

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Developing a Regional Public Health Surveillance and Laboratory Network for Central America with the Secretaría General del Sistema de la Integración Centroamericana (SG-SICA) / Consejo de Ministros de Salud de Centroamérica (COMISCA).

I. AUTHORIZATION AND INTENT

Announcement Type: New – Type 1

Funding Opportunity Number: CDC-RFA- GH10-1005

Catalog of Federal Domestic Assistance Number: 93.283

Key Dates:

Application Submission Date: **May 04, 2010**

Authority:

This program is authorized under the Public Health Service Act, Sections 301(a) [42 U.S.C. 241(a)], 307 [42 U.S.C. 2421], as amended.

Purpose:

The purpose of this cooperative agreement is to develop a regional public health surveillance and laboratory network in Central America. This project will:

1. Enhance and strengthen already ongoing regional cooperation related to the creation of a shared surveillance information platform.
2. Support regional implementation of the International Health Regulations (IHR). It will strengthen regional HIV-AIDS prevention and control activities
3. Contribute to efficiencies the small Central American countries are seeking to improve laboratory capacity by creating networks of reference laboratories.

4. Develop and implement regional guidelines for biosafety, as well as other guidelines that are appropriately developed regionally. It will strengthen the network of epidemiologists and regional epidemiological training.
5. Strengthen regional communication and the capacity of the countries of the region to respond in a coordinated manner to epidemiological and public health threats.

This program addresses the “Healthy People 2010” focus area(s) of Health Communication; HIV; Immunization and Infectious Diseases; Public Health Infrastructure; Respiratory Diseases; and Sexually Transmitted Diseases, and is in alignment with HHS/CDC performance goal(s) to protect Americans from infectious diseases by providing global health promotion, health protection and health diplomacy.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) the Global Health Center’s priority areas identified in “Protecting the Nation’s Health in an Era of Globalization: CDC’s Global Strategy for Addressing Infectious Diseases”. Priority areas for this cooperative agreement include: 1) implementation of proven disease prevention and control interventions, 2) application of proven public health tools, 3) identification of potential global initiatives for disease control and, 4) public health training and capacity building.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see

the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>

II. PROGRAM IMPLEMENTATION

Applicant must provide one or more Projects related to each Purpose identified in Section

I. Authorization and Intent. Each Project must describe the health problem or issue

addressed. Each Project must have an objective or objectives that are specific,

measurable, achievable, and relevant and time phased. Each objective must be part of an

operational plan that includes key activities, a proposed time line and a plan of evaluation

and a list of collaborators and/or key personnel who are responsible for the Project.

Listed below are recommended key activities that must be carried out through the various

Projects within this cooperative agreement. **NOTE: Applicant is not limited to these**

activities, but all of the key activities must be addressed.

Recipient Activities:

Recipient activities for this cooperative agreement are as follows:

- A. Develop the regional epidemiological and surveillance information system platform building on the efforts begun during the 2009 influenza pandemic.
- B. Harmonize and improve the quality and coverage of information provided by the national surveillance and public health laboratory information systems.

- C. Develop regional epidemiological protocols and guidelines as appropriate for the development of a regional epidemiological, surveillance, and public health laboratory network.
- D. Improve the detection, prevention and control of infectious diseases particularly those of regional interest.
- E. Strengthen national public health laboratory systems and develop a regional laboratory network.
- F. Support national Ministry of Health efforts to improve public health epidemiology, surveillance, and laboratory capacity.
- G. Strengthen the regional network and communication among national epidemiologists, public health laboratory directors and other key public health experts through regional trainings, meetings and conferences.
- H. Support the implementation of the International Health Regulations among the countries of the region.
- I. Recipients may in some instances use funds for construction or renovation of facilities in support of recipient activities identified above; however, prior approval by CDC officials must be in writing.

CDC Activities:

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

CDC activities with this cooperative agreement are as follows:

A. Assist by providing technical assistance as needed in support of planned program planning, implementation, and evaluation of disease intervention activities as well as training activities. This includes assistance with the ongoing development of monitoring systems related to data collection and the evaluations of program activities. Also, it may include the identification of best practices both programmatic and managerial and the establishment of systems to assure the accomplishment of approved objectives.

B. Provide intervention planning support and assistance for program personnel through short- and long-term exchanges of experts.

C. Provide intervention planning support and training; participate in advising on disease assessment, disease intervention and control methods, establishment of evaluation protocols, epidemiological reviews, data management and analysis; assist with program planning, implementation, and evaluation; and help to disseminate information through publications and other relevant means.

D. Provide programmatic support, as needed, in the development and support of a long-term disease prevention and control agenda.

E. Advise and assist in the provision of special reagents or other materials as needed.

G. Assist in the translation of program evaluation findings into public health practice and ensure sharing of expertise and lessons learned with other nations, non-governmental agencies and academic institutions.

III. AWARD INFORMATION AND REQUIREMENTS

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

Award Mechanism: Program Activity code – U19 – Non-Research Program Cooperative Agreement.

Fiscal Year Funds: 2010

Approximate Current Fiscal Year Funding: \$2,000,000 (this amount is an estimate, and is subject to availability of funds.)

Approximate Total Project Period Funding: \$10,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs).

Approximate Number of Awards: One (1)

Approximate Average Award: \$2,000,000 (This amount is for the first 12-month budget period, and includes direct costs.)

Floor of Individual Award Range: None

Ceiling of Individual Award Range: None (This ceiling is for the first 12-month budget period.)

Anticipated Award Date: August 1, 2010

Budget Period Length: 12 months

Project Period Length: 5 years

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

IV. ELIGIBILITY

Eligible applicants:

Assistance will be provided only to the Secretaría General del Sistema de la Integración Centroamericana (SG-SICA) / Consejo de Ministros de Salud de Centroamérica (COMISCA). No other applications are solicited. SG-SICA/COMISCA is the most appropriate and qualified agency to conduct the activities specified under this cooperative agreement because:

1. SG-SICA/COMISCA is the entity that represents all of the Ministers of Health of Central America. It is both a political and a technical entity. SG-SICA/COMISCA is uniquely positioned, in terms of legal authority and support from all Ministries of Health in Central America, to collaborate with CDC-Central America and Panama

(CAP) to enhance sustainable public health surveillance and laboratory networks in the region.

2. As such, the SG-SICA/COMISCA can easily work with all of the Ministries of Health of the Central America region in a way that no other entity can. The Ministers of Health of eight countries have agreed to support the development of a shared information platform which will be managed by the SG-SICA/COMISCA. No other entity in the region has this capacity.
3. The Ministers have authorized SG-SICA/COMISCA to coordinate a regional response to the influenza pandemic - no other entity has such authorization.
4. SG-SICA/COMISCA has experience executing a large public health project financed by the World Bank that was focused on training and laboratory strengthening related to HIV-AIDS. The World Bank is satisfied with the execution of this project and is discussing financing a second phase to continue their work.
5. As the entity that represents the Central American Ministers of Health, SG-SICA/COMISCA is the only organization in the region that has the authority to develop plans for regional public health networks including surveillance and laboratory.
6. SG-SICA/COMISCA is the only entity that can pass funds to the Central American Ministries of Health and can contract personnel for the Ministries of Health.
7. SG-SICA/COMISCA has the political authority necessary to call for regional meetings, and since it has been doing this for years it also has the administrative capacity needed. SG-SICA/COMISCA is the only organization able to function in

this capacity as they are actually *mandated* by the multiple Ministries of Health to do so.

8. SG-SICA/COMISCA has a fiscal management system in place that is unique within the region in that their financial records (consisting of funds from all eight Ministries of Health from each of the eight countries) for all of their activities are audited by an independent third-party organization.
9. SG-SICA/COMISCA has demonstrated previous success both programmatically and establishing public health policy by brokering an agreement (the *Integration Treaty for Central America*) between all eight Central American countries to have a uniform list of 36 different medications that can be used to treat several fundamental health concerns within the region. No other entity in Central America has the capability to *issue* multi-lateral agreements of this nature that reflects an agreement between not only Ministers of Health, but also the Presidents of each of the countries in Central America; other public health entities are only able to provide *recommendations* for action.
10. SG-SICA/COMISCA has established, and coordinates, multiple subject matter expert groups (e.g., medical services, surveillance, HIV/AIDS, etc.) that are considered to be an authoritative voice by all eight countries in Central America.
11. SG-SICA/COMISCA has established a five year plan for public health in Central America that has been formulated and agreed upon by all eight Ministers of Health in the region; the activities in this plan directly coincide with CDC-CAP's public health initiatives.

12. Because of their unique position, both politically and programmatically, in the region, the US Secretary for Health has signed a Letter of Intent with the Ministers of Health of Central America.

SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits

Cost Sharing or Matching:

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

Maintenance of Effort:

Maintenance of Effort is not required for this program.

Other:

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

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

Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

V. Application Content

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

Executive Summary – Applicant is required to provide a one page or less brief summary that describes the health problem(s) or issue(s) being addressed and the overall public health approach being proposed. The summary must relate to the purpose identified on page 2 of this announcement. The summary should be submitted in the following format:

- Font size: 12 point unreduced, Times New Roman
- Single Spaced
- Paper size: 8.5 X 11 inches
- Page Margin: One inch

Project Application – Applicant must provide one or more Projects related to each Purpose identified in Section I. Authorization and Intent. For each Project proposed, applicant is to provide the following:

- Purpose and Intent – (Health Problem or Issue being addressed)
- Objective or Objectives – (Must be specific, measureable, achievable, realistic and time-phased)
- Activities – (Under each objective)
- Plan of Evaluation – (For each Objective)

- List of Partners or Collaborators (Resumes, Vitas, Letters of Support can be attached)
- Budget (By Budget Category with a written budget justification – can be attached on in a separate section)

Project Application should be submitted in the following format:

- Not to exceed 7 pages per Project (Budget and Written Budget Justification pages not to be counted)
- Singled Spaced
- Paper size:8.5 x 11 inches
- Font size: 12 pt. unreduced, Times New Roman

APPLICATION SUBMISSION

Submission Dates and Times

Application Submission Date: **May 04, 2010**

Note: The application is not complete until the applicant has completed the validation process. After the applicant receives the submission receipt email, the next email applicants will receive will be a message validating or rejecting the applicant's submitted application package with errors. Validation may take at least two (2) calendar days; however, applicants may check the status of their specific application to ensure submission is complete. To guarantee that the applicant complies with the Funding Opportunity Announcement, allocate additional days to file. Non-validated applications will not be accepted after the due date. If no validation is received within two (2) calendar days of submission, the applicant may contact Grants.gov. Please refer to the email message generated at the time of application submission for instructions on how to track a specific application or the Application User Guide, Version 3.0 page 57.

Explanation of Deadlines: The HHS/CDC Procurement and Grants Office must receive applications by 11:59 p.m. Eastern Time on the deadline date.

Electronic Submissions:

Applications may be submitted electronically at www.Grants.gov. Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization's Authorizing Organization Representative (AOR) electronically submits the application to www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's AOR to Grants.gov on or before the deadline date and time.

When submission of the application is done electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped and a tracking number will be assigned, which will serve as receipt of submission. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application.

Paper Submissions:

If submittal of the application is by the United States Postal Service or commercial delivery service, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. The applicant will be given the opportunity to submit documentation of the carrier's guarantee, if HHS/CDC receives the submission after the closing date due to: (1) carrier error, when the carrier accepted the package with

a guarantee for delivery by the closing date and time; or (2) significant weather delays or natural disasters. If the documentation verifies a carrier problem, HHS/CDC will consider the submission as having been received by the deadline.

If a hard copy application is submitted, HHS/CDC will not notify the applicant upon receipt of the submission. If questions arise on the receipt of the hardcopy application, the applicant should first contact the carrier. If the applicant still has questions, contact the HHS/CDC staff at (770) 488-2700. The applicant should wait two to three days after the submission deadline before calling. This will allow time for submissions to be processed and logged.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline above, it will not be eligible for review. The application face page will be returned by HHS/CDC with a written explanation of the reason for non-acceptance. The applicant will be notified the application did not meet the submission requirements.

Electronic Submission:

HHS/CDC requires applicants to submit applications electronically by utilizing the forms and instructions posted for this announcement on www.Grants.gov, the official U.S. Government agency wide e-grant website. Only applicants who apply online may forego submitting paper copies of all application forms.

Registering an applicant organization through www.Grants.gov is the first step in submitting applications online. Registration information is located in the “Get Registered” screen of www.Grants.gov . Applicants are required to use this online tool. Please visit www.Grants.gov at least 30 days prior to filing an application to become familiar with the registration and submission processes. Under “Get Registered,” the one time registration process will take three to five days to complete. Only the person who registers the organization on grants.gov can submit the application. This is important to remember if the person who originally registered an organization on grants.gov is no longer working for that particular organization. HHS/CDC suggests submitting electronic applications prior to the closing date so if difficulties are encountered in Grants.gov, a hardcopy of the application can be submitted prior to the deadline.

Foreign organizations must include a NATO Commercial and Governmental Entity (NCAGE) Code to complete their Grants.gov registration. Instructions for obtaining an NCAGE Code may be found at:

[http://www.cdc.gov/od/pgo/funding/NATO Commercial and Governmental Entity 12-18-06.doc](http://www.cdc.gov/od/pgo/funding/NATO%20Commercial%20and%20Governmental%20Entity%2012-18-06.doc).

If technical difficulties are encountered in Grants.gov, customer service may be reached by email at support@grants.gov, or by phone 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

Paper Submission:

INTERNATIONAL APPLICANTS ONLY Application forms and instructions are available on the HHS/CDC Web site, at the following Internet address:

www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm.

If access to the Internet is not available or if there is difficulty accessing the forms on-line, contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIMS) staff at 770-488-2700.

VI. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the GH10-1001. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

1. Background and Need (10 points):

Extent to which applicant's discussion of the background for the proposed project(s) demonstrates a clear understanding of the purpose and objectives of this cooperative agreement program. Extent to which applicant illustrates and justifies the need for the proposed project that is consistent with the purpose and objectives of this program.

2. Capacity (20 points total):

- a. Extent to which applicant describes adequate resources and facilities (both technical and administrative) for conducting the project. This includes the capacity to conduct quality laboratory measurements. (10 points)

- b. Extent to which applicant documents that professional personnel involved in the project are qualified and have past experience and achievements in research and programs related to that proposed as evidenced by curriculum vitae, publications, etc. (10 points)

3. Objectives and Technical Approach (45 points total):

- a. Extent to which applicant describes specific objectives of the proposed program that are consistent with the purpose and goals of this announcement and which are measurable and time-phased.(15 points)

- b. Extent to which the applicant identifies appropriate populations for study or intervention, with an adequate size to assure significance. (15 points)

- c. Extent to which applicant presents a detailed operational plan for initiating and conducting the program, which clearly and appropriately addresses all recipient activities. Extent to which applicant clearly identifies specific assigned

responsibilities for all key professional personnel. The extent to which the plan clearly describes applicant's technical approach/methods for developing and conducting the proposed project and evaluation and extent to which the plan is adequate to accomplish the project objectives. (15 points)

4. Plan of Evaluation (25 points total):

Extent to which applicant provides a detailed and adequate plan for evaluating program results. This includes plans for evaluating objectives, specific project objectives as well as plans for evaluating overall measures of effectiveness. (25 points)

5. Budget (SF 424A) and Budget Narrative (Reviewed, but not scored):

Extent to which the proposed budget is reasonable, clearly justifiable, and consistent with the intended use of cooperative agreement funds.

6. Human Subject (not scored):

Does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

Funding Restrictions

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

- Recipients may not use funds for research.

- Reimbursement of pre-award costs is not allowed.
- Recipients may in some instances use funds for construction or renovation of facilities in support of the recipient activities identified above; however, prior approval by CDC officials must be requested in writing.
- Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives, however, prior approval by CDC officials must be requested in writing.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)

- All requests for funds contained in the budget, shall be stated in U.S. dollars.
Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- You must obtain annual audit of these CDC funds (program-specific audit) by a U.S. - based audit firm with international branches and current licensure/authority in-country, and in accordance with International Accounting Standards or equivalent standard(s) approved in writing by CDC.
- A fiscal Recipient Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

HIV Programs (GAP) language that may also be applicable:

- Funds received from this announcement will not be used for the purchase of antiretroviral drugs for treatment of established HIV infection (with the exception of nevirapine in Prevention of Mother-to-Child Transmission (PMTCT) cases and with prior written approval), occupational exposures, and non-occupational exposures and will not be used for the purchase of machines and reagents to conduct the necessary laboratory monitoring for patient care.
- No funds appropriated under this act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- No funds made available under this solicitation may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking. This written statement of certification must be signed by authorized person(s) within the applicant group or organization, including the individuals submitting the application.
- No funds made available under this solicitation may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentences shall be construed to preclude the provision to individuals

of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and other commodities, including test kits, condoms, and, when proven effective, microbicides.

- Indirect costs will not be provided on HHS Cooperative Agreements to international or foreign organizations where the activities are performed entirely outside the territorial limits of the United States.

Application Review Process

All eligible applications will be initially reviewed for completeness by the Centers for Disease Control and Prevention (CDC) Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the Center for Global Health and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process.

Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria”.

VII. Award Administration Information

Award Notices

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

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

Administrative and National Policy Requirements

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

- AR-1 Human Subjects Requirements
- AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements
- AR-6 Patient Care
- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements

- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-16 Security Clearance Requirement
- AR-17 Peer and Technical Reviews of Final Reports of Health Studies-ATSDR
- AR-18 Cost Recovery-ATSDR
- AR-19 Third Party Agreements-ATSDR
- AR-20 Conference Support
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

TERMS AND CONDITIONS

Reporting Requirements

Funded applicants must provide CDC with an original and two hard copies of the following reports:

1. Interim progress report, (use form PHS 2590, OMB Number 0925-0001, rev. 5/2001 as posted on the CDC website) no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:

- a. Standard Form (“SF”) 424S Form.
- b. SF-424A Budget Information-Non-Construction Programs.
- c. Budget Narrative.
- d. Indirect Cost Rate Agreement.
- e. Project Narrative.

2. Annual progress report, due 90 days after the end of the budget period.

Provide a report on the status of addressing the public health practice goals identified under the Purpose in this FOA for the budget period.

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

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

VIII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For programmatic technical assistance, contact:

Dennis J. Christianson

Public Health Advisor/Project Officer

Center for Global health

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Road NE, MS-69

Atlanta, GA 30333

Telephone: 404-639-7949

E-mail: DJC2@CDC.GOV

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

Randolph Williams, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS K-75

Atlanta, GA 30341

Telephone: 770-488-8382

E-mail: EW1@CDC.GOV

For general questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.

Other Information

This and other CDC funding opportunity announcements can be found on the CDC web site, Internet address: www.cdc.gov. Click on “Funding”, then “Grants and Cooperative Agreements.”