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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Epidemiology and Laboratory Capacity for Infectious Diseases

Announcement Type: Competing Continuation

Funding Opportunity Number: 04040

Catalog of Federal Domestic Assistance Number: 93.283

Key Dates:

Application Deadline: Cycle A - January 12, 2004

Cycle B - February 20, 2003

I. Funding Opportunity Description

Authority: 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.

Purpose: The purpose of the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) program is to assist eligible public health agencies improve surveillance for, and response to, infectious diseases by (1) strengthening epidemiologic capacity; (2) enhancing laboratory practice; (3) improving information systems; and (4) developing and implementing prevention and control strategies. The focus of the activities is on naturally occurring infectious diseases and drug-resistant infections. Awards are intended

to support activities that enhance the ability of a program to identify and monitor the occurrence of known infectious disease of public health importance; detect new and emerging infectious disease threats, identify and respond to disease outbreaks; and use public health data for priority setting, policy development, and for prevention and control.

Activities under the ELC program should complement and be closely coordinated with activities supported by other CDC programs related to improving surveillance for, and response to, infectious diseases (e.g., the Emerging Infections Program and the Public Health Preparedness and Response for Bioterrorism cooperative agreements). Applicants should collaborate with local jurisdictions including tribal governments as appropriate when planning activities and response to this Program Announcement. This program addresses the "Healthy People 2010" focus area of Immunization and Infectious Diseases.

Any information systems development supported through this cooperative agreement should be done according to the Public Health Information Network (PHIN) architecture specifications. The creation of standards-based, interoperable public health information systems is the goal

of these specifications. Two of the chief components of the PHIN initiative are affected by or affect almost any information systems development project and special attention should be paid to them. These are standard messaging (data exchange) formats and content and standard vocabulary code sets. Examples of projects heavily affected by these components are surveillance systems developed according to the National Electronic Disease Surveillance System (NEDSS) standards (see Attachment 5. All attachments listed in this announcement are posted with the announcement on the CDC website.) and Laboratory Information Management System (LIMS) implementations. For more information on PHIN, the PHIN architecture, PHIN messaging, and PHIN standards, functions, and specifications, go to <http://www.cdc.gov/phin/>.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Infectious Diseases (NCID): Protect Americans from infectious diseases.

Activities:

Awardee activities for this program are as follows:

Activities supported under the ELC cooperative agreement

include specific program components listed below (1-6), and general epidemiologic and laboratory capacity enhancements (7). Applicants are encouraged to consider activities in each of the program components, but there is no requirement to address all of them. The ELC program is not designed nor intended to support research involving human subjects, therefore no such research is expected to be supported under this cooperative agreement.

1. Antimicrobial Resistance (see Attachment 1). Develop or improve health department capacity for surveillance, prevention, and control of antimicrobial-resistant pathogens.
2. Foodborne Disease (see Attachment 2). Enhance capacity for investigation, control, and reporting of foodborne disease outbreaks and improve laboratory-based surveillance for emerging foodborne pathogens.
3. Hepatitis (see Attachment 3)
 - a. Develop capacity to prevent and control hepatitis C virus (HCV) infection through activities that are integrated into existing public health prevention services and programs.
 - b. Enhance capacity for surveillance of chronic hepatitis B virus (HBV) and HCV infection.
4. Influenza (see Attachment 4).

Develop and enhance capacity for influenza surveillance and response.

5. National Electronic Disease Surveillance System (NEDSS) Assessment and Planning (see Attachment 5).

Assess current information systems and personnel and technical infrastructure and develop a plan for the implementation of the NEDSS systems architecture.

6. West Nile Virus (see Attachment 6).

Develop and implement effective surveillance, prevention, and control of West Nile virus and other arboviruses that occur in the U.S.

7. Epidemiologic and Laboratory (see Attachment 7)

Identify gaps in current public health capacity that meet the purpose of this program announcement, but are not included in one of the above program components (1-6).

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

CDC Activities for this program are as follows:

1. Provide consultation and assistance in enhancing local epidemiologic and laboratory capacity for surveillance

- and response for infectious diseases for both specific program areas and general epidemiology and laboratory capacity.
2. Assist in monitoring and evaluating scientific and operational accomplishments and progress in achieving the purpose of this program.
 3. Provide national coordination of activities where appropriate.

II. Award Information

Type of Award: Cooperative Agreement. CDC involvement in this program is listed in the Activities Section above.

Fiscal Year Funds: 2004

Approximate Total Funding: \$36,000,000

Approximate Number of Awards: 43 competing continuation and 2 new.

Approximate Average Award: \$800,000

Floor of Award Range: None

Ceiling of Award Range: None

Anticipated Award Date: Cycle A - April 1, 2004

Cycle B - July 1, 2004

Budget Period Length: 12 months

Project Period Length: 5 years

Throughout the project period, CDC's commitment to

continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible applicants:

Applications may be submitted by:

- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Official public health agencies of city governments with jurisdictional populations greater than 1,500,000 or county governments with jurisdictional populations greater than 8,000,000 (based on 2000 Census data).

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If you are applying as a bona fide agent of a state or local

government, you must provide a letter from the state as documentation of your status. Place this documentation behind the first page of your application form.

2. Cost Sharing or Matching:

Matching funds are not required for this program.

3. Other

CDC will accept and review applications with budgets greater than the ceiling of the award range.

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

IV. Application and Submission Information

1. Address to Request Application Package

To apply for this funding opportunity use application form PHS 5161. Application forms and instructions are available on the CDC web site, at the following Internet address:

www.cdc.gov/od/pgo/forminfo.htm

If you do not have access to the Internet, or if you have

difficulty accessing the forms on-line, you may contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at: 770-488-2700. Application forms can be mailed to you.

2. Content and Form of Application Submission

Application: This program announcement is the definitive guide on application format, content, and deadlines. It supersedes information provided in the application instructions. If there are discrepancies between the application form instructions and the program announcement, adhere to the guidance in the program announcement.

Your research plan should address activities to be conducted over the entire project period.

You are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711. For more information, see the CDC web site at:

<http://www.cdc.gov/od/pgo/funding/pubcommt.htm>

If your application form does not have a DUNS number field, please write your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

You must submit a signed original and two copies of your application forms. You must include a project narrative with your application forms. Your narrative must be submitted in the following format:

- Maximum number of pages: It is suggested that the general background section and each program component section not exceed an average of 5 single-spaced pages each (excluding budget and justification, required forms, and appendices).
- Font size: 12-point unreduced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Printed only on one side of page
- Held together only by rubber bands or metal clips; not bound in any other way.

Your narrative should address activities to be conducted over the entire project period, and must include the

following items in the order listed:

- a. List of program components being addressed in the application (i.e., items 1-7 in Activities section, above).
- b. General background that applies to all components:
 - 1) Description of community (population, geography, special circumstances that affect infectious disease surveillance and response).
 - 2) Organizational structure, particularly the relationship between communicable disease epidemiology and laboratory practice.
 - 3) Reportable infectious disease rules and regulations.
 - 4) Process for disease reporting.
- c. Separate narrative section for each program component (i.e., items 1-7 in Activities section, above) being addressed in the application. Address appropriate activities as outlined in the related Attachments. See also note re: budget, below.
- d. Measures of Effectiveness for overall ELC program activities (see Section V: "Application Review Information" for further information on addressing Measures of Effectiveness).

To the extent possible, the application budget should clearly delineate separate program components being addressed in the narrative. General guidance for completing cooperative agreement budgets can be found on the CDC web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes for example, Curriculum Vitae, Resumes, Organizational Charts, Letters of Support, etc.

3. Submission Dates and Times

Application Deadline Date:

Cycle A - January 12, 2003 (for awards effective April 1, 2004)

Cycle B - February 20, 2004 (for awards effective July 1, 2004)

Current ELC grantees should submit an application for the Cycle they are currently in. New applicants may apply for either Cycle, but NOT BOTH.

Explanation of Deadlines: Applications must be received in

the CDC Procurement and Grants Office by 4:00 p.m. Eastern Time on the deadline date. If you send your application by the United States Postal Service or commercial delivery service, you must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If CDC receives your application after closing due to: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, you will be given the opportunity to submit documentation of the carriers guarantee. If the documentation verifies a carrier problem, CDC will consider the application as having been received by the deadline.

This program announcement is the definitive guide on application format, content, and deadlines. It supersedes information provided in the application instructions. If your application does not meet the deadline above, it will not be eligible for review, and will be discarded. You will be notified that you did not meet the submission requirements.

If you have a question about the receipt of your application, first contact your courier. CDC will not

notify you by mail upon receipt of application, but if you have questions, contact the PGO-TIM staff at: 770-488-2700.

Before calling, please wait two to three days after the application deadline. This will allow time for applications to be processed and logged.

4. Intergovernmental Review of Applications

Your application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372 and HHS regulations (45 CFR Part 100). This order sets up a system for state and local governmental review of proposed federal assistance applications. You should contact your state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications, and to receive instructions on your state's process. Click on the following link to get the current SPOC list:

<http://www.whitehouse.gov/omb/grants/spoc.html>

5. Funding Restrictions

Restrictions, which must be taken into account while writing your budget, are as follows: None

If you are requesting indirect costs in your budget, you must include a copy of your indirect cost rate agreement.

If your indirect cost rate is a provisional rate, the

agreement must be less than 12 months of age.

Awards will not allow reimbursement of pre-award costs.

6. Other Submission Requirements

Application Submission Address: Submit the original and five copies of your application by mail or express delivery service to:

Technical Information Management-PA#04040
CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341

Applications may not be submitted electronically at this time.

V. Application Review Information

1. Criteria: You are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. These measures of effectiveness must be submitted with the application and will be an element of evaluation.

Your application will be evaluated against the following criteria:

- a. Operational Plan (50 points). Does the applicant propose clear operational plan(s) for the various program components addressed? Collectively, how well do the applicant's proposed activities address the stated objectives and suggested activities outlined in the Activities 1-7 and their related Attachments? Does the applicant describe steps to be taken to facilitate and strengthen collaboration between epidemiology and laboratory practice?
- b. Description of existing infectious disease epidemiology, laboratory, and information systems capacity (20 points).

Does the applicant provide adequate and clear information so that the reviewer is able to gain a reasonable understanding of the applicant's existing capacity for infectious disease surveillance and response activities? For example, how well does the applicant describe reporting requirements, spectrum of laboratory specimen testing performed, degree of automation of laboratory and epidemiologic information management, and public health response capacity? Does the applicant provide information on existing staffing, management, material, and equipment investment, training, space, and financial support of laboratory and epidemiologic capacity for public health surveillance and response for infectious diseases?

- c. Process Monitoring (15 points). Overall, does the applicant propose clear plans for monitoring proposed activities and implementation ("process" evaluation). Does the applicant include clear timelines, identify responsible staff for various key activities, and provide other such information necessary to effectively track implementation.
- d. Measures of Effectiveness (10 points). Does the applicant provide measures of effectiveness as described in the paragraph above such that effective "outcome"

evaluation can be accomplished?

- e. Description of the population under surveillance, either the State or other appropriate jurisdiction (if applicant is a county, city, or other agency). (5 points). Does the applicant provide information on the population size, demographic characteristics, geographic distribution, racial/ethnic makeup, and health care delivery systems?

2. Review and Selection Process

An objective review panel will evaluate your application according to the criteria listed above.

In addition, the following factors may affect the funding decision: Funding preference will be given to competing continuations over new awards.

3. Anticipated Award Date

Cycle A - April 1, 2004

Cycle B - July 1, 2004

VI. Award Administration Information

1. Award Notices: If your application is to be funded, you will receive a Notice of Grant Award (NGA) from the CDC Procurement and Grants Office. The NGA shall be the only binding, authorizing document between the recipient and CDC. The NGA will be signed by an authorized Grants Management Officer, and mailed to the recipient fiscal officer identified in the application.

2. Administrative and National Policy Requirements:

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

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

The following additional requirements apply to this project:

- AR-7 Executive Order 12372
- AR-9 Paperwork Reduction Act
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions

Additional information on these requirements can be found on the CDC web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/ARs.htm>.

3. Reporting

You must provide CDC with an original, plus two copies of the following reports:

1. Interim progress report, no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
 - a. Current Budget Period Activities Objectives.
 - b. Current Budget Period Financial Progress.
 - c. New Budget Period Program Proposed Activity Objectives (CDC will provide annual guidance for various program components well before the interim progress report is due).
 - d. Detailed Line-Item Budget and Justification.
 - e. Additional Requested Information.
2. Financial status report, no more than 90 days after the end of the budget period.
3. Final financial and performance reports, no more than 90 days after the end of the project period.

VII. Agency Contacts

For general questions about this announcement, contact:

Technical Information Management Section
CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341
Telephone: 770-488-2700

For program technical assistance, contact:

Deborah A. Deppe, M.P.A., Project Officer
National Center for Infectious Diseases, CDC
Mailstop C-12
Atlanta, Georgia 30333
Telephone: (404) 639-4668
E-mail: dad1@cdc.gov

For budget assistance, contact:

Yolanda Sledge, Grants Management Specialist
CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341
Telephone: 770-488-2787
E-mail: yis0@cdc.gov

For budget assistance in the territories, contact:

Cynthia Montgomery

CDC Procurement and Grants Office

2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770-488-2757

E-mail: coc9@cdc.gov

Dated:

Sandra R. Manning, CGFM

Director

Procurement and Grants Office

Centers for Disease Control and Prevention

