Funding Opportunity Announcements (FOAs)
CDC-RFA-DD14-1403 Improving FASD Prevention and Practice through National Partnerships

Questions & Answers

Application and Review Processes

Question: As a potential applicant, if it is not possible to attend the informational call for the relevant Funding Opportunity Announcement (FOA), is it permissible to attend the call for the other FOA?

Response: Yes, potential applicants can attend either of the two informational calls. However, the information provided in the presentations during each call will be slightly different in order to focus on the relevant FOA. Slide presentations for both calls will be posted at www.cdc.gov/ncbddd/fasd/FY2014FOAs/resources.

Question: The application says the Letter of Intent (LOI) is optional. Why does CDC need an LOI and does it benefit the applicant in the application process?

Response: The LOI helps CDC estimate how many applications to expect. This in turn helps CDC recruit the correct number of reviewers for the objective review panel. Since the LOI is optional, applicants are not at a disadvantage if they do not submit one. In addition, applicants may submit their LOI past the LOI due date, if they would like to (again, primarily to help CDC plan for the objective review).

Question: Can applicants propose activities for both Component 1 and 2?

Response: No. As indicated within the FOA, applicants for CDC-RFA-DD14-1403 may only apply to either Component 1 or 2, but not both. Applicants must identify whether they are applying under Component 1 or 2.

Question: What is the page limit for the project narrative versus the work plan?

Response: The project narrative is a maximum of 25 pages (single spaced, Calibri 12 point, 1-inch margins). The work plan is a maximum of 7 pages. The work plan **is included** within the 25-page limit for the project narrative. However, the work plan is uploaded into www.grants.gov as a separate PDF attachment and must be labeled "Work Plan." See section D (Application and Submission Information) for instructions.

Question: What is required in the application package and how should attachments be submitted? Is there a page limit for attachments?

Response: Section D (Application and Submission Information) explains which documents are required to be included with the application package (i.e., Table of Contents, Project Abstract Summary, Project Narrative, Work Plan, Budget Narrative, CDC Assurances and Certifications) and how to label them and upload them into Grants.gov. Section H (Other Information) lists other attachments that are acceptable (e.g., resumes/CVs, letters of support, organizational charts, etc.). As stated in Section H, applicants **may not** attach documents other than those listed. The FOA guidance does not set page limits for attachments other than for the Project Abstract

Summary (1 page), Work Plan (7 pages), and Project Narrative (25 pages which includes the Work Plan, but attached separately).

Question: How does the application review process work?

Response: As stated in section C (Eligibility Information) of the FOA, the announcement is an open competition for government organizations, non-government organizations, private colleges and universities, community-based organizations, faith-based organizations, for-profit organizations, and small businesses.

All applications will be evaluated through an objective review process. This 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 recommendations (approved or disapproved applications) to the persons responsible for making award decisions.

In Phase I, all applications will be reviewed initially for completeness by CDC's Procurement and Grants (PGO) staff and will be reviewed jointly for eligibility by the program (CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD)) and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

In Phase II, all applications that meet the submission requirements will be reviewed by an objective review panel and then scored and ranked against the evaluation criteria in the FOA (Section E, Application Review Information). Panel members will consist of CDC employees who are outside of the funding Division (NCBDDD's Division of Birth Defects and Developmental Disabilities) in order to ensure objectivity. Panel members do not necessarily have expertise in the disease condition/topic but might have expertise in areas such as program evaluation, training and education, partnership engagement, etc.

In Phase III, applications will be ranked separately by Component. Proposals for each of the component areas will be rank ordered and funding will follow the rank order.

The following additional factor also may affect the funding decision for Component 1: In order to ensure complete national coverage of all needed professional specialties, only the top rank ordered organization per professional specialty (e.g., pediatrics, obstetrics and gynecology, nursing, family practice, internal medicine, social work, etc.) will be selected for funding under this FOA.

CDC will notify successful applicants by September 30, 2014.

Planning Year

Question: Is the funding level anticipated to be consistent across all four years of the project?

Response: Each PIC will be expected to focus primarily on program design and development in the first year and then build upon these foundational activities during the program period in the following years. CDC will continue the award for the project period 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. During Years 3 and 4, based on availability of additional funding, work to complete enhanced activities such as practice enhancement, translating effective interventions into practice, or focused evaluations of promising practices could be supported. In general, applicants may anticipate level funding over the duration of the project period, based upon availability of funds and acceptable performance.

Question: What is the purpose of the planning year?

Response: The Year 1 planning phase, including the planning meetings, will be a critical time for grantees of CDC-RFA-DD14-1403 and CDC-RFA-DD14-1402 to work together, in collaboration with CDC and the evaluation and website development contractors; to conduct strategic planning (e.g., conduct an environmental scan, identify geographic areas to be covered by each PIC, determine key training audiences/specialty areas of each PIC, develop PIC Steering Committees, identify key training audiences for each PIC, establish linkages across grantees); to collaborate on a consolidated website and core training; and to develop comprehensive and site-specific evaluation plans.

Question: How might the planning year change the initial plans of an applicant?

Response: Grantees of CDC-RFA-DD14-1402 might have to modify their proposed coverage area and/or their training audiences/specialty area depending on the selected sites and the determinations made during the planning year. Similarly, CDC anticipates that grantees of CDC-RFA-DD14-1403 will be paired with grantees funded through CDC-RFA-DD14-1402. Decisions regarding these issues will be made by CDC with input from the grantees during the planning year sessions. Major objectives of the FOAs are to attain national coverage (offering online and in-person trainings) and to offer discipline-specific trainings that will meet the needs of the key medical/health care audiences.

Question: What will be the role of the evaluation contractor and how will that contractor interact with funded grantees?

Response: The evaluation contractor will work with CDC and the grantees of CDC-RFA-DD14-1402 and CDC-RFA-DD14-1403 to develop and implement a collaborative cross-site evaluation plan and strategy that identifies and monitors measurable outcomes across and within sites; determines processes and products that can be linked to outcomes; and identifies best practices in the areas of collaboration, training and practice implementation, consistent and science based messaging, and practice change. During the planning year, the contractor will work with CDC and the grantees to develop a set of minimum data elements and an overall evaluation strategy. The evaluation contractor will also help support grantees with the development of their site-specific evaluation plans. In Years 2-4, the evaluation contractor will monitor and assess progress across sites and lead, develop, and implement a process for solicitation of focused, promising evaluation projects (based on availability of additional funding).

Question: What will be the role of the website development contractor and how will that contractor interact with funded grantees?

Response: The website development contractor, in collaboration with CDC and the grantees of CDC-RFA-DD14-1402 and CDC-RFA-DD14-1403, will lead the development of a centralized, consolidated website that reflects the full range of the grantees' work, including the core training materials and courses developed by the PICs. These online training materials will be available to facilitate an asynchronous approach to training and, where appropriate, used prior to in-person trainings. The website development contractor will work closely with CDC and the grantees on determining the style and the format of the site, provide technical assistance on site development and architecture, and develop processes for updates and maintenance.

Training Audiences

Question: How will the potential mismatch between target populations in PIC regions funded through CDC-RFA-DD14-1402 and funded medical societies and partner organizations funded through CDC-RFA-DD14-1403 be addressed?

Response: Grantees of CDC-RFA-DD14-1402 might have to modify their proposed training audiences/specialty area depending on the medical societies and partner organizations funded through CDC-RFA-DD14-1403. These negotiations will be made post-funding during the planning year, especially at the first planning meeting. For example, if a grantee of CDC-RFA-DD14-1402 (a PIC) proposed to focus on nurses but a nursing organization is not funded under CDC-RFA-DD14-1403, then the PIC might have to adjust their planned specialty discipline or revise initial plans to include a second specialty group.

Training Content & Delivery

Question: Why is there a focus on primary prevention? Will the identification and treatment of FASDs be less emphasized in this new grant program?

Response: The purpose of this funding is to expand previous efforts from FASD training programs and shift the perspective of this work from individual training for practicing health care professionals to one that capitalizes on prevention opportunities and the ability to impact health care practice at the systems level. Significant research in recent years has enabled the development of programs that are effective and targeted to specific populations for reducing the risk of an alcohol-exposed pregnancy, in turn preventing FASDs. Thus, while prevention, identification, and treatment of FASDs continue to be at the core of this work, an increased emphasis on primary prevention and sustained practice change among health care professionals is reflected in this funding.

PIC Regions & Steering Committees

Question: What is the role of the PIC Steering Committees? Should these committees be maintained over the course of the project or only in development stages?

Response: The PIC Steering Committees are intended to provide guidance to the PICs in several areas and to help link the PICs to the specialty group(s) on whom they are focusing their efforts. Specifically, the PIC Steering Committees will assist in identifying and developing strategies to influence national practice change among key practice groups (e.g., pediatricians, obstetricians and gynecologists, nurses, family practitioners, internists, social workers, etc.). They will also provide a venue for representatives of the specialty group(s) with whom the PICs are focusing their efforts to advise and engage in the overall planning and operational efforts of the PICs. It is expected that the PIC Steering Committees will continue throughout the duration of the cooperative agreement.

Question: Who will sit on the PIC Steering Committee?

Response: Representatives on the Steering Committee should include individuals from the geographic area(s) that the PIC represents as well as those who can inform the overall national strategy to influence practice change. In collaboration with grantees of CDC-RFA-DD14-1403, PICs should also ensure that their Steering Committee includes representatives from the national partner and professional organization(s) with whom they are focusing their efforts. Component 1 grantees would identify discipline-specific representatives from their

organization and Component 2 grantees would identify appropriate individuals, such as a family member, birth mother, or other community member.

PIC and National Partnership Collaborations

Question: What are CDC's expectations for how grantees collaborate to develop and disseminate training?

Response: Multiple types and examples of collaboration across both cooperative agreements are envisioned. These include:

- Grantees of CDC-RFA-DD14-1403 will work closely with PIC grantees to develop and tailor training for their specific audiences/specialty areas. CDC anticipates that early in the funding cycle of both cooperative agreements an analysis designed to assess the state of current courses, training approaches and gaps will be completed by the Steering Committee.
- Grantees of CDC-RFA-DD14-1403 will identify existing approaches within their organizations that may lend themselves to widespread delivery of training. These approaches could include provision of CME/CEU courses, publications in journals and newsletters, etc.
- PIC grantees will collaborate across PIC sites and with grantees of CDC-RFA-DD14-1403 to develop a consolidated website and core training in Year 1 of the project period. They will also work closely with CDC and a CDC-funded contractor on development of a consolidated website.
- Collaborative activities consist of participation on regular conference calls and via other forms of communication (e.g., listservs, workgroups) throughout the project period.
- Grantees are also expected to work with a CDC-funded evaluator to develop and implement overall and site-specific evaluation strategies with an emphasis on practice-based improvements.
- Representatives from the PICs and recipients of CDC-RFA-DD14-1403 are expected to attend and participate in an annual, two-day grantee meeting in Atlanta to be coordinated by CDC. In Year 1, it is anticipated that up to 3 face-to-face meetings in Atlanta will be convened for planning purposes. All travel expenses should be included in the proposed budget.

Question: How does CDC envision grantees for CDC-RFA-DD14-1403 collaborating with and relating to grantees funded under CDC-RFA-DD14-1402?

Response: Grantees of CDC-RFA-DD14-1403 will work closely with recipients of CDC-RFA-DD14-1402 throughout the project period. Key activities include (but are not limited to) the following:

- Grantees of Component 1 will partner with the PICs to incorporate knowledge and acquisition of health care provider competencies into existing training strategies (e.g., Maintenance of Certification, Continuing Medical Education)
- Component 2 grantees, along with the PICs, will develop a plan to work to engage their state and local affiliates or chapters of partner organizations with the explicit goal of identifying referral sources, such as diagnostic experts, services for individuals and families living with FASDs, and prevention programs, including treatment services for women; contributing those referral sources to a national directory; and to broadly market and disseminate the national directory through training efforts

- National, state and local professional organizations and partner groups will develop and implement strategies to widely disseminate core training developed by the PICs. These strategies may result in co-branding of materials, provision of training by local and regional providers, CME/CEU opportunities, etc.

Question: How will CDC support grantees and foster relationships among grantees?

Response: CDC will convene monthly calls with the grantees and will develop and support various workgroups as appropriate for particular topics of shared interest. CDC will also provide ongoing technical assistance to grantees and convene annual grantee meetings. In addition, CDC will coordinate efforts across the grantees and contractors for evaluation and website development.

Question: What is the expected composition and size of the Champions groups?

Response: The Champions group will be composed of individuals identified by the PICs, medical societies, professional organizations, and partner organizations to support training and practice change efforts. The group's specific size and role will be determined during the planning year, but it is anticipated that its members will assist with delivery of trainings to their respective professional groups in areas of the country where PICs are not based. In the event that there are states that are not covered by a PIC, the Champions group will serve as a means to provide national coverage for the disciplines represented by the PICs.

Project Evaluation

Question: For either Component 1 or Component 2 of CDC-RFA-DD14-1403, does the applicant need to identify an evaluator or will all evaluation activities be conducted by the FASD PICs funded through CDC-RFA-DD14-1402 and the evaluation contractor?

Response: It is not anticipated that applicants for CDC-RFA-DD14-1403 will need to identify an evaluator. However, they should be prepared to coordinate closely with the CDC-funded evaluation contractor and the Evaluation Workgroup. Their coordination with the Evaluation Workgroup may vary. Component 1 grantees may have representatives on the Evaluation Workgroup, or they may choose to simply have their interests and perspectives addressed through their PIC practice counterpart. It is anticipated that Component 2 grantees will have representation on the Evaluation Workgroup**.**

Question: How will evaluation factor into the overall work of both cooperative agreements (CDC-RFA-DD14-1402 and CDC-RFA-DD14-1403)?

Response: During the first year of all projects, a major collaborative activity will be development of an evaluation plan and strategy. The cross-site evaluation contractor is ultimately responsible for this deliverable, but will work closely with recipients of CDC-RFA-DD14-1402 and CDC-RFA-DD14-1403 to help develop the plan. This plan will reflect an approach that is collaborative yet rigorous enough to identify measurable outcomes across and within sites, processes and products that can be linked to outcomes, and best practices in the major areas of: 1) collaboration, 2) training and practice implementation, 3) consistent and science based messaging, and 4) practice change. It is anticipated that the contractor will lead the PICs, medical societies, professional organizations, and partner organizations through a process that will result in the development of a set of minimum data elements to be collected by grantees. In the first year of the contract, the contractor and grantees will participate in up to 3 meetings that will focus on program design and development activities. Site-

specific evaluators will work closely with the evaluation contractor, their respective PICs and medical societies/professional organizations to ensure that the evaluation plan and strategy is grounded in practice and is realistic.

Question: For Component 2 of CDC-RFA-DD14-1403, there are activities outside of the scope of the FASD PICs and Component 1 grantees. Should applicants for Component 2 have a separate evaluation plan for those activities?

Response: Yes, with the understanding that the CDC-funded evaluation contractor will help grantees of Component 2 refine these plans during Year 1.

Question: How will the specific, high impact evaluation studies be developed and how will they be funded?

Response: A cross-site evaluation contract is being funded in tandem with CDC-RFA-DD14-1402 and CDC-RFA-DD14-1403. The evaluation contractor will participate in all planning meetings and will propose an over-all evaluation strategy at the initial planning meeting in Fall 2014. In order to carry out work effectively and consistently across sites, during Years 2-4 the evaluation contractor will lead, develop, and implement a process for solicitation of focused, promising evaluation projects that will result in important insights about these selected approaches and their effect on project outcomes. Project proposals for these focused evaluation projects will be generated from concepts developed by the grantees (both PIC grantees and medical society/professional organization/partner organization grantees). Funding for these high impact studies may be provided through the evaluation contract or as supplements to the grantees, depending upon availability of funds.