete as possible but CDC can work jointly with ELC recipients within the first 6 months after award to finalize them. They can be updated as appropriate throughout the life cycle of the data. DMPs should include:

Descriptions of the data to be produced
How access will be provided to the data (including provisions for protection of privacy, confidentiality, security, intellectual property, or other rights)
Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represents, and potential limitations for use
Plans for archival and long-term preservation of the data, or explanation of why long-term preservation and access cannot be provided.

The DMP may be submitted as a checklist, paragraph, or other format, as currently, HHS/CDC does not have a standardized DMP template or checklist due to PRA requirements. However, below are DMP examples that applicants can refer to as they develop their DMP:

- University of California: http://dmp.cdlib.org/
- USGS: http://www.usgs.gov/datamanagement/plan/dmplans.php
- ICPSR: http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html

ii. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. 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)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards

ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

If needed, ELC will work with awardees during the first six months of the project period to finalize an evaluation and performance measurement plan to monitor the progress of the activities implemented and outcomes achieved. Each ELC program or project attachment illustrates its specific requirements for the NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

The successful ELC recipient must have a demonstrated core organizational capacity in order to effectively conduct the activities for which awards are made. This organizational capacity includes skill sets such as program planning and performance management, partnership development, evaluation, performance monitoring, financial reporting, budget management and administration, personnel management (including developing staffing plans, developing and training workforce and developing a sustainability plan). Applicants also must be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with 45 or 74 C.F.R.

d. Work Plan

Each project the applicant is applying (see Part III) must include a work plan. Work plans should be detailed and should focus on the first year of the project period with only a high level plan for subsequent years. Work plans should demonstrate alignment among the outcomes, strategies, activities, timelines, and staffing/collaborations. Additional information on performance measures, data sources, and target population can also be included. (Note: recipients will incorporate this Work Plan into their Approach for each ELC project they are applying for. See Program and Project Attachments).

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient 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 recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient 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 deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients 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.

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 recipients.

REDCap may be utilized for the programmatic documentation of performance.

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

In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes. The following are potential areas of substantial involvement, others may also be included:

1. Technical assistance in the following: evaluation, performance measurement, work plan development, program planning, and specific subject matter expertise for ELC Program or Projects.
2. National coordination of activities where appropriate.
3. Targeted Electronic Data Exchange (EDX) technical assistance to public health departments and public health labs.

B. Award Information	
1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U50

In cooperation with State or local government or other health-related organization, to perform special investigations of communicable diseases and other preventable health conditions, or to evaluate special methods of preventing disease or controlling health conditions.

3. Fiscal Year: 2019
Estimated Total Funding: $1,500,000,000
4. Approximate Total Fiscal Year Funding: $200,000,000
No funding floor or ceiling; numbers are approximate

This amount is subject to the availability of funds.
5. Approximate Period of Performance Funding: $1,500,000,000
No funding floor or ceiling; numbers are approximate

6. Total Period of Performance Length: 5

7. Expected Number of Awards: 64

8. Approximate Average Award: $3,125,000 Per Budget Period
Figure is estimate only

This amount is subject to the availability of funds.
9. Award Ceiling: $0 Per Budget Period
None

10. Award Floor: $0 Per Budget Period
None

11. Estimated Award Date: 08/01/2019

Throughout the period of performance, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (period of performance) 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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length: 12 month(s)

13. Direct Assistance
Direct Assistance (DA) is available through this NOFO.

Extremely limited opportunities for Direct Assistance (DA) may be available through this FOA.

An official state, local or territorial government applicant may request that CDC provide Direct Assistance (DA) in the form of federal personnel as a part of the grant awarded through this

FOA. If your request for DA is approved as a part of your award, CDC will reduce the funding amount provided directly to you as a part of your award. The amount by which your award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to you, the awardee.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

Government Organizations:

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

Specific ELC projects may have additional eligibility requirements associated with them. If so, these will be noted in the project-specific attachments.

Only current ELC recipients under CK14-1401 are eligible to apply for this announcement. This includes the departments of health for all US states, 6 of the largest locals* (Chicago, District of Columbia, Houston, Los Angeles County, New York City, Philadelphia) and all of our US territories and affiliates in the Caribbean and Pacific (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of Palau, US Virgin Islands).

*Population based on last official publication, 2010

3. Justification for Less than Maximum Competition

The Epidemiology and Laboratory Capacity for the Prevention and Control of Infectious Diseases (ELC) program has long been administering a cooperative agreement aimed at building public health capacity for our nation. The ELC program targets partnerships with states, and some of the nation's largest local health departments, U.S. territories and affiliates because these governmental organizations are constitutionally empowered to have the responsibility for the protection of the health and welfare of their respective communities. Since 2012, the ELC has supported public health capacity building activities in all US states, 6 of the largest locals (Chicago, District of Columbia, Houston, Los Angeles County, New York City, Philadelphia) and all of our US territories and affiliates in the Caribbean and Pacific (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of Palau, US Virgin Islands).

Capacity built and sustained by the ELC helps prevent disease through better surveillance of known and emerging infectious diseases, leading to more rapid response to disease outbreaks and better development, implementation and evaluation of public health interventions. Future activities of the new 5-year cooperative agreement will directly build upon the existing capacity and infrastructure currently supported by ELC funding. Foundational capacity is essential for implementation of future work.

Current ELC recipients are uniquely qualified to ensure that the breadth of the work and significant financial resources provided through the ELC cooperative agreement are administered appropriately. The ELC program is very complex and currently has approximately 26 different partner programs at CDC in addition to a number of funding 'types'. Upon becoming an ELC recipient, a jurisdiction must develop the local infrastructure for the coordination of all ELC-funded programs. Since 2012, existing ELC recipients have demonstrated efficacy in managing a broad portfolio of activities through the required ELC Governance Team structure. The existing infrastructure for these relationships within current ELC jurisdictions will continue to be a critical prerequisite to the achievement of program goals, to sound fiscal stewardship, and to maximize the benefit to public health.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: http://www.cdc.gov/ od/ pgo/ funding/ docs/ Financial ReferenceGuide.pdf.

1. Required Registrations

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

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

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

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients 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 a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov.***

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issues a new DUNS number check online at (http:// fedgov.dnb. com/ webform) or call 1-866-705-5711
2	System for Award Management	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-

	(SAM) formerly Central Contractor Registration (CCR)	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)		gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the Account is set up the E_BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit the applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying to grants.gov)	Register early! Log into Grants.gov and check AOR status until it shows you have been approved

2. Request Application Package
Applicants may access the application package at www.grants.gov.

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

4. Submission Dates and Times
If the application is not submitted by the deadline published in the NOFO, 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**
N/A

b. Application Deadline

Due Date for Applications: **05/17/2019** , 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.
An informational call will be held approximately two weeks after posting. The estimated date
and time for this call is March 21, 2019 at 3:00 p.m.

5. CDC Assurances and Certifications

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

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

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

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses
to meeting federal programmatic and administrative requirements by taking into account issues
such as financial instability, insufficient management systems, non-compliance with award
conditions, the charging of unallowable costs, and inexperience. The risk assessment will
include an evaluation of the applicant's CDC Risk Questionnaire, located at
https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a
review of the applicant's history in all available systems; including OMB-designated
repositories of government-wide eligibility and financial integrity systems (see 45 CFR
75.205(a)), and other sources of historical information. These systems include, but are not
limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as
per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System
for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-
1132 annually. This questionnaire, which is located at
https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with

supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS. When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

| **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** |

Is a LOI: Not Applicable
LOI is not requested or required as part of the application for this NOFO.

| **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

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.

A Project Abstract is required as a part of this application.

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

The ELC application must be written according to the following outline. The entire application should contain a single, overarching ?Background & Overview? (see sections a. i-iv below, for more detail). Applications for each ELC program or project must contain a complete ?Project Approach? narrative that includes a problem statement, justification, and applicant capacity (see section b below, for more detail). Each Program/Project Narrative must be succinct, easily understood, and in the order outlined in this section (which will be reflected in the application templates applicants will use which the ELC Program will distribute). The narratives must address outcomes and activities to be conducted over the next budget period, but should also address the entire project period as identified in the CDC Project Description sections.

    a. **Background & Overview** (Only one per application)**:** Applicants must provide a description of relevant background information that includes the context of the problem. Specifically:
        i. **Jurisdictional Overview and Main Challenges**: Provide information on the jurisdiction?s population size, demographic characteristics, and morbidity and mortality related to infectious diseases (e.g., priority infectious diseases in the jurisdiction).
        ii. **Structure and Organization:** Provide an overview of the structure of jurisdiction?s health department (e.g. centralized, decentralized, hybrid) and where leadership involved in this ELC Cooperative Agreement reside

within the health department?s structure and describe the current process for supporting local public health concerns (including tribal governments within the jurisdiction, if applicable) and associated health departments. Next, describe challenges or limitations expected across organizational (especially as it relates to the integration of epidemiology, laboratory and health IT), fiscal, administrative, and/or programmatic areas in the jurisdiction. Also include measures to overcome these challenges, to achieve full implementation of the activities proposed in this application. This could include references to resources being requested through ELC?s new ?Leadership, Management and Administration? project. Describe plans to ensure adequate planning and implementation of activities (e.g., hiring, contracting, procurement, collaborations, etc.) are quickly executed with rigorous tracking and oversight to avoid delays and reduce the potential for unobligated funds remaining at the end of the budget and project period.

iii. **ELC Program Leadership, Governance, Integration, and Tracking and Reporting:**

1. ELC Governance Team: Each grantee shall maintain an active ELC Governance Team that consists of three individuals who have leadership roles for the health department in epidemiology, laboratory, and health information systems (i.e., one person representing each area); plus the Principal Investigator (PI) if the PI is someone other than one of the three above individuals (the Team thus will include 3 or 4 persons). Persons appointed to the Governance Team should have authority over their respective areas (e.g., the State Laboratory Director, State Epidemiologist, IT/Informatics Director or persons specifically designated and empowered by these authorities). The required role of this Team is to work together to assure sufficient and appropriate oversight and integration of epidemiology, laboratory, and health information systems in the jurisdiction?s ELC planning and implementation.

   A. List the ELC Governance Team members, including name, position/title, and contact information.

   B. Provide as an attachment to this application, Statement of the ELC Governance Team, signed by all Governance Team members, explicitly stating their agreement to serve on the Team and confirming their understanding and support of the overall content of the application.

2. Epidemiology, laboratory and health information systems integration. For the FY 2019-2023 Project Period, provide a plan to document efforts to maintain and/or strengthen epidemiology, laboratory and health information systems integration. Include a clear description of the process for engaging the jurisdiction?s ELC Governance Team during the course of the ELC project period for general oversight, planning, review and agreement on

annual continuation applications, review and agreement on significant ELC process actions such as carryover, redirection, and supplemental requests, etc. This should include periodic regular meetings of the Governance Team to discuss ELC plans, activities, awards, progress report, evaluation and performance measures, etc. Strong applications will include the shared decision-making process of the ELC Governance Team. Plan to make the Governance Team available for quarterly conference calls with CDC ELC staff.

iv. **Local engagement:** CDC?s ELC Cooperative Agreement depends upon health departments working with local stakeholders to meet local needs and for larger health departments to request resources for other health departments within their jurisdiction. In this section, please describe the engagement with local health departments that will assist in achieving goals described earlier in this narrative (including tribal governments within the jurisdiction, as applicable). This discussion should include information on how collaboration between the state health department and the local health departments will help assess and mitigate gaps; including needs related to financial and technical assistance being offered from CDC.

v. **Programs/Projects:** List of the Program/Project component activities being addressed in the application.

vi. **Success Stories**: Please provide stories, using the ELC Success Story template available on REDCap, to capture recent accomplishments that highlight the impact of the ELC Cooperative Agreement in the jurisdiction. They will be used to educate stakeholders, decision makers, and policymakers about the impact of ELC.

vii. **DMP**: A DMP is required if the NOFO involves the collection or generation of public health data. The goal of the policy is to ensure public access to federally funded public health data. This specifically requires the development of Data Management Plans (DMPs) for ELC activities that includes collection of public health data. One overall DMP is requested; however, if the information below differs by a specific ELC program or project, please describe those exceptions. DMPs should be as complete as possible but CDC can work jointly with ELC recipients within the first 6 months after award to finalize them. They can be updated as appropriate throughout the life cycle of the data.

b. **Project Approach** (for each ELC Program or Project):

i. **Problem Statement:** Applicants must describe core information around the needs of the jurisdiction or populations being served relative to the specific ELC program or project. The core information must help reviewers understand how the applicant?s response to the NOFO will address the public health problem and support public health priorities. (See CDC Project Descriptions.)

ii. **Justification:** Explain the importance of the proposed activities, including why its implementation would address specific gaps mentioned

in the ?Problem Statement,? and advance and/or improve public health in the jurisdiction. For each ELC program or project applied for, applicants must provide a clear and concise description of the strategic approach they will to use to achieve the project period outcomes.

iii. **Applicant Capacity:** Describe the current resources, processes, and steps planned to implement this activity and achieve expected milestones.

- **Current Capacity:** For each program or project component applied, address the jurisdiction?s current capacity to successfully implement the proposed strategies and activities (including describing staff and other infrastructure already in place that will be built upon).
- **Progress Report:** If the jurisdiction was funded for a project component in the previous funding period, a progress report must be provided on those activities. The progress reporting time period should range from the beginning of the last funding period to the time of application. Funding period start dates are 8/1/2014 for CK14-1401 activities. The progress report section should:
  o Describe major activities conducted, the progress of those activities, and significant milestones accomplished as a result of those activities.
  o If applicable, include the reasons that goals (e.g., targets for performance measures) were not met or activities (e.g., milestones) were incomplete, and a discussion of assistance needed to resolve the situation.
  o If applicable, describe any barriers encountered, and how the barriers were addressed during implementation of these activities.

iv. **Evaluation Plan for 2019:** If needed, ELC will work with awardees during the first six months of the project period to finalize an evaluation and performance measurement plan to monitor the progress of the activities implemented and outcomes achieved. Applicants must provide an overall jurisdiction evaluation and performance measurement plan for each program/project. This plan must address the following points:

- Identify key program staff who will participate in collecting and reporting performance measurement data.
- Describe your plans and ability to collect data and report on the performance measures listed in the 2019 Notice of Funding Opportunity.
- Discuss how you and your program staff will use (e.g., to inform program improvement, identify gaps, program management, etc.) and share performance measurement data collected.
- If applicable: Discuss any barriers or challenges expected for collecting data (i.e., responding to performance measures), and reporting on results. Describe how these potential barriers would be overcome. In addition, applicants may also describe other measures to be developed or additional data sources and data

collection methods that applicants will use to evaluate their activities and outcomes.

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 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 period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance 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 period of performance. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

FOR PURPOSE, OUTCOMES, STRATEGIES AND ACTIVITIES DETAILS, REFER TO SECTION 10. PROJECT NARRATIVE, ABOVE.

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

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. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target

Populations and Health Disparities requirements as described in the CDC Project Description.

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. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. 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. 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, data management plan (DMP), 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).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

FOR APPLICANT EVALUATION PLAN DETAILS, REFER TO SECTION 10. PROJECT NARRATIVE, ABOVE.

Performance measures for each program or project are included in the attached detailed program or project plans.

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. For further information about CDC?s requirements under PRA see http://www.hhs.gov/ocio/policy/collection/.

d. Organizational Capacity of Applicants to Implement the Approach

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

FOR ORGANIZATION CAPACITY DETAILS, REFER TO SECTION 10. PROJECT NARRATIVE, ABOVE.

11. Work Plan

(Included in the Project Narrative's 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 recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

Applicants should include the following detail on implementation plans for each ELC program or project activity:

   i. Purpose: Describe in 2-3 sentences specifically how the work plan will address the problem as described in the component program?s or project?s ?Problem Statement.? Outcomes: Clearly identify the expected outcomes to be achieved by the end of the project period. Refer to outcomes listed in the component program?s or project?s ?Outcomes? section.

   ii. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain, complete). (See the overall program roadmap in the overall Approach section of the CDC Project Description.) In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they anticipate.

   iii. Milestones: For each ELC program or project applied for, applicants must provide a clear and concise description of the project period milestones. Briefly introduce the activity(ies) being proposed and describe what the expected outputs (e.g., milestones) and outcomes will be over the first 12-month budget period. Also provide a brief discussion of what will be achieved (i.e., expected outputs and outcomes) over the entire five-year project period. (See CDC Project Description: Strategies and Activities section.) Finally, include a Work Plan (described in detail below Section D. Application and Submission Information; Section 11: Work Plan)

   iv. If applicable, describe collaborations with programs and organizations either internal or external to CDC and describe the extent to which the strategies and activities will target

specific population(s) in their jurisdiction

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 could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

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

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO,

applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

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

Applicants must submit a discrete and separate itemized budget and budget narrative for each ELC project they are applying for. 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.

Be sure to consider and include requests for travel that are required for proposed activities. Please include travel for ELC Governance Team members and a financial representative a to the ELC Annual Meeting. Travel that is approved and funded by CDC will be considered a required activity. The budget must include:

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

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

Applicants must submit a Budget Summary. Please name this file ?Budget Narrative Summary? and upload it as a PDF file at www.grants.gov. A detailed Budget request and accompanying justification should be submitted using the ELC template. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file ?Indirect Cost Rate? and upload it at www.grants.gov.

13. Intergovernmental Review

Executive Order 12372 does not apply to this program.

14. 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 recipients 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.

14a. 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). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients 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.

14b. 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.

14c. 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 recipient 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 recipient did not pay any taxes during the reporting period.]
2)   Quarterly Report: The recipient 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.   recipient 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 recipient must include this reporting requirement in all applicable

subgrants and other subagreements.

14d. Data Management Plan
As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

15. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients 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 recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - o 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
  - o 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 recipients.
- 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability

(https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

16. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.
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 ogstims@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 NOFO. 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.
https://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 eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by Grants Management Officials and Program Officials. 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.

Phase II Review Details	Maximum Points: 0

An objective merit review utilizing subject matter experts (SMEs) will be conducted to evaluate complete and responsive applications according to the criteria listed in the three broad sections below. At minimum, the review will be conducted by program staff in the National Center for Zoonotic and Emerging Infectious Diseases (NCEZID), the National Center for Immunization and Respiratory Diseases (NCIRD), and the Center for Surveillance, Epidemiology and Laboratory Services (CSELS).

All recipients will be funded at some level. Additional information regarding the level of support provided can be found in each particular program or project Attachment under "Funding Strategy".

Budgets will be reviewed but not scored.

Background	Maximum Points: 15

Background (one for entire application), refer to section D10. Project Narrative above, for specific requirements.

Approach	Maximum Points: 40

Approach and work plan (one for each ELC Program or Project), refer to section D10. Project Narrative above, for specific requirements.

Applicant capacity to implement approach, including past progress	Maximum Points: 30

Applicant capacity to implement approach (one for each ELC Program or Project), refer to section D10. Project Narrative above, for specific requirements.

Evaluation and Measurement	Maximum Points: 15

Evaluation and Measurement (one for each ELC Program or Project), refer to section D10. Project Narrative above, for specific requirements.

c. Phase III Review

Based on each Program or Project's funding availability, disease burden, geographic priorities, and jurisdictional risk, applicants may be funded out of rank order.

All recipients will be funded at some level. Additional information regarding the level of support provided can be found in each particular program or project Attachment under "Funding Strategy".

Not more than thirty days after the Phase II review is completed, applicants will be notified

electronically of CDC's intent to fund.

Budgets will be reviewed but not scored.

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 Recipient 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 Notice of Funding Opportunity.

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.

2. Announcement and Anticipated Award Dates

Awards will be communicated by the CDC Office of Grants Services via official Notice of Award to be released August 1, 2019.

F. Award Administration Information

1. Award Notices

Recipients 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 recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this NOFO 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.

When authorized by the Office of Grant Services, recipients may incur costs prior to receipt of official NOA.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. All NOFOs from the Center of Global Health must include AR-35. The ARs are listed in the Template for CDC programs. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr.

List applicable ARs ? Determine which of the ARs apply and DELETE any that do not apply. The following Administrative Requirements (AR) apply to this project:The following Administrative Requirements (AR) apply to this project:

Generally applicable ARs:

? AR-7: Executive Order 12372

? AR-9: Paperwork Reduction Act

? AR-10: Smoke-Free Workplace

? AR-11: Healthy People 2010

? AR-12: Lobbying Restrictions

? AR-14: Accounting System Requirements

? AR-24: Health Insurance Portability and Accountability Act

? AR-25: Release and Sharing of Data

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

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

? AR-33: Plain Writing Act of 2010

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

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the NOFO outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance 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 NOFO.

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 NOFO copying the CDC Project Officer.

Report	When?	Required?

Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	APR is submitted as a part of the continuation application.	Yes
Data on Performance Measures	CDC program determines (see Attachments)	Yes
Federal Financial Reporting Forms	Interim FFR (or equivalent) reporting of projected unobligated at the end of the budget period is due at the time of the continuation application. Annual FFR due 90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients 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.

Recipient 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 NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation
• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, 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 recipient must submit the APR via www.Grantsolutions.gov 120 days prior to 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:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to

complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - ○ SF-424A Budget Information-Non-Construction Programs.
  - ○ Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - ○ Indirect Cost Rate Agreement.

The recipient must submit the Annual Performance Report via www.Grantsolutions.gov 120 days prior to the end of the budget period.

Administrative Reporting (additional details for ELC)

- SF-424A Budget Information-Non-Construction Programs. **The section Estimated Unobligated Funds should be completed (and all unliquidated obligations projected).**
- Budget Narrative ? Must include the content outlined in "Content and Form of Application Submission, Budget Narrative" section. **The ELC Budget template should be utilized for the submission of the Budget and accompanying Budget Narrative.**
- Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.grantsolutions.gov along with the application for continuation funding. Recipients must report on performance measures for each budget period and update measures, if needed. Measures should be reported upon per the frequency outlined in each program or project description (see Attachments). ELC application and performance measure templates should be used where directed to ensure clear communication of report information.

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 recipients at the beginning of the award period.

Performance Measure Reporting is **required** for ELC NOFO.

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 budget period. 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.

Beginning in budget period 2, an interim FFR (or approved equivalent) that illustrates the projected amount of unobligated funds at the end of the budget period is required to be submitted with the continuation application.

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

Details of Final Performance and Financial Report will cover the above items, and will be required to be submitted on ELC Templates.

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf

- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Angelica O'Connor, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Rd NE
Atlanta, GA 30333
Telephone: (404) 639-7379
Email: AMOConnor@cdc.gov

Grants Management Office Information

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

Shirley Byrd, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd
Atlanta , GA 30341
Telephone: (770) 488-2591
Email: SKByrd@cdc.gov

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Organization Charts
- Indirect Cost Rate, if applicable
- Bona Fide Agent status documentation, if applicable

For all ELC Governance Team members, CVs should be included. Please also include an organizational chart that illustrates where each member resides within the organization and highlight the sections where ELC activities take place.

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 NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/

[grants/ additional requirements/ index.html](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).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings (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.

Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.

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 period of performance. 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.

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 period of performance (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 recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

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.

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 NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

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

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

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

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

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

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

Health Disparities: Differences in health outcomes and their determinants among segments of

the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf

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.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

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 NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

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.

Social Determinants of Health: Conditions in the environments in which people are born, live,

learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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

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

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

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

Work Plan: The summary of period of performance 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.

Overall Roadmap: See ?Logic Model,? for the purposes of this NOFO.