

**Funding Opportunity Announcement (FOA)
New, Non-research, Domestic**

Implementation of the Environmental Public Health Tracking Network

CDC-RFA-EH14-1405

National Center for Environmental Health

08/15/2014

Version 2.0

Issued 08/30/2013



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Part I. Overview Information

<p>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-EH14-1405. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.</p>	
A. Federal Agency Name:	
Centers for Disease Control and Prevention (CDC)	
B. Funding Opportunity Title:	
Implementation of the Environmental Public Health Tracking Network	
C. Announcement Type: New-Type 1	
<p>This announcement is only for non-research domestic 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.</p>	
D. Agency Funding Opportunity Number:	
CDC-RFA-EH14-1405	
E. Catalog of Federal Domestic Assistance (CFDA) Number:	
93.070	
F. Dates:	
1. Letter of Intent (LOI) Deadline: N/A	
2. Application Deadline: <i>June 24, 2014, 11:59 p.m. U.S. Eastern Standard Time</i> , on www.grants.gov	
3. Informational conference call for potential applicants: N/A	
G. Executive Summary:	
1. Summary Paragraph:	
<p>The purpose of the program is to establish and maintain a National Environmental Public Health Tracking Network (National Tracking Network) to obtain integrated health and environmental data and use it to provide information in support of actions that improve the</p>	

health of communities. The program also aims to build state and local public health capacity in the area of environmental health surveillance. The National Tracking Network is a web-based, secure network of standardized electronic health and environmental data.

a. Eligible Applicants: Limited Competition

b. FOA Type (select one): Cooperative Agreement

c. Approximate Number of Awards: 4

d. Total Project Period Funding: \$2.5 Million

e. Average One Year Award Amount: \$562,500

f. Number of Years of Award: 3 years

g. Approximate Date When Awards will be Announced: August 15, 2014

h. Cost Sharing and /or Matching Requirements: N/A

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the National Center for Environmental Health (NCEH): Prevent or reduce illnesses, injury and death related to environmental risk factors; and increase the understanding of the relationship between environmental exposures and health effects.

The purpose of the program is to establish and maintain a National Tracking Network to obtain integrated health and environmental data and use it to provide information in support of actions that improve the health of communities. The program also aims to build state and local public health capacity in the area of environmental health surveillance. The National Tracking Network is a web-based, secure network of standardized electronic health and environmental data.

Part II. Full Text

A. Funding Opportunity Description

1. Background

In September, 2000, the Pew Environmental Health Commission issued a report entitled America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network. In this report, the Commission documented that the existing environmental health systems were inadequate and fragmented and recommended a "Nationwide Health Tracking Network for disease and exposures." In response to the report, Congress appropriated funds in the fiscal year 2002's budget for the CDC.

Environmental Public Health Tracking (Tracking) is the integrated surveillance of health, exposure, and hazard information and data from a variety of national, state, and local sources. These systems are critical in preventing and controlling disease in populations. Having accurate and timely tracking data permits public health authorities to determine temporal and spatial trends in disease and potential environmental exposures, identify populations most affected, and develop and assess the effectiveness of policy and environmental public health interventions. Tracking involves the utilization of data and information regarding health outcomes, environmental hazards, and human exposures, or a combination of them, and provides important information for public health practice. The availability of these types of data in a standardized network will enable researchers, public health authorities, healthcare practitioners, and the public to have a better understanding about the possible associations between the environment and adverse health effects.

A key characteristic of Tracking is the emphasis on data integration across health, human exposure, and hazard information systems. The National Tracking Network provides the United States with standardized data from multiple health, exposure, and hazard information systems that includes linkage of these data as part of regular tracking activities. The National Tracking Network builds on separate ongoing efforts within the public health and environmental sectors to improve health tracking, hazard monitoring, and response capacity. Development of the National Tracking Network depends on the availability, quality, timeliness, compatibility, and utility of existing hazard, exposure, and health effect data.

Since 2002, the program has developed workforce capacity to address these issues and provided tools and infrastructure to support this workforce. Data that was previously disjointed is now available in a nationally standardized format allowing programs to begin bridging the gap between health and the environment. This FOA provides an opportunity to further close this gap in jurisdiction not currently covered by the National Tracking Network.

a. Statutory Authorities: This program is authorized under Section 317(k) (2) of the Public Health Service Act, [42 U.S.C. Section 247b (k) (2)], as amended.

b. Healthy People 2020:

This program addresses the “Healthy People 2020” focus area(s) of Environmental Health (<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=12>) and Public Health Infrastructure (<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=35>) in addition to CDC’s Vision of “Health Protection...Health Equity” by collaborating with partners

to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

c. Other National Public Health Priorities and Strategies:

This announcement is consistent with priorities and strategies in the Department of Health and Human Services, U.S. Environmental Protection Agency, National Aeronautics and Space Administration (<http://www.cdc.gov/nceh/tracking/partners.htm>), and other CDC programs including the National Asthma Control Program, the Climate and Health Program, and ATSDR's Program to Promote Localized Efforts To Reduce Environmental Exposure (<http://www.cdc.gov/nceh/tracking/related.htm>). These programs address core public health areas such as environmental health, chronic disease, and health communication that contribute to prevention and health promotion efforts utilizing Tracking data.

d. Relevant Work:

This FOA is available to new grantees. Currently, 24 jurisdictions are funded under CDC-RFA-EH09-907 and CDC-RFA-EH11-1103 to develop their state environmental public health tracking portals and provide Nationally Consistent Data and Measures (NCDMs) to the National Tracking Network.

2. CDC Project Description

a. Approach:

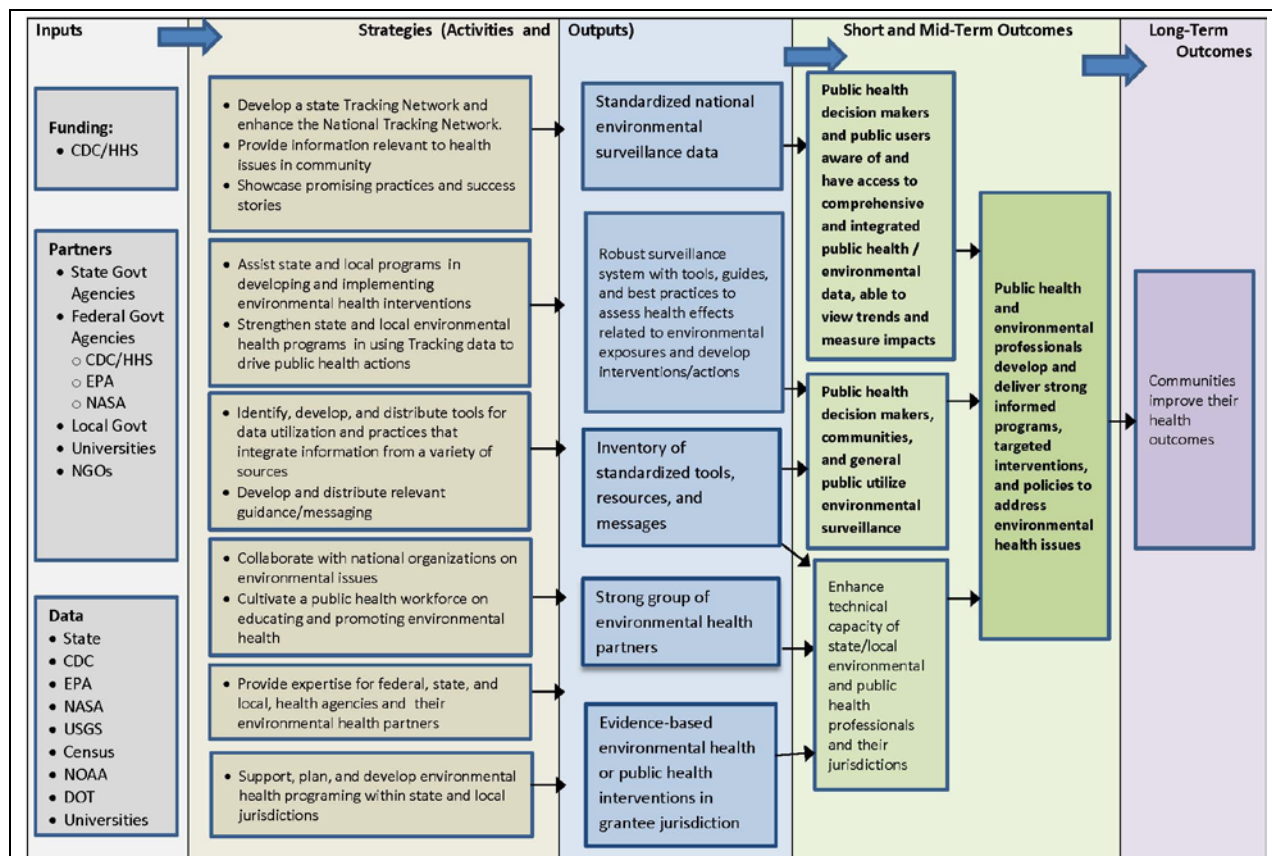


Figure 1: Logic Model

i. Problem Statement:

Environmental risks impact human health and have important public health consequences. Many state health departments have limited opportunity to take effective action to reduce the consequences of environmental risks because their surveillance systems are not comprehensive enough to track and identify environmental risks and link them to health outcomes. Tracking involves the utilization of data and information regarding health outcomes, environmental hazards, and human exposures, or a combination of them, and provides important information for public health practice. The availability of these types of data in a standardized network will enable researchers, public health authorities, healthcare practitioners, and the public to have a better understanding of the possible associations between the environment and adverse health effects.

ii. Purpose:

The purpose of the program is to establish and maintain a National Tracking Network to obtain integrated health and environmental data and use it to provide information in support of actions that improve the health of communities. The program also aims to build state and local public health capacity in the area of environmental health surveillance. The National Tracking Network is a web-based, secure network of standardized electronic health and environmental data.

This funding opportunity announcement will provide support for the development and implementation of Tracking Networks in new state/local health departments, and contribute to the growth of the National Tracking Network. States and local networks developed as a result of this FOA must meet standards established by CDC for interoperability and assessment of environmental health at the local, state, and national levels.

For the purposes of this funding opportunity announcement, the term jurisdiction will be used to capture the geographic regions represented by eligible applicants.

iii. Outcomes:

The logic model displays the outcomes that are expected to result from recipient efforts in the short, mid, and long-term. As noted in the model (bolded outcomes), three key outcomes are expected to result during the project period:

- Public health decision makers and public users are aware of and have access to comprehensive and integrated public health/environmental data, are able to view trends, and measure impacts.
- Public health decision makers, communities, and the general public utilize environmental surveillance data.
- Public health and environmental health professionals develop and implement strong and informed programs, targeted interventions, and policies to address environmental health issues.

Measuring Impacts:

Awardees should measure the impact of their program by following the basic principles of the Science Impact Framework (<http://www.cdc.gov/od/science/impact/use-framework.html>). Applicants must document and report on what impacts have accrued from program activities, or what quality improvements or policy changes have been adopted as a result of program actions.

iv. Funding Strategy:
N/A
v. Strategies and Activities:
<p>The logic model presents the strategies and component activities to be undertaken to achieve the project period outcomes. These include:</p> <ul style="list-style-type: none"> • Develop a state/local Tracking Network and contribute to the enhancement of the National Tracking Network • Provide information relevant to environmental and public health issues within a community • Showcase promising practices and narratives from awardees demonstrating Tracking in action that may be utilized by other jurisdictions with similar concerns and advance the science of Tracking • Provide assistance to other state and local programs in developing and implementing environmental health interventions • Strengthen state and local environmental health programs by using Tracking data to drive public health actions • Identify, develop, and distribute tools for data utilization and practices that integrate information from a variety of sources • Develop and distribute relevant guidance and messaging about environmental public health issues and communicate information to guide policy, practice, and other actions that improve the nation’s health • Collaborate with national organizations on environmental health issues • Enhance, develop, and cultivate the public health workforce by developing training and guidance for communicating about environmental health • Provide expertise to federal, state, and local health agencies and environmental health partners • Support, plan, and develop environmental health programs within state and local jurisdictions

As indicated in the logic model, these grantee activities will produce a series of powerful outputs that will drive these project period outcomes:

- Standardized national environmental surveillance data
- Robust surveillance system with tools, guides, and best practices to assess health effects related to environmental exposures and develop interventions/actions
- Inventory of standardized tools, resources, and messages
- Strong group of environmental health partners
- Evidence-based environmental health and public health interventions in grantee jurisdictions

In conducting activities to achieve the purpose of this program, the recipient will be responsible for completing all necessary planning and capacity building activities within 12 months of the award. These include, but are not limited to, coalition building, establishment of data-sharing agreements or memoranda of understanding (MOU), and establishing partnerships required to begin implementing the grantee jurisdiction's network that will be a part of the national network. Funding for implementation activities will be based on grantee's capability and readiness to transition to full network deployment, as well as to track and make available on their networks and to CDC core data and measures that meet Tracking's standards for NCDMs. No planning activities will be funded beyond Year 1. All grantees will be expected to begin implementation activities by Budget Year 02 of this award. In addition, grantee must begin data transfer of NCDMs and their associated metadata to the national Tracking data repository within 6 months of entering implementation phase. Grantee must be prepared to deploy its jurisdiction's secure and public tracking portals within 18 months of beginning their implementation phase.

Focus areas have been identified to facilitate the successful implementation of the stated strategies. Applicants must implement and maintain these activities in the following focus areas:

Content:

- Work with CDC and data partners to improve existing Tracking data and develop new Nationally Consistent Data and Measures (NCDMs) that may be adopted by CDC

- Within in 18 months of beginning implementation, track and make available required NCDMs and data flows to CDC. Ensure the availability and accessibility of data for development and reporting of these NCDMs on the state/local Tracking Network for environmental hazards, exposures and health effects and other jurisdictional priorities:
 - Hospitalizations for Asthma, Myocardial Infarction (MI), Carbon Monoxide (CO) Poisoning, Heat Stress (HS), and other health outcomes established as NCDMs
 - Emergency Department Visits (as available) for asthma, CO Poisoning, HS, and other health outcomes established as NCDMs
 - Air pollutants
 - Drinking water contaminants
 - Birth defects
 - Cancer
 - Child blood lead levels
 - Reproductive health outcomes from vital statistics
 - Mortality from vital statistics

- For each year thereafter, track and make available newly developed NCDMs that are adopted by CDC to display on CDC and the recipient's network.

- Applicants are encouraged to track health outcomes, exposure, and environmental hazard data that are **not** included in the current NCDMs. These data and measures may be made available either via the jurisdiction directly or via a state or federal data steward. Multiple states tracking the content areas and measures should collaborate with CDC to develop data standards and share lessons learned.

Information Technology:

- Compile metadata on data for inclusion on the grantee network and National Tracking Network using the tracking metadata standard and tools and make the metadata available on the grantee's tracking network as well as on the national metadata registry.

- Using the standards and architecture developed and adopted by Tracking (which include standards of CDC's Public Health Information Network, PHIN) maintain and enhance the funded recipient's network that will be part of the National Tracking

Network. In order for recipients to accomplish this task they are required to:

- Work with IT managers and data owners within the appropriate state and local departments to enhance Tracking/PHIN compatible IT Infrastructure that would allow controlled access to and exchange of data relevant to the National Tracking Network. Recipients must ensure that appropriate security controls are specified, designed into, tested, and accepted in developed products in accordance with appropriate guidance issued by the National Institute of Standards and Technology (NIST) (Sources and Further Readings: OMB Circular A-130, Appendix III; NIST SP 800-12 – *Introduction to Computer Security: The NIST Handbook*; NIST SP 800-26 – *Security Self-Assessment Guide for Information Technology Systems*).
- Develop and implement web-based portals that utilize Tracking/PHIN metadata, data, and functional standards to facilitate the query, linkage, analysis, and utilization of Tracking data and information. These portals (or a combined single portal) shall support controlled user access and general public access. See “Tracking Grantee Portal Standards and Recommendations” at: <http://www.cdc.gov/nceh/tracking/pdfs/GranteePortalRequirements.pdf>
- For the controlled access portal (secure), establish role-based access controls to allow different users to have varying degrees of access based on their established role.
- Implement a “gateway” infrastructure to facilitate transfer of NCDMs and associated metadata across the National Tracking Network.
- Implement CDC/National Tracking Network data transport and exchange standards to facilitate the exchange of Tracking data and information among partners, including U.S. Environmental Protection Agency (EPA), other states and their local partners, and standardized repositories of electronic health records.
- Implement cross-portal searching strategies adopted by CDC as Tracking standards to facilitate data discovery across the nation-wide Tracking Network (See the following link: <http://ephtracking.cdc.gov>)
- Collect and summarize usage statistics for public and secure portals. At a minimum, this should include the number of unique visits, most visited pages, and most popular data queries.

Data Utilization:

- Establish a plan for analysis of Tracking data. At a minimum, applicants should plan to conduct descriptive analyses of Tracking data and assess spatial and temporal trends to better understand populations at risk; identify or examine state and local environmental health issues; and inform public health activities and policy. Integration/linkage of health and environmental data for the non-research purposes of responding to community concerns and/or planning and carrying out state and local specific public health activities should be considered. Dissemination of the results of these analyses is an essential function that also should be included.
- Assess state/local needs for Tracking tools and analytical methods that can be addressed at the state/local or federal level.
- Document how Tracking Program efforts have contributed or resulted in public health action and/or policy. Reporting of public health actions should address the following:
 - Identify the environmental public health problem
 - Describe the Tracking Program's involvement
 - Describe the resulting action or policy impacting the health of the population

Communications:

- Establish a state and/or local level communication plan for delivering Tracking Program messages and information to key audiences identified by CDC. The plan should also include audiences and messages important to the grantee and activities necessary to address community concerns. The plan also must include a risk communication section. The plan will be updated annually and evaluation results will be submitted annually. The plan should include traditional communication strategies and incorporate new and emerging communication technology as appropriate. This may include Web 2.0 tools, social media (e.g., Facebook and Twitter), and other technologies or channels that emerge during the course of this cooperative agreement. See the CDC Tracking Program's Communication Standards and Recommendations document that will be available at:
http://www.cdc.gov/nceh/tracking/pdfs/Comm_Standards.pdf

Collaboration:

- Collaborate with data owners to establish data sharing agreements and make appropriate data and information accessible on the recipient network and the National Tracking Network.
- Collaborate with academic partners as appropriate on new and/or ongoing projects in order to utilize existing Tracking data for the development of new tools and methods that will be applicable to all awardees.
- Facilitate training of the state and local health department workforce and their partners on basic Tracking principles that will establish a common understanding of the Tracking Program. At a minimum, this will include completing the CDC training course, *Tracking in Action* that is available online at: <http://ephtracking.cdc.gov/training.action>. Other trainings are available on this site. Awardees can choose the most appropriate additional courses to fit training needs. The awardee must provide appropriate training to the workforce to ensure proper use of data by attending the grantee meetings or other professional training opportunities.
- Establish state Technical Advisory Group (TAG) including epidemiologists, informatics/information technology specialists, environmental professionals, communications specialists, laboratorians, and public health program officials to provide recommendations on implementing state Tracking networks that are interoperable and compatible with the National Tracking Network standards and architecture.
- Actively participate in Tracking projects and workgroups. The recipient may select at least one individual to join these workgroups. Participation in these workgroups and projects is vital to the success of the program.
- Collaborate with multidisciplinary environmental and health agencies, and Tracking stakeholder organizations to identify common needs, promote resource and information sharing to advance the nationwide program, and facilitate public health actions to improve the health of communities. Identify and establish relationships with other CDC-funded partners within the jurisdiction's health and environmental agencies to share resources, data, and expertise.
- Submit semi-annual earned value management (EVM) reports that effectively integrate the project scope of work with cost, schedule, and performance elements

<p>for optimum project planning and control to the assigned project officer.</p> <ul style="list-style-type: none"> ○ Collaborate with experts to develop and promote policies critical to protecting the public from harmful environmental exposures. ○ Assist CDC in conducting program evaluation activities including, but not limited to, annual or semi-annual portal evaluations for all recipients. Program evaluation activities also will include: 1) comprehensive program assessment of overall progress made toward network enhancement at the state/local and national levels; 2) training activities; 3) data utilization; 4) partnership, outreach and communication activities. Recipients should develop written action plans to address any issues identified as a result of the program evaluation process. ○ Attend grantee meetings and program reviews (no more than two per year) and a conference (once every other year).
<p>1. Collaborations –</p> <p>a. With CDC funded programs:</p>
<p>Awardees must collaborate with other CDC-funded programs within their jurisdictions that focus on related issues when interests and activities align. These may include, but are not limited to, participants in the National Asthma Control Program, the Climate and Health Program, and ATSDR’s Program to Promote Localized Efforts To Reduce Environmental Exposure, for the purposes of sharing data; developing consistent definitions and measures; and creating maps, tables, or other appropriate tools for demonstrating alignment between surveillance findings and program efforts.</p>
<p>b. With organizations external to CDC:</p>
<p>Awardees must collaborate with several key partners, including their state environmental agencies. These established relationships may also benefit awardees by further enhancing their activities.</p>
<p>2. Target Populations:</p>
<p>N/A</p>
<p>Inclusion:</p>
<p>N/A</p>
<p>b. Evaluation and Performance Measurement:</p>
<p>i. CDC Evaluation and Performance Measurement Strategy:</p>
<p>CDC will document program successes and demonstrate measurable impact. CDC’s Tracking Program will be evaluated by how well it has documented the environment’s impact on health and the extent to which Tracking has been utilized as a tool to improve the public’s health. CDC</p>

will leverage information collected from awardees to demonstrate its impact on the public's health focusing on these outcomes:

- Public health decision makers and public users are aware of and have access to comprehensive and integrated public health/environmental data, are able to view trends and measure impacts
- Public health decision makers, communities, and the general public utilize environmental surveillance data
- Public health and environmental health professionals develop and deliver strong informed programs, targeted interventions, and policies to address environmental health issues

In addition, awardees will report on the following process measures. Note that these are primarily measures of the outputs in the logic model:

- Standardized national environmental surveillance data
- Robust surveillance system with tools, guides, and best practices to assess health effects related to environmental exposures and develop interventions/actions
- Inventory of standardized tools, resources, and messages
- Strong group of environmental health partners
- Evidence based environmental health and public health interventions in grantee jurisdictions

In addition to these process and outcome measures, the evaluation will focus on some of the following key questions:

- Collaborations: What are essential collaborations? Tracking was established to bridge the information gap between environmental hazard, exposure, and health. Identifying key collaborations to accomplish this and how the program is successfully leveraging these relationships are a vital component to Tracking.
- Barriers and Challenges: What are the barriers and challenges to the program's success and how has the awardee tried to address these? Identifying common barriers and challenges will allow CDC to better work with grantees and help them address known

challenges with proven strategies.

- **Interventions/Programming:** How has Tracking made an impact? Awardees will report on interventions and programmatic activities that drive public health action. The Tracking Program provides information to drive public health action and improve health. This process includes not only assessing public health interventions, but demonstrating their impact.
- **Evolution of Tracking:** How have findings been used to evolve the program's activities? Tracking will evolve in several ways. New collaborations and relationships will help us gain a better understanding of the burden of disease. As environmental health risks are identified, Tracking can be utilized to address these concerns, new technologies can be developed and promising practices can be utilized by the evolving program.
- **Communication:** What communication activities are most successfully used to educate audiences on the value of the Tracking Program and how it has been used to impact public health? Communicating the environmental burden on health and successful actions to improve the public's health is an essential requirement for Tracking.

ii. Applicant Evaluation and Performance Measurement Plan:

Applicants must provide a specific evaluation and performance measurement plan that is consistent with the above CDC Evaluation and Performance Measurement Strategy and logic model. At a minimum this plan must describe:

- Types of evaluation to be conducted
- Key evaluation questions to be answered
- Potentially available data sources and the feasibility of collecting appropriate environmental surveillance data
- Use of evaluation findings on the applicant's program and surveillance system portal for quality improvement
- Use of evidence-based environmental health interventions and public health actions and their impact
- Contribution of evaluation and performance measurement to further enrich the program's evidence base, or to improve program effectiveness

c. Organizational Capacity of Awardees to Execute the Approach:

Applicants should possess the capacity to manage a complex program that affects numerous health concerns. Successful applicants must describe the level of organizational capacity necessary to implement the FOA successfully. Organizational capacity includes skill sets to implement the awards such as: program and performance management, evaluation, performance monitoring, financial reporting, management of travel requirements, development of staffing plans, workforce development and training, management of direct assistance, development of a sustainability plan, and full capability to manage required procurements (e.g., the ability to write and award contracts).

d. Work Plan:

Applicants are required to provide a work plan consisting of a logic model and related narrative for the three-year program and a detailed description of the first year of the award, consistent with the project’s logic model. Applicants are expected to use activities that are consistent with those indicated under the “Program Strategy” section, but are expected to augment those activities on the basis of the priority needs of the target population. The work plan should provide outcomes, and the related program strategies/activities and should be consistent the narrative in the Approach and Performance Measurement and Evaluation sections. The work plan must, at a minimum, include:

- Narrative (description) of the project
- Intended outcomes for the three-year project period
- Program strategies to be used during the first year of the project period
- Outcomes for the first year of the project period

In conducting activities to achieve the intended outcomes of this program, the recipients will be responsible for developing environmental tracking workforce capacity and the development and successful implementation of their state/local Tracking Networks that comply with standards set by CDC for the National Tracking Network. These include standards for analysis, visualization, and reporting of data

(<http://ephtracking.cdc.gov/docs/GranteePortalRequirements.pdf>); and Tracking NCDMs (core data and measures that meet CDC’s standards for national consistency) on their networks as well as providing them to CDC (refer to the following link: http://ephtracking.cdc.gov/docs/CDC_NCDM_Pt_3.pdf).

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):

- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.
- Tracking awardee progress in achieving the desired outcomes.
- Ensuring that awardees are performing at a sufficient level to achieve objectives within stated timeframes.

f. CDC Program Support to Awardees:

CDC will provide substantial involvement beyond site visits and regular performance and finance monitoring during project periods. Areas of support include technical assistance, and information sharing between awardees, as well as other areas of support. Activities include:

1. Maintain and revise the National Tracking Network Architecture as Tracking/PHIN standards evolve in order to meet the awardee's needs.
2. Manage and maintain the National Tracking Network based on specifications in the Technical Network Implementation Plan (TNIP - http://www.cdc.gov/nceh/tracking/pdfs/TNIP_V1.pdf), with input from awardees and other Tracking partners.
3. Maintain the CDC gateway of the National Tracking Network.
4. Maintain and revise Tracking standards for NCDMs.
5. Foster collaboration with:
 - i. CDC's Office of Public Health Scientific Services (OPHSS), as needed, to maintain and facilitate the creation of any new Tracking-related technical and data standards.
 - ii. Federal data partners such as the U.S. Environmental Protection Agency (EPA), the U.S. Geological Survey (USGS), National Aeronautics and Space Administration (NASA), and National Oceanic and Atmospheric Administration (NOAA) to further the use of environmental data, fill data gaps, and develop methods and tools for use in Tracking.
 - iii. Awardees on projects to (a) improve the quality of data provided to CDC for the National Tracking Network Portals; and (b) explore methods and best practices for linking and analyzing health and environmental data.

- iv. National data stewards and other professional organizations to facilitate data and information sharing and improvements in data quality that will support the awardees' Tracking activities.
- 6. Coordinate:**
- i. Technical assistance to awardees in work plan development; design and implementation of program activities, including analysis and presentation of data; and facilitation of regional trainings.
 - ii. With EPA and OPHSS to ensure interoperability between CDC's PHIN and EPA's National Environmental Information Exchange Network.
 - iii. Identification, development, and/or maintenance of appropriate methods and tools for use in the National Tracking Network and facilitate license agreements, where appropriate, to provide broad access among Tracking partners to these tools.
 - iv. Activities at the national level among Centers, Institutes and Offices at CDC and the Agency for Toxic Substances and Disease Registry as well as other federal partners, national data organizations, and national partners.
- 7. Facilitate the development of Tracking-specific communication and outreach strategy guidelines with input from awardees and other Tracking partners, and the criteria to evaluate the effectiveness of the activities in the guidelines.**
- 8. Provide specific NCDMs from federal partners for use on state and local network portals as appropriate and in compliance with CDC data sharing agreements.**
- 9. Facilitate:**
- i. A monthly forum for principal investigators via teleconference to promote the discussion of key Tracking issues and exchange of ideas.
 - ii. A National Tracking Program meeting approximately once every other year, and up to two grantee meetings annually.
- 10. Implement and participate in projects and workgroups as needed to address specific program issues. Work with awardees on workgroups as needed to solicit input from state/local partners, academic partners, and other stakeholders on issues relevant to the implementation of the state and national Tracking networks.**
- 11. Conduct program evaluation activities including but not limited to annual or semi-annual portal evaluations for all recipients. Program evaluation activities will also include: 1) comprehensive program assessment of overall progress made toward network development at the state and national levels; 2) training activities; 3) data utilization; 4) partnership, outreach and communication activities.**

B. Award Information

1. **Type of Award:** Cooperative Agreement: CDC's substantial involvement in this program appears in the CDC Program Support to Awardees section.

2. **Award Mechanism:** UE1 - Studies of Environmental Hazards and Health Effects - Cooperative Agreements to Develop or Improve Facets of the Public Health Information

3. **Fiscal Year:** 2014

4. **Approximate Total Fiscal Year Funding:** \$2,500,000

5. **Approximate Total Project Period Funding:** \$7,500,000 over 3 years

6. **Total Project Period Length:** 3 years

7. **Approximate Number of Awards:** 4

8. **Approximate Average Award:** \$562,500

9. **Floor of Individual Award Range:** \$500,000 (This amount is subject to the availability of funds.)

10. **Ceiling of Individual Award Range:** \$625,000. If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process.

11. **Anticipated Award Date:** August 15, 2014

12. **Budget Period Length:** 12 months

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 available through this FOA.

An official state, tribal nation, local or territorial government applicant may request that CDC provide Direct Assistance (DA) in the form of federal personnel as a part of the grant awarded through this FOA. If your request for DA is approved as a part of your award, CDC will reduce the funding amount provided directly to you as a part of your award. The amount by which your award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to you, the awardee.

C. Eligibility Information

Eligible applicants for this FOA are included in this section.

1. Eligible Applicants:

Government Organizations:

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

Non-government Organizations:

- Non-profits in partnership with state health departments

2. Special Eligibility Requirements:

If the application is incomplete or non-responsive to the special eligibility requirements listed in this section, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements.

An important component of this announcement is to build partnerships among environmental and health agencies, their subordinate departments and staff, county health departments, and public health laboratories. Therefore, applicants must demonstrate that their program will be a collaborative effort by including the following with their application:

1. A letter of collaboration signed by both the state (or local) Secretary/Director of Health or equivalent and the state (or local) Secretary/Director of Environmental Quality/Protection/Natural Resources or the equivalent agency/department confirming that partnership exists or will be developed within 90 days from receiving funds:
 - Between Health and Environmental Agencies/Departments to exchange and/or share data, provide technical expertise on data interpretation. Evidence of a partnership may be a confirmation of an existing memorandum of understanding (MOU) between Health and Environment that covers activities related to this RFA.
 - Between appropriate organizational units within each Agency/Department (Within the Health Department this may include birth defect programs, cancer registries, vital statistics, lead programs, environmental epidemiology, the state laboratory, chronic disease, and others).
 - If Health and Environment are organized under one state agency/department, a letter of intent from the Secretary/Director or equivalent of that

agency/department confirming that partnership exists or will be developed across appropriate organizational units within the Agency/Department as required.

2. A letter designating a public health liaison within the environmental agency/department and an environmental liaison within the health agency/department, describing their roles and responsibilities respectively.
3. Eligible local health departments must provide a letter from responsible state authority assuring that activities related to this program will be coordinated with the State Health Department, and that the state will cooperate in providing relevant data to support NCDMs on the local and CDC network portals.
4. A letter of collaboration from the awardee’s Public Health and/or Environment Health Laboratory director to confirm their collaboration with the awardee throughout the funding period.
5. A letter of commitment from awardee’s information technology management office indicating intent for collaboration and coordination on all IT focused activities listed under “Recipient Activities”.

These documents should be uploaded to Grants.gov under “Other Attachment Forms,” and should be labeled clearly to reflect which special requirement each supports.

3. Justification for Less than Maximum Competition:

This FOA focuses on developing new Tracking Program capacity and expanding the Tracking Network within new state and local public health jurisdictions. Currently funded recipients under EH09-907 (Colorado, Iowa, Kansas, Louisiana, Minnesota, South Carolina, Vermont) and EH11-1103 (California, Connecticut, Florida, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New Mexico, New York City, New York State, Oregon, Pennsylvania, Utah, Washington, Wisconsin) are **not** eligible for this funding opportunity announcement.

4. Cost Sharing or Matching:

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

5. Maintenance of Effort:

Maintenance of effort is not required for this program.

D. Application and Submission Information

Additional materials that may be helpful to applicants:

<http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf> .

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at

<http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-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 usually requires not more than five 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 must start the registration process as early as possible.

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

<p>3. Application Package: Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.</p>
<p>4. Submission Dates and Times: If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO 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 PGO.</p>
<p>a. Letter of Intent (LOI) Deadline (must be emailed or postmarked by): N/A</p>
<p>b. Application Deadline: <i>June 24, 2014, 11:59 p.m. U.S. Eastern Standard Time</i> , at www.grants.gov</p>
<p>5. CDC Assurances and Certifications: All applicants are required to sign and submit “Assurances and Certifications” documents indicated at http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.</p> <p>Applicants may follow either of the following processes:</p> <ul style="list-style-type: none"> • Complete the applicable assurances and certifications, name the file “Assurances and Certifications” and upload it as a PDF file at www.grants.gov • Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/grantsassurances/Homepage.aspx <p>Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC within one year of the submission date.</p>
<p>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.</p>
<p>7. Letter of Intent (LOI):</p> <p>LOI is not requested or required as part of the application for this FOA.</p>
<p>8. Table of Contents: (No page limit and not included in Project Narrative limit) 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.</p>
<p>9. Project Abstract Summary: (Maximum 1 page) A project abstract is included on the mandatory documents list and must be submitted at</p>

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 25 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 25 pages will not be considered, 25 page limit includes the work plan.

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.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov.

- a. Background:** Applicants must provide a description of relevant background information that includes the context of the problem. (See CDC Background.)
- b. Approach**
 - i. Problem Statement:** Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant’s response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description.)
 - ii. Purpose:** Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Project Description.
 - iii. Outcomes:** Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain). (See the program logic model in the Approach section of the CDC Project Description.)
 - iv. Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will to use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide¹ (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project Description: Strategies and Activities section.)

¹ <http://www.thecommunityguide.org/index.html>

Applicants must file letters of support, as appropriate, name the file “Letters of Support”, and upload it as a PDF file at www.grants.gov.]

- c. Applicant Evaluation and Performance Measurement Plan:** Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e., process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

- d. Organizational Capacity of Applicants to Implement the Approach:**

Applicants should include a clear delineation of the roles and responsibilities of project staff and their qualifications, in addition to how consultants and partner organizations will contribute to achieving the project’s outcomes. Include information about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes. Specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project’s on-going progress; preparation of reports; program evaluation; and communication with other partners and CDC.

Applicants must name this file “CVs/Resumes” or “Organizational Charts” and upload it at www.grants.gov.]

11. Work Plan: *(Included in the Project Narrative’s 25 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, including key milestones.

Applicants must name this file “Work Plan” and upload it as a PDF file at www.grants.gov.

12. Budget Narrative:

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute 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
- Total Direct costs
- Total Indirect costs
- Contractual costs

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

If applicable and consistent with statutory authority, 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://phaboard.org>). Applicant entities include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), 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 cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

13. 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 The Pro-Children Act, 20 U.S.C. 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 Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.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>

<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>.

14. 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.

15. Intergovernmental Review:

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

16. 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.
- 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 is not allowed.
- 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.
- Projects that involve the collection of information from 10 or more individuals and are funded by a grant/cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

17. 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 Application User Guide, Version 3.0, page 57.

- 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 or call 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 postmarked 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. Application Review Information

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

a. Phase I Review:

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCEH 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.

b. Phase II Review:

A review panel will evaluate complete, eligible applications in accordance with the "Criteria" section of the FOA.

- i. Approach (60 Points):
 - Background and need (5 of 60 points):

To what extent does the applicant justify the need for this program within the geographic area?
 - Work plan (35 of 60 points):
 - Is the plan adequate to carry out the proposed objectives?
 - Are alternative plans for achieving success available?
 - How complete and comprehensive is the plan for the entire project period?
 - Does the project plan include a comprehensive plan for the first budget year of the project?
 - Is this plan adequate to ensure that the applicant can complete the project period plan?
 - Are partnerships described?
 - Do the goals and objectives include timelines for completion?
 - *Methods (20 of 60 Points):*
 - Are the proposed methods feasible, and do they clearly describe the

processes to be used to accomplish the work plan?

- To what extent will the methods accomplish the program goals?

ii. Evaluation and Performance Management (15 points)

- Does the plan include performance measures?
- Does the applicant's narrative clearly demonstrate how they will meet these measures?

iii. Applicant's Organizational Capacity to Implement the Approach (25 points)

- Organizational capacity statement (15 of 25 Points)
 - Do the staff members have appropriate experience?
 - Does the team include a member with appropriate environmental public health experience and training?
 - Does the team include someone with communication training and experience?
 - Are the staff roles clearly defined?
 - As described, will the staff be sufficient to accomplish the program goals?
 - Are CVs and resumes of principal investigators (PIs) and program managers included?
- Project Management (10 of 25 Points)
 - Does the applicant's organization demonstrate the ability and experience to implement the project?
- Budget – *Reviewed but not scored*. Although the budget is not scored, applicants should consider the following when developing their budget:
 - Is the project's budget itemized, and is the budget's justification reasonable and consistent with stated objectives and planned program activities?
 - Does the budget allow for a minimum of two project staff and for management staff to attend a yet-undetermined CDC hosted meeting or training session for each budget year?
 - If the applicant requests indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should have been made less than 12 months earlier. The indirect cost-rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting online. The applicant can obtain guidance for completing a detailed justified budget on the CDC Web site, at

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

In addition, the following factor(s) may affect the funding decision:

- *Geographic distribution to ensure equal dispersion across the United States.*

CDC will provide justification for any decision to fund out of rank order.

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.

2. Announcement and Anticipated Award Dates:

Awards will be announced at the earliest possible date. Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC PGO, and unsuccessful applicants will be notified by e-mail.

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 e-mailed to the awardee 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 requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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

- AR-7: Executive Order 12372
- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act

- 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-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)

For more information on the C.F.R., visit the National Archives and Records Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

3. Reporting

a. CDC Reporting Requirements:

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, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings to validate continuous 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.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

b. Specific reporting requirements:

- Awardee Evaluation and Performance Measurement Plan:** Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by awardees as part of first-year project activities, with support

from CDC. This more detailed plan must build on the elements stated in the initial plan, and must be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at:

<http://www.cdc.gov/eval/guide/index.htm>

ii. Annual Performance Report: This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but Web links are allowed.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures** (including outcomes)—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 any data about the effects of the program).
- **Work Plan**—Awardees must update work plan each budget period.
- **Successes**
 - Awardees must report progress on completing activities outlined in the 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 might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.
 - 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 assist them in overcoming challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.
- **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.

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.]

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

iii. Performance Measure Reporting: CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to data collection. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format.

iv. Federal Financial Reporting (FFR): The annual FFR form (SF-425) is required and must be submitted through eRA Commons² within 90 days after each budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely 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 and include the date by which the information will be provided.

v. Final Performance and Financial Report: At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends. (CDC must include a page limit for the report with a maximum of 40 pages).

At a minimum, this report must include:

- Performance Measures (including outcomes)—Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results—Awardees must report final evaluation results for the project period.
- Impact/ Results—Awardees must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.

Awardees must email the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA):

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible Web site, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM;

²<https://commons.era.nih.gov/commons/>

and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000.

For the full text of these requirements, see:

<http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

For **programmatic technical assistance**, contact:

Alex Charleston, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway, MS F60
Atlanta, GA 30341
Telephone: (770)488-3183
Email: aac4@cdc.gov

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

Terrian J. Dixon, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K-70 Atlanta, GA 30341-4146
Telephone: 770-488-2774
Email: thd4@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 Procurement and Grants Office
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 that 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
- Work Plan
- Table of Contents for Entire Submission

[Insert optional attachments, as determined by CDC programs]

- Resumes/CVs
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

CDC may add to glossary.

Administrative and National Policy Requirements, Additional Requirements (ARs):

Administrative requirements found in 45 CFR Part 74 and Part 92 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/od/pgo/funding/grants/additional_req.shtm.

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 catalog published twice a year that describes domestic assistance programs administered by the federal government. This catalog lists projects, services, and activities that provide assistance or benefits to the American public. This catalog is available at

<https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>.

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 that establishes a binding, legal procurement relationship between CDC and a recipient, and obligates the recipient to furnish a product.

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.

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: An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. Direct assistance generally involves the assignment of Federal personnel or the provision of equipment or supplies, such as vaccines. <http://intranet.cdc.gov/ostlts/directassistance/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>.

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 Web site at www.USAspending.gov.

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

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

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

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.

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 nongovernment 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.

New FOA: Any FOA that is not a continuation or supplemental award.

Nongovernment Organization (NGO): Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

Notice of Award (NoA): The only binding, authorizing document between the recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient fiscal officer identified in the application.

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.

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 observable benefits or changes for populations or public health capabilities that will result from a particular program strategy.

Plain Writing Act of 2010: 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.

Program Strategies: Public health interventions or public health capabilities.

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): National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

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

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. *Black's Law Dictionary 2 Kent, Comma 450.*

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

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 annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.