Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Improving Epilepsy Programs, Services, and Outcomes through National Partnerships
CDC-RFA-DP16-1602
Application Due Date: 04/07/2016

_____________________________________________  _______________________________
Signature                                      Date
Part I. Overview Information
   A. Federal Agency Name
   B. Funding Opportunity Title
   C. Announcement Type
   D. Agency Funding Opportunity Number
   E. Catalog of Federal Domestic Assistance (CFDA) Number
   F. Dates
   G. Executive Summary

Part II. Full Text
   A. Funding Opportunity Description
   B. Award Information
   C. Eligibility Information
   D. Application and Submission Information
   E. Review and Selection Process
   F. Award Administration Information
   G. Agency Contacts
   H. Other Information
   I. Glossary
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-DP16-1602. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

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

B. Funding Opportunity Title:
Improving Epilepsy Programs, Services, and Outcomes through National Partnerships

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 Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Funding Opportunity Number:
CDC-RFA-DP16-1602

E. Catalog of Federal Domestic Assistance (CFDA) Number:
93.850

F. Dates:
1. Due Date for Letter of Intent (LOI): 01/29/2016
3. Date for Informational Conference Call:
Informational call will be held on Tuesday, February 2, 2016 at 2pm Eastern time.
Call in number: 855-644-0229 (Toll Free). Use passcode 6966716.

G. Executive Summary:

1. Summary Paragraph:
This Funding Opportunity Announcement is designed to improve health and quality of life for people with epilepsy. This funding will support actions related to three core public health functions applied to epilepsy: developing workforce competency, mobilizing community partnerships and actions, and educating and empowering people about epilepsy. These complementary activities will aim to:

- Reduce the treatment gap (i.e., shorten the time to diagnosis, and increase referrals to specialty care) by improving professional education about epilepsy diagnosis, treatment, and management;
- Increase access to appropriate health care services, community resources, and self-management supports;
- Improve the public’s knowledge about, and attitudes toward, epilepsy to reduce epilepsy stigma; and
- Improve health, social participation, and quality of life for people with epilepsy.

a. Eligible Applicants: Open Competition
b. FOA Type: Cooperative Agreement

c. Approximate Number of Awards: 2

Expected number of awards is 1-2. Subject to the availability of funding, including direct and indirect costs.

d. Total Project Period Funding: $16,000,000

e. Average One Year Award Amount: $3,200,000

If one award, the approximate award will be $3,200,000. If 2 awards, this amount will be shared between 2 awardees; approximate average award will be $1,600,000.

Subject to the availability of funding, including direct and indirect costs.

f. Total Project Period Length: 5

g. Estimated Award Date: 09/30/2016

h. Cost Sharing and / or Matching Requirements:

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and promoting program sustainability are strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

This Funding Opportunity announcement is designed to improve health and quality of life for people with epilepsy. Epilepsy is a chronic neurological condition characterized by recurrent seizures that can be caused by many different conditions that affect a person’s brain. In the U.S., about 2.9 million people have active epilepsy (that is, physician-diagnosed epilepsy either currently under treatment or accompanied by ≥1 seizure in the past year). People with epilepsy are likely to have multiple chronic conditions, live in households at lowest income levels, and are significantly more likely to report being disabled and having impaired health-related quality of life. Epilepsy results in an estimated annual cost of $15.5 billion in medical costs and lost or reduced earnings and productivity.

CDC's analysis of 2010 and 2013 data from the National Health Interview Survey (NHIS) found that about 58% of adults with active epilepsy reported having one or more seizures in the past year, and of these, 38% had not seen a neurologist or epilepsy specialist in the past year. These findings suggest that many people are not receiving the best care for this complex condition. Delayed recognition of seizures and inadequate treatment increase a person’s risk of subsequent seizures, brain damage, other injuries, disability, and early death.

Although epilepsy is widely recognized by the public, it is poorly understood, even among people who know someone with the disorder. While negative stereotypes about epilepsy have decreased over past decades, CDC studies have found that the public continues to be unfamiliar with appropriate seizure first-aid, and report perceived risk and safety concerns regarding being around a person with epilepsy. Public misunderstanding and stigma marginalize people with epilepsy, limiting their life opportunities and social participation.

In 2012, the Institute of Medicine released Epilepsy across the Spectrum: Promoting Health and Understanding. This report describes the current gaps, challenges, and opportunities for public health to address epilepsy, and suggests 13 recommendations for action. CDC can play a key role in 12 of these, including...
improving health professionals’ education about epilepsy, improving the delivery and coordination of community services, informing media to improve awareness and eliminate stigma, and improving and expanding educational opportunities for people with epilepsy and their families.

Based upon the CDC Epilepsy Program’s goals, previous grant accomplishments, the IOM recommendations on epilepsy, and the input of more than a dozen stakeholder groups, this new Funding Opportunity Announcement will support three core public health functions applied to epilepsy: workforce competency, mobilizing community partnerships and actions, and educating and empowering people about epilepsy.

b. Statutory Authorities
This program is authorized under the Public Health Service Act § 301(a) and 317(k)(2), 42 U.S.C. § 241(a) and 247b(k)(2), as amended.

c. Healthy People 2020
This FOA addresses the following Healthy People 2020 Focus Areas:

1. Disability and Health
   • DH-6: Increase the proportion of people with epilepsy and uncontrolled seizures who receive appropriate medical care.
   • DH-9: Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work, or community activities.
   • DH-17: Increase the proportion of adults with disabilities who report sufficient social and emotional support.
   • DH-18 (developmental): Reduce the proportion of people with disabilities who report serious psychological distress.

2. Health-Related Quality of Life and Well Being:
   • HRQOL/WB-1.1: Increase the proportion of adults who self-report good or better health.

d. Other National Public Health Priorities and Strategies
   • CDC/National Center for Chronic Disease Prevention and Health Promotion, Four Domains of Chronic Disease Prevention: Environmental Approaches, Community Programs Linked to Clinical Services.
   • National Prevention Strategy focus areas: Clinical and Community Preventive Services, Empowered People, and Eliminate Health Disparities.
   • HHS Initiative on Multiple Chronic Conditions goals: Empowering the individual to use self-care management; Equipping health care providers with tools, information, and other interventions.

e. Relevant Work
This FOA builds upon work completed under CDC-RFA-DP11-1104, Development and Implementation of Programs to Enhance Epilepsy Public Awareness, Knowledge and Partnership. More information about the CDC Epilepsy Program and related work may be found at www.cdc.gov/epilepsy.

2. CDC Project Description

a. Approach
**Bold** indicates project period outcome.

CDC-RFA-DP16-1602 Logic Model: *Improving Epilepsy Programs, Services, and Outcomes through National Partnerships* was developed to outline the activities and expected outcomes of this effort. This logic model depicts the strategies/activities and short-term, intermediate, and long-term outcomes in order to illustrate how the FOA strives to achieve its overarching goal.

<table>
<thead>
<tr>
<th>Strategies &amp; Activities</th>
<th>Short Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
</table>
| **Assure a Competent Workforce** | • Increased number of professional organizations adopting and disseminating epilepsy training material  
  • Increased knowledge among health care professionals regarding:  
    • Effective diagnosis, treatment, and management of epilepsy and its comorbidities  
    • Cultural, health literacy, and psychosocial factors that impact epilepsy care | • Increased number of PWE who get appropriate and timely medical care  
  • Improved social participation (e.g., employment, school attendance) among PWE  
  • Decreased public stigma | • Improved health and quality of life among PWE |
| **Mobilize Community Partnerships to Improve the Delivery and Coordination of Epilepsy Care** | • Increased number of communities advancing care and support for epilepsy via health systems or health transformation opportunities  
  • Increased availability of local community resources that assist people with epilepsy  
  • Increased number of people with epilepsy using evidence-based self-management and wellness programs and supports | | |
**Inform, Educate, and Empower People**

- Conduct and evaluate broad public awareness campaigns
- Implement and evaluate educational programs for specific groups
- Educate people with epilepsy and their caregivers

**Increased general public knowledge about epilepsy**

**Increased knowledge among specific, selected audiences**

**BOLD** indicates outcomes to be achieved by the awardee during the 5-year project period.

PWE = People with epilepsy

**i. Purpose**

This FOA supports three core public health functions applied to epilepsy: developing workforce competency, mobilizing community partnerships and actions, and educating and empowering people about epilepsy. These complementary activities will aim to:

- Reduce the treatment gap (i.e., shorten the time to diagnosis, and increase referral to specialty care) by improving professional education about epilepsy diagnosis, treatment, and management;
- Increase access to appropriate health care services, community resources, and self-management supports;
- Improve the public’s knowledge about, and attitudes toward, epilepsy to reduce epilepsy stigma; and
- Improve health, social participation, and quality of life for people with epilepsy.

**ii. Outcomes**

As presented in the logic model, this project is expected to make a contribution toward the long term outcome of improving health and quality of life among people with epilepsy (PWE). During the 5 year project period, the awardee will be expected to show progress on both the Short Term and Intermediate Outcomes outlined in the model and below.

**Short Term Outcomes**

1. **Assure a Competent Workforce**
   - Increased number of professional organizations adopting and disseminating epilepsy training materials.
   - Increased knowledge among health care professionals regarding:
     - Effective diagnosis, treatment, and management of epilepsy and its comorbidities.
     - Cultural, health literacy, and psychosocial factors that impact epilepsy care.

2. **Mobilize Community Partnerships to Improve the Delivery and Coordination of Epilepsy Care**
   - Increased number of communities advancing care and support for epilepsy via health systems or health transformation opportunities.
   - Increased availability of local community resources that assist people with epilepsy.
   - Increased number of people with epilepsy using evidence-based self-management and wellness programs and supports. (See Glossary for definition).

3. **Inform, Educate, and Empower People**
• Increased general public knowledge about epilepsy.
• Increased knowledge among specific, selected audiences.

**Intermediate Outcomes**

• Increased number of people with epilepsy who get appropriate and timely medical care.
• Improved social participation (e.g., employment, school attendance) among people with epilepsy.
• Decrease public stigma.

**iii. Strategies and Activities**

The Strategies and Activities described in the logic model and below align with three of the ten essential public health services and with two domains within CDC’s Four Domains of Chronic Disease Prevention (Environmental Approaches and Community Programs Linked to Clinical Services).

The recommended Strategies and Activities of this FOA include:

1. **Assure a Competent Workforce**
   • Implement, disseminate, and evaluate epilepsy training materials for various health professionals.

2. **Mobilize Community Partnerships to Improve the Delivery and Coordination of Epilepsy Care**
   • Develop, implement, evaluate, disseminate, and provide technical assistance for evidence-based (See Glossary for definition) or promising approaches to improve time to diagnosis, referrals to specialty care, and access to self-management supports.

3. **Inform, Educate, and Empower People**
   • Conduct and evaluate broad public awareness campaigns.
   • Implement and evaluate educational programs for specific groups.
   • Educate people with epilepsy and their caregivers.

The applicant may propose additional strategies and activities in order to achieve the expected outcomes.

**1. Collaborations**

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

CDC expects the awardee to work with other CDC-funded programs in order to expand the availability of proven interventions and well-tested epilepsy education materials. For example, the awardee will use evidence-based programs and materials from the CDC Prevention Research Centers in order to address culturally diverse groups, literacy levels, self-management, and continuing education and training for health care providers and others providing services and support.

The CDC Epilepsy Program also encourages collaborations with other CDC programs that will enhance the dissemination and uptake of programs funded under this cooperative agreement, such as with the CDC School Health Program or Healthy Aging Program.

**b. With organizations not funded by CDC:**

Applicants are strongly encouraged to collaborate with the following stakeholders in order to address the requirements of this FOA:

• People with epilepsy and their caregivers
• State and local public health agencies
• State and local aging agencies
• Mental health agencies and organizations
• National- and state-based professional organizations (e.g. those reaching primary care providers, neurologists, school nurses, law enforcement, etc.)
• State- and local-based organizations with expertise in/access to specific populations (e.g. older adults, students, racially and ethnically diverse groups, people in the workforce, etc.)
• The Epilepsy Leadership Council
• HHS Workgroup on Epilepsy
• The Institute of Medicine

Applicants are required to include letters of support, MOUs, and/or MOAs from partners who will be involved in the activities proposed for this FOA.

2. Target Populations
The target populations will vary depending on the particular Strategies and Activities being addressed.

1. Assure a Competent Workforce: Health care providers (e.g. physicians, nurses, community health workers, and other providers who treat or provide other preventive services or professional support to people with epilepsy in family/general practice, internal medicine, pediatrics, and neurology settings).

2. Mobilize Community Partnerships to Improve the Delivery and Coordination of Epilepsy Care: Health and social service agencies, health systems, and community coalitions or community groups who can support people with epilepsy and their caregivers.

3. Inform, Educate, and Empower People: People with epilepsy and their caregivers, general public, specific groups that may serve people with epilepsy (e.g. older adult service organizations, schools, employers, law enforcement).

Applicants are required to identify and describe the specific target population or populations for each activity.

a. Inclusion
Where applicable, applicants are required to describe how they are reaching racially or ethnically diverse populations, older adults, non-English speaking populations, people with limited health literacy, geographically defined populations, people with limited access to health care, or those with low socioeconomic status.

iv. Funding Strategy
N/A

b. Evaluation and Performance Measurement
The CDC strategy for monitoring and evaluating program and awardee performance will use both process and outcome evaluations, and will be consistent with the logic model presented earlier. These evaluation questions and performance measures will yield information regarding program impact on target populations. Evaluation findings will be used to inform programmatic planning and to guide technical assistance CDC will provide to the awardee.

Working with the awardee, CDC will monitor the following potential performance measures annually (subject to modification during the first six months of the project period):

<table>
<thead>
<tr>
<th>Short-term Outcomes</th>
<th>Potential Process Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the awardee take steps to assure a competent workforce?</td>
<td></td>
</tr>
</tbody>
</table>

7 of 37
Increased number of professional organizations adopting and disseminating epilepsy training materials

Increased knowledge among health care professionals regarding:
- Effective diagnosis, treatment, and management of epilepsy and its comorbidities
- Cultural, health literacy, and psychosocial factors that impact epilepsy care

Baseline measures (in selected areas/geographic locations):
- # and type of training materials available
- # and type of trainings available
- Health care provider knowledge regarding:
  - Diagnosis, treatment, and management of epilepsy
  - Cultural, health literacy, and psychosocial factors

Grant period measures (in selected areas/geographic locations):
- # and type of training materials developed or updated
- # and type of trainings delivered
- % of participants who completed all training components
- % of all potential participants reached
- # of professional organizations adopting and/or maintaining dissemination of epilepsy training material/programs
- Changes in health care provider knowledge from baseline

2. Did the awardee mobilize community partnerships to improve the delivery and coordination of epilepsy care?

Increased number of communities advancing care and support for epilepsy via health systems or health transformation opportunities

Increased availability of local community resources that assist people with epilepsy

Increased number of people with epilepsy using evidence-based self-management and wellness programs and supports (See Glossary for definition)

Baseline measures (in selected areas/geographic locations):
- # of communities engaged in improving healthcare models that serve people with epilepsy
- # and type of organizations, agencies, and/or providers in communities providing coordinated epilepsy care
- # and type of current community resources for people with epilepsy
- % of people with epilepsy using various types of evidence-based self-management and wellness programs
- # of clinics working to link clinical services to the community (this will include both provision of payment and connections with local supports)

Grant period measures (in selected areas/geographic locations):
- # of new communities engaged in improving healthcare models that serve
people with epilepsy
• # of new clinics working to link clinical services to the community
• % of providers/clinics referring people with epilepsy to self-management support
• # and type of new or expanded community resource
• # and type of new or expanded evidence-based self-management or wellness programs made available
• % of people with epilepsy referred to such programs
• % of people with epilepsy who are participating in such programs

3. Did the awardee inform, educate, and empower people?

- Increased general public knowledge about epilepsy
- Increased knowledge among specific, selected audiences

- Baseline measures (in selected populations, geographic areas of focus):
  - General public knowledge, attitudes, and practices related to epilepsy
  - Knowledge, attitudes, and practices related to epilepsy
  - # training programs targeting selected groups (e.g. older adult caregivers, schools, law enforcement, etc.)
  - Demographic characteristics
  - Level of confidence in managing personal health and wellness among people with epilepsy

- Grant period measures: (in selected populations, geographic areas of focus)
  - # of new messages about epilepsy developed and disseminated
  - # and type of campaigns
  - % of target population reached
  - # and type of new training programs developed targeting selected groups (e.g. older adult caregivers, schools, law enforcement, etc.)
  - # and type of training programs implemented targeting selected groups (e.g. older adult caregivers, schools, law enforcement, etc.)
  - # and proportion of program participants from selected target groups (e.g. older adult caregivers, schools, law enforcement, etc.)
  - Changes in knowledge, attitudes, and practices among the general public
Changes in levels of confidence in managing personal health and wellness among people with epilepsy
Changes in knowledge, attitudes, and practices among program participants

<table>
<thead>
<tr>
<th>Intermediate Outcomes</th>
<th>Potential Outcome Performance Measures</th>
</tr>
</thead>
</table>
| • Increased number of people with epilepsy who get appropriate and timely medical care | • Baseline measures (in selected areas/geographic locations):
| • Improved social participation (e.g., employment, school attendance) among people with epilepsy |   • % of people with epilepsy getting appropriate and timely medical care
| • Decreased public stigma |   • Levels of social participation among people with epilepsy
| |   • Attitudes towards people with epilepsy
| |   • Perceived stigma among people with epilepsy
| | • Grant period measures (in selected areas/geographic locations):
| |   • % of people with epilepsy being referred to appropriate care
| |   • % of people with epilepsy accessing appropriate care
| |   • % of people with epilepsy participating in various social activities
| |   • Changes in attitudes towards people with epilepsy
| |   • Changes in perception of stigma among people with epilepsy

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

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

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:
Describe the type of evaluations (i.e., process, outcome, or both).
Describe key evaluation questions to be addressed by these evaluations.
Describe other information (e.g., measures, data sources).

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

Applicants must provide an initial evaluation and performance measurement plan in their application that describes how they will show progress in implementing program strategies and activities, and in achieving program outcomes. This measurement plan must be consistent with the CDC evaluation and performance measurement strategies mentioned above. The plan must describe the monitoring and evaluation process, including indicators, process measures, analysis, and reporting to be used to track and measure progress in meeting program objectives and to document the reach of strategies. The applicant must describe how the results will be reported and used to enhance progress and performance. The applicant must identify and designate staff who will oversee the evaluation design, process and implementation. The plan should also address facilitators and barriers to achieving progress on the measures.

The applicant evaluation and performance measurement plan will comprise, but not be limited to, the following components:

- General description of the evaluation, including a logic model;
- Identification of individuals responsible for planning and implementing the evaluation;
- Tracking of progress and completion of project activities and strategies;
- Description of indicators for process and outcome measures (i.e., Awardee will work with CDC post award to set targets and monitor progress towards these targets);
- Description of how evaluation results will be used for program improvement;
- Description of how key partners will be engaged in the evaluation and performance measurement process; and
- Description of potentially available data sources and feasibility of collecting appropriate evaluation and performance data.

The awardee is expected to work with the CDC program and use grant funds to hire an experienced evaluator in order to address all of these components. During the first six months of the project period, CDC and the awardee will finalize the Evaluation and Performance Plan.

c. Organizational Capacity of Awardees to Implement the Approach

Organizational capacity ensures that applicants demonstrate their ability to successfully execute the FOA strategies and meet project outcomes. Applicants should have adequate infrastructure, including:

- Serving as an organization with documented experience serving the needs of people with epilepsy with a national legally affiliated network (legal authority to conduct work under the name of the national organization), accountable under a series of approved criteria and standards with robust quality assurance. In order for this program to have nationwide impact, the organization should be able to disseminate strategies to at least 25 states.
- Ability to work with the public health workforce at national, state, and local levels.
- Ability to demonstrate a history of results and effectiveness in the topic areas included in this FOA.
- Ability to establish and maintain strong working relationships with stakeholders (e.g. people with epilepsy, health care providers, and subject matter experts) to inform and implement programmatic initiatives.
- Ability to plan, implement, monitor, and evaluate programs.
- Ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities, distribute funding to subcontractors/grantees in a timely manner, and hire or contract with skilled personnel.
- Ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists.

Applicants are expected to describe their experience supporting public health programs in epilepsy and briefly document their history serving or working with the target populations identified in this FOA. This includes documenting any outcomes or benefits that were demonstrated as a result.

d. Work Plan
The applicant is required to provide a high-level work plan in narrative form that covers the duration of the five-year project. Additionally, the applicant must provide a detailed work plan for the first year of the project period. The work plan must align with the activities and strategies outlined in this FOA.

The detailed work plan must include, at a minimum:

- A description of activities, staff person responsible, associated timelines, target population, performance measures/milestones that align with FOA outcomes and the FOA logic model.
- Objectives written in SMART (specific, measurable, achievable, realistic, and time-phased) format. Quantitative baselines should be provided for each objective that seeks to increase, decrease, or maintain a certain number over time.
- A description of staff and administrative roles and functions to support implementation of the award. Specify management and leadership positions and qualifications for those roles.
- Administrative and assessment processes to ensure successful implementation and quality assurance.

CDC will provide feedback and technical assistance to the awardee to finalize the work plan post-award. A sample work plan format is presented below.

<table>
<thead>
<tr>
<th>Expected Outcome 1:</th>
<th></th>
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<tbody>
<tr>
<td><strong>Activity</strong></td>
<td><strong>Target Population</strong></td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<table>
<thead>
<tr>
<th>Expected Outcome 2:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td><strong>Target Population</strong></td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Other activities deemed necessary to monitor the award, if applicable. These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

CDC will work with the awardee to set up monthly calls with the CDC Project Officer and any relevant awardee staff to ensure regular monitoring, and so that technical assistance can be provided.

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

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

1. Technical Assistance:

   • Conduct a pre-award technical assistance call to answer questions for potential applicants.
   • Provide post award technical assistance, including:
     • Guidance to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations;
     • Collaborate to develop the most relevant communication messages;
     • Collaborate in the planning, implementation, and evaluation of meetings related to work conducted under this FOA; and
     • Provide resources and tools necessary for the successful implementation of strategies and activities to meet project goals.

2. Information sharing:

   • Facilitate routine conference calls, webinars, and information exchange among awardees and epilepsy and public health stakeholders; and
   • Collaborate to compile and publish accomplishments, best practices, and lessons learned during the project period.

**B. Award Information**

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

2. **Award Mechanism:** U58

3. **Fiscal Year:** 2016

4. **Approximate Total Fiscal Year Funding:** $3,200,000

5. **Approximate Project Period Funding:** $16,000,000

This amount is subject to the availability of funds.
Estimated Total Funding: $3,200,000

6. Total Project Period Length: 5 year(s)
7. Expected Number of Awards: 2

Expected number of awards is 1-2. Subject to the availability of funding, including direct and indirect costs.

8. Approximate Average Award: $3,200,000 Per Budget Period
If one award, the approximate award will be $3,200,000. If 2 awards, this amount will be shared between 2 awardees; approximate average award will be $1,600,000.

Subject to the availability of funding, including direct and indirect costs.

9. Award Ceiling: $4,000,000 Per Budget Period
This amount is subject to the availability of funds.

10. Award Floor: None

11. Estimated Award Date: 09/30/2016
12. Budget Period Length: 12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants
Eligibility Category: Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

2. Additional Information on Eligibility

3. Justification for Less than Maximum Competition
N/A

4. Cost Sharing or Matching
Cost Sharing / Matching No
Requirement:
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and promoting program sustainability are strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process 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 “Get Registered” option at www.grants.gov.

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

<table>
<thead>
<tr>
<th>Step</th>
<th>System</th>
<th>Requirements</th>
<th>Duration</th>
<th>Follow Up</th>
</tr>
</thead>
</table>
| 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 the instructions to obtain your DUNS 9-digit # | 1-2 Business Days | To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711 |
2. Request Application Package
Applicants may access the application package at [www.grants.gov](http://www.grants.gov).

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

### 4. Submission Dates and Times
If the application is not submitted by the deadline published in the FOA, it will not be processed. 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: 01/29/2016

b. Application Deadline
Due Date for Applications: 04/07/2016, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call
Informational call will be held on Tuesday, February 2, 2016 at 2pm Eastern time.
Call in number: 855-644-0229 (Toll Free). Use passcode 6966716.

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

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

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

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

7. Letter of Intent
A letter of intent (LOI) is requested but optional. The purpose of a letter of intent is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Please include the following information in the LOI:

1. Descriptive title of proposed project;
2. Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both;
3. Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application; and
4. Number and title of this FOA.

LOIs may be sent via email, U.S. express mail, or delivery service to:
Maggie Moore, MPH
Public Health Advisor
CDC/NCCDPHP/DPH/AEWB/Epilepsy Program
RE: CDC-RFA-DP16-1602
4770 Buford Hwy, MS F-78
Atlanta, GA 30341
mmoore6@cdc.gov

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

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

10. Project Narrative
(Maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. The 20 page limit includes the work plan.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Failure to follow the guidance and format may negatively impact scoring of the application.

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

b. Approach

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

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

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

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Applicants must include letters of support, MOUs, and/or MOAs demonstrating relationships with major partners, including from each affiliated program participating in this initiative. These letters will illustrate the applicant's capacity to work nationally and in a minimum of 25 states. Name the file “Letters of Support” or "MOU/MOAs", as appropriate, and upload it as a PDF file at www.grants.gov.

2. Target Populations

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the Target Population section in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. See Section E (pages 4 and 5) at http://www.hhs.gov/asfr/ogapa/aboutog/ogpoe/gpd2-02.pdf. For further information about CDC’s requirements under PRA see http://www.hhs.gov/ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.
Organizational capacity ensures that applicants demonstrate their ability to successfully execute the FOA strategies and meet project outcomes. Applicants should have adequate infrastructure, including:

- Serving as an organization with documented experience serving the needs of people with epilepsy with a national legally affiliated network (legal authority to conduct work under the name of the national organization), accountable under a series of approved criteria and standards with robust quality assurance. In order for this program to have nationwide impact, the organization should be able to disseminate strategies to at least 25 states.
- Ability to work with the public health workforce at national, state, and local levels.
- Ability to demonstrate a history of results and effectiveness in the topic areas included in this FOA.
- Ability to establish and maintain strong working relationships with stakeholders (e.g. people with epilepsy, health care providers, and subject matter experts) to inform and implement programmatic initiatives.
- Ability to plan, implement, monitor, and evaluate programs.
- Ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities, distribute funding to subcontractors/grantees in a timely manner, and hire or contract with skilled personnel.
- Ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists.

Applicants are expected to describe their experience supporting public health programs in epilepsy and briefly document their history serving or working with the target populations identified in this FOA. This includes documenting any outcomes or benefits that were demonstrated as a result.

Applicants must include CVs/resumes for identified staff, as well as an organizational chart. The applicant should provide job descriptions and skill requirements for positions not yet filled. Applicants must name this file “CVs/Resumes” or “Organizational Charts”, as appropriate, and upload it at www.grants.gov.

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

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

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative
Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Implement the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). 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 FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

Applicants are also encouraged to identify any in-kind donations of staff time, equipment, or other resources.

13. Tobacco and Nutrition Policies
Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

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

Nutrition Policies:

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

   http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm
   http://www.thecommunityguide.org/tobacco/index.html

14. Funds Tracking

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

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

15. Health Insurance Marketplaces

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

Executive Order 12372 does not apply to this program.

### 17. Pilot Program for Enhancement of Employee Whistleblower Protections

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

### 18. Copyright Interests Provisions

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

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

### 19. Funding Restrictions

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

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

● The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

N/A

20. Data Release Plan

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

21. Other Submission Requirements

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

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

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

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

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

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Applicant User Guide, Version 1.1, page 102.
d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail 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, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

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

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant’s Organizational Capacity to Implement the Approach

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

<table>
<thead>
<tr>
<th>Approach</th>
<th>Maximum Points:40</th>
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<tbody>
<tr>
<td>1. Does the applicant’s problem statement demonstrate an understanding of the public health issues identified? (5 points)</td>
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<td>2. Does the applicant’s 2-3 sentence purpose describe specifically how they will address the problem as described in the CDC project description? (5 points)</td>
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<tr>
<td>3. Does the applicant clearly identify target populations for each Strategy/Activity, and demonstrate that they know how to reach these groups? (5 points)</td>
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<tr>
<td>4. Does the applicant describe the short-term outcomes for the project period? (5 points)</td>
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</table>
5. Does the applicant address all of the strategy areas? (2 points)
6. Do the applicant’s strategies and activities align with the logic model and provide a means to achieving the project period outcomes? (8 points)
7. Does the applicant provide objectives written in SMART format? (5 points)
8. Does the applicant describe how they will collaborate with programs and organizations either internal or external to CDC? (5 points)

<table>
<thead>
<tr>
<th>Evaluation and Performance Management</th>
<th>Maximum Points: 30</th>
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<tbody>
<tr>
<td>1. Does the applicant describe how key program partners will be engaged in the evaluation and performance measurement planning process? (5 points)</td>
<td></td>
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<tr>
<td>2. Does the applicant describe the types(s) of evaluation to be conducted and key evaluation questions to be answered? (10 points)</td>
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<tr>
<td>3. Does the applicant describe required and any additional performance measures? (5 points)</td>
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<tr>
<td>4. Does the applicant describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data? (5 points)</td>
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<tr>
<td>5. Does the applicant describe how evaluation findings will be used for continuous program quality and improvement? (5 points)</td>
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<table>
<thead>
<tr>
<th>Applicants Organizational Capacity to Implement the Approach</th>
<th>Maximum Points: 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the applicant document their experience providing public health leadership in serving or working with the target population or populations selected for this project? (5 points)</td>
<td></td>
</tr>
<tr>
<td>2. Does the applicant describe their experience of conducting programs such as those included in this FOA, and any outcomes or benefits that were demonstrated as a result? (5 points)</td>
<td></td>
</tr>
<tr>
<td>3. Does the applicant document (both in narrative and via letters of support) relevant experience, capacity, and network of legally affiliated organizations that demonstrates they can provide national public health leadership in epilepsy in at least 25 states? (10 points)</td>
<td></td>
</tr>
<tr>
<td>4. Does the applicant document (both in narrative and via letters of support) relevant experience and capacity to establish and maintain strong working relationships with stakeholders, including people with epilepsy, health care providers, and subject matter experts? (5 points)</td>
<td></td>
</tr>
<tr>
<td>5. Does the applicant provide a staffing plan, including an organizational chart, and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles and reporting structure? (5 points)</td>
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</table>

c. Phase III Review

All scored applications will be arranged in rank order. To the extent possible, the highest ranked application, determined by the review panel, will be funded. In addition, the following factors may affect the funding decision. CDC will justify any decision to fund out of rank order based upon the following:

- Diversity of priority population(s) served;
- Maintaining geographic diversity across the United States;
- Ensuring that communities with evident health disparities are represented; and
- Awardee is nationally affiliated with adequate state and local affiliates to reach a minimum of 25 states.

2. Announcement and Anticipated Award Dates
Successful applicants will receive Notice of Awards from the Office of Financial Resources/Office of Grant Services. Awards are expected to be made around 09/30/2016.

### F. Award Administration Information

#### 1. Award Notices

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

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

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

#### 2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at [http://www.cdc.gov/grants/additional_requirements/index.html](http://www.cdc.gov/grants/additional_requirements/index.html)


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

Generally applicable ARs:

- AR-7: Executive Order 12372
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- **AR-26: National Historic Preservation Act of 1966**
- **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)
- AR-35: Nutrition Policies

Organization-specific ARs:
3. Reporting

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

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

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

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

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

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

**Performance Measurement**

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

**Evaluation**

- The types of evaluations to be conducted (e.g., process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a 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 FOA (e.g., effect on improving public health system reporting (community-based, nongovernment organizations)
- **AR-15: Proof of Non-profit Status** (nonprofit organizations)
- **AR 23: Compliance with 45 C.F.R. Part 87** (faith-based organizations)]

health outcomes, effectiveness of FOA, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

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

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

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

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for awardees at the beginning of the award period.

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

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

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

N/A

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:


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

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

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:
Maggie Moore, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Grants Staff Contact
For financial, awards management, or budget assistance, contact:
Wayne Woods, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
Telephone: (770) 488-2948
Email: kuv1@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
E-mail: pgotim@cdc.gov

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

H. Other Information

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

For international FOAs:
- SF424
- SF424A
- Letters of Support
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Activities: The actual events or actions that take place as a part of the program.

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

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

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

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

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

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

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

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

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Letter of Intent (LOI): A preliminary, non-binding indication of an organization’s intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending
Legislative proposals.

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

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

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

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

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

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

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

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

**Plain Writing Act of 2010:** Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at [www.plainlanguage.gov](http://www.plainlanguage.gov).

**Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

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

FOA-specific Glossary and Acronyms

**Evidence-based Self-Management and Wellness Programs and Supports:** This refers to effective and promising programs with the following characteristics:

- Addresses content and outcomes important in the management of epilepsy (e.g., medication adherence, stress or mood management, sleep hygiene).
- Based on theoretical approaches that enhance skills (e.g., self-monitoring, goal setting, problem-solving) for the adoption and maintenance of health-enhancing behavior.
- The program strategies included have been evaluated, (e.g., pretest/post-test measurement or more rigorous study design with a comparison group) and shown to positively impact outcomes for people with epilepsy.
- Documentation of program evaluation is available.