



**Centers for Disease Control and Prevention**

Center for Surveillance, Epidemiology and Laboratory Services

The National Syndromic Surveillance Program: Enhancing Syndromic Surveillance Capacity and Practice

CDC-RFA-OE15-1502

Application Due Date: 04/20/2015

The National Syndromic Surveillance Program: Enhancing Syndromic Surveillance Capacity and Practice

CDC-RFA-OE15-1502

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## Part I. Overview Information

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-OE15-1502. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

### A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

### B. Funding Opportunity Title:

The National Syndromic Surveillance Program: Enhancing Syndromic Surveillance Capacity and Practice

### C. Announcement Type: New - Type 1

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>.

### D. Agency Funding Opportunity Number:

CDC-RFA-OE15-1502

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

93.283

### F. Dates:

#### 1. Due Date for Letter of Intent (LOI):

03/17/2015

#### 2. Due Date for Applications:

04/20/2015, 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

#### 3. Date for Informational Conference Call:

03/03/2015

An informational teleconference call will be conducted on **March 3, 2015, 3:00 PM Eastern Time** to address prospective applicants' questions regarding CDC-RFA-OE 15-1502: The National Syndromic Surveillance Program: Enhancing Syndromic Surveillance Capacity and Practice. **The dial in telephone number is 1-888-455-9740, and the participant passcode is 7876347.**

**Note:** If multiple individuals will participate from your organization, make best effort to use one telephone line to ensure CDC has available ports and telephone lines for all prospective applicants.

### G. Executive Summary:

#### 1. Summary Paragraph:

**Amendment 1 (02/23/15): The purpose of this amendment is to incorporate the CDC logic model.**

The mission of the National Syndromic Surveillance Program (NSSP) is to promote the use of high quality syndromic surveillance data for improved nation-wide all-hazard situational awareness for public health decision-making and enhanced responses to hazardous events, and outbreaks. The purpose of this funding opportunity is to assist state and local public health authorities to implement syndromic surveillance to enhance situation awareness and detect and characterize disease outbreaks or other hazardous events or conditions of public health concern in order to respond quickly to local threats. In addition, this program provides support to state and local health authorities to advance the Meaningful Use of syndromic surveillance data from electronic health records (EHR). Activities that will be supported to enhance syndromic surveillance capacity and practice include (1) improving the overall representativeness of syndromic surveillance data by recruiting hospital or other sources of emergency

department/urgent care or inpatient data that are representative of the jurisdiction's population; (2) improving the quality, timeliness, utility, and sharing of these data; and (3) increasing collaboration among state and local jurisdictions through a National Syndromic Surveillance Community of Practice. Each applicant must sign a Data Use Agreement (DUA) with the cloud steward as part of the development of the nationwide integrated system, as set out in the cited authority, section 319D of the PHS Act. The directive in the authority is to develop a nationwide system, and the need to enter into the DUA is furtherance of achieving that directive.

<b>a. Eligible Applicants:</b>	Limited
<b>b. FOA Type:</b>	Cooperative Agreement
<b>c. Approximate Number of Awards:</b>	25
<b>d. Total Project Period Funding:</b>	\$28,000,000
<b>e. Average One Year Award Amount:</b>	\$250,000
<b>f. Number of Years of Award:</b>	4
<b>g. Estimated Award Date:</b>	09/01/2015
<b>h. Cost Sharing and / or Matching Requirements:</b>	N

## Part II. Full Text

### A. Funding Opportunity Description

#### 1. Background

##### a. Overview

Syndromic surveillance is public health surveillance that emphasizes the use of near 'real-time' pre-diagnostic data, primarily from emergency departments, and statistical tools to detect and characterize unusual activity for further public health investigation or response. For over a decade, the CDC BioSense program has been a driver of syndromic surveillance nationwide. As a result of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, BioSense was launched to provide initial recognition of a bioterrorism-related illness. BioSense was redesigned in 2010 using cloud technology and offered health departments an opportunity to enhance their surveillance capabilities through provisions of the HITECH Act. The HITECH Act's Meaningful Use of electronic health records (EHRs) component incentivized hospitals to submit syndromic surveillance data to their public health agency, a requirement which cannot be fulfilled if a public health agency has no capacity to receive such data.

Syndromic surveillance has now become a routine component of the larger public health surveillance umbrella and is used for disease or event detection, situation awareness for mass gatherings and public health emergencies, and ad hoc and population health trend analyses.

CDC is evolving BioSense into a National Syndromic Surveillance Program (NSSP) that will build upon lessons learned and harness syndromic surveillance expertise at all levels of the public health enterprise. The vision of NSSP is a collaboration among local, state, and national public health programs that supports timely exchange of syndromic data and information for nation-wide situational awareness and enhanced response to hazardous events and disease outbreaks.

NSSP includes a collaborative National Syndromic Surveillance Community of Practice (NSSCoP), a governance system that recognizes state, federal, and other participants' roles and responsibilities, and a cloud-based Syndromic Surveillance Platform (SyS-P) that hosts the BioSense application and other analytic tools and services. Through the NSSCoP and access to shared analytic tools and services on the SyS-P, public health programs and practitioners will be able to analyze their data, access aggregated analyses of disease

patterns, and share more detailed data in order to identify, investigate, and address public health threats that cross jurisdictions. NSSP will also help state and local health departments meet Meaningful Use (MU) requirements by increasing their capacity to support MU programs intended to expand the use of electronic health records (EHR).

The 2013 CDC BioSense Investment Review recommended CDC strategically prioritize the enrollment and onboarding of hospitals to the SYS-P to increase the representativeness of jurisdictions and emergency department visits across the nation. Thus the focus of NSSP in coming years will be on improving data access, quality, representativeness and timeliness; enhancing the capabilities and technology supporting syndromic surveillance data collection, processing, and provisioning activities; and working with the syndromic surveillance community to further the science and practice of syndromic surveillance.

The current FOA BioSense 2.0: Building State, Local, Tribal, and Territorial Surveillance Capacity to Enhance Regional and National All-Hazards Public Health Situation Awareness funds 34 jurisdictions, ranging from \$118,486 - \$260,173. The new FOA will fund approximately 25 awards, ranging from \$100,000 to \$400,000 with an average award of \$250,000. The increased average funding amount is meant to increase the proportion and representativeness of emergency department visits across the nation that are included in the National Syndromic Surveillance Program.

Each applicant must sign a DUA with the cloud steward as part of the development of the nationwide integrated system, as set out in the cited authority, section 319D of the PHS Act. The directive in the authority is to develop a nationwide system, and the need to enter into the DUA is in furtherance of achieving that directive.

#### **b. Statutory Authorities**

Public Health Service Act Sections 319D [42 U.S.C. 247d-4] and 317(k)(2)[42 U.S.C. 247b(k)(2)], as amended

#### **c. Healthy People 2020**

This program addresses the “Healthy People 2020” focus area(s) of Health Communication and Health Information Technology, Healthcare-Associated Infections, Immunizations and Infectious Diseases and Public Health Infrastructure

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=18>

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=17>

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23>

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=35>

#### **d. Other National Public Health Priorities and Strategies**

Meaningful Use <http://www.cdc.gov/ehrmeaningfuluse/>

- National Health Security Strategy

<http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx>

- Public Health Security and Bioterrorism Preparedness and Response Act of 2002 <http://www.gpo.gov/fdsys/pkg/PLAW-107publ188/html/PLAW-107publ188.htm>

- Pandemic and All-Hazards Preparedness Act (PAPHA) (Sec. 202)

<https://www.govtrack.us/congress/bills/113/hr307/text>

- Public Health Preparedness Capabilities: National Standards for State and Local Planning <http://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf>

- Core Capability 6: Information Sharing <http://www.cdc.gov/phpr/capabilities/capability6.pdf>

- Core Capability 13: Public Health Surveillance and Epidemiology Investigation <http://www.cdc.gov/phpr/capabilities/capability13.pdf>

#### **e. Relevant Work**

The recipient activities identified in this FOA build on programs and activities that CDC supported through earlier FOAs (e.g. CDC-RFA-OE12-1202) to enhance regional and national syndromic surveillance.

Each applicant must sign a DUA with the cloud steward as part of the development of the nationwide integrated system, as set out in the cited authority, section 319D of the PHS Act. The directive in the authority is to develop a nationwide system, and the need to enter into the DUA is in furtherance of achieving that directive.

## **2. CDC Project Description**

### **a. Approach**

CDC-RFA-OE15-1502 Logic Model: The National Syndromic Surveillance Program (NSSP): Enhancing syndromic surveillance capacity and practice			
Strategies and Activities	Short-term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
<p>1. Improve representativeness of data:</p> <p>a) Identify, recruit, and onboard hospitals, Health Information Exchanges (HIEs), or aggregator services to the syndromic surveillance platform (SyS-P)</p> <p>b) Establish Data Use Agreements (DUAs) with (1) cloud environment owner (currently ASTHO) and (2) identified facilities according to jurisdictional law</p> <p>2. Improve data quality, timeliness and utility (i.e., complete, valid, reliable and useful):</p> <p>a) Register users for the SyS-P</p> <p>b) Conduct data quality assessments</p> <p>c) Use syndromic surveillance data and analytic tools for public health decision-making</p> <p>d) Collaborate with CDC on syndromic surveillance for health events of regional or national interest</p> <p>3. Strengthen syndromic surveillance practice:</p> <p>a) Maintain or establish jurisdictional working groups</p> <p>b) Participate in National Syndromic Surveillance Community of Practice (NSSCoP) activities and other professional development activities that further syndromic surveillance and practice</p> <p>c) Attend an annual NSSP grantee meeting at the CDC</p>	<p>1. Improved geographic and population-based representativeness of syndromic surveillance data</p> <p>2. Improved syndromic surveillance data quality, i.e. data are complete, valid, and reliable</p> <p>3. Improved knowledge and ability of state and local health department staff in conducting syndromic surveillance</p> <p>4. Enhanced use of syndromic surveillance within state and local jurisdictions.</p>	<p>1. Increased data sharing between/among jurisdictions for local/regional/national health events</p> <p>2. Timely identification of syndrome patterns for anticipated or present public health threats</p>	<p>1. Improved synergy/integration of syndromic surveillance data with other surveillance systems within participating health departments</p> <p>2. High quality syndromic surveillance data for improved nation-wide all-hazard situational awareness for public health decision-making, enhanced responses to hazardous events, and outbreaks.</p>

## i. Purpose

The purpose of this funding opportunity is to assist state and local public health authorities to implement syndromic surveillance to enhance situation awareness and support public health authorities in the Meaningful Use of syndromic surveillance data from electronic health records (EHR). Activities include (1) improving the representativeness of syndromic surveillance data by recruiting hospital or other sources of emergency department/urgent care or inpatient data that are representative of the jurisdiction’s population; (2) improving the quality, timeliness, utility, and sharing of these data; and (3) increasing collaboration among state and local jurisdictions through a National Syndromic Surveillance Community of Practice.

## ii. Outcomes

As reflected in the Logic Model, awardees are expected to show measurable progress made toward the short-term and mid-term outcomes for this 4-year project period.

### Short-term Outcomes

1. Improved geographic and population-based representativeness of syndromic surveillance data.

Data that are representative of the local, regional and national population are an essential component of a national syndromic surveillance program.

2. Improved syndromic surveillance data quality (i.e., data are complete, valid, and reliable).

CDC and jurisdiction health departments must be confident in the quality of these data in order to use such data for a coordinated response to all-hazard threats.

3. Improved knowledge and ability of state and local health department staff in conducting syndromic

surveillance. Training of staff and participation in partnership and practice activities will contribute to an improvement in the skills and capabilities of participating individuals as it relates to syndromic surveillance in general. This will help ensure high-quality surveillance data are used regularly and appropriately for improved situation awareness decision-making.

4. Enhanced use of syndromic surveillance within state and local jurisdictions.

Both the availability of representative high-quality data and engagement of users with the National Syndromic Surveillance Community of Practice (NSSCoP) will facilitate enhanced use of syndromic surveillance data within state and local jurisdictions. In particular, active participation in the NSSCoP will serve enable sharing and adoption of both routine and novel uses of syndromic surveillance data for all-hazards awareness.

**Mid-Term Outcomes**

1. Increased data sharing between/among jurisdictions for local, regional, national health events.

Increased data sharing outside of jurisdictional boundaries is an important outcome that will enhance the value of a national syndromic surveillance program.

2. Timely identification of syndrome patterns for anticipated or present public health threats.

Anticipated threats are those where the potential for a public health threat exists due to an impending event (such as mass gatherings or sporting events). In contrast, present threats are those where the public health threat already exists or is underway (such as natural disasters or outbreaks). Unanticipated threats are those that might unfold as the result of a terrorism event or other disaster. Staff with access to high-quality data and knowledgeable about baseline disease trends will be able to identify and respond to all-hazard public health threats in a timely manner, i.e. according to the disease or condition of concern. Data shared among jurisdictions and the CDC will allow coordinated and effective responses to regional and nation-wide public health threats.

**Long-Term Outcomes**

1. Improved synergy/integration of syndromic surveillance data with other surveillance systems within participating health departments.

2. Improved nation-wide all-hazard situational awareness.

**iii. Strategies and Activities**

1. Improve representativeness of data:

a) Identify, recruit, and onboard hospitals, Health Information Exchanges (HIEs), or aggregator services to the syndromic surveillance platform (SyS-P)

- It is essential that the awardee identify and recruit hospitals, HIEs or aggregator services that are representative of the jurisdiction’s population. Other considerations to inform facility recruitment could include high volume of patients in the EDs, existence of mature electronic health record (EHR) systems, record of collaborative relationships with other facilities and/or public health agencies, etc.

b) Establish Data Use Agreements (DUAs) with (1) the cloud steward within six months of award and (2) identified facilities according to jurisdictional law

- DUAs must be compliant with relevant jurisdictional laws, i.e., state and/or local legislation that

govern the sharing of data.

2. Improve data quality, timeliness and utility(i.e.; complete, valid, reliable and useful)

- a) Register jurisdictional users of the SyS-P for administrative activities and/or tasks related to maintenance of jurisdictional systems and procedures.
- b) Conduct quality and timeliness assessments for data submitted to the SyS-P including reporting of data quality and timeliness metrics to the CDC.
- c) Use syndromic surveillance data. Routine use of syndromic surveillance data builds capacity for surveillance practice and analytics, and is essential for characterizing and establishing baseline disease trends so that anomalies can be detected.
- d) Collaborate with CDC and other jurisdictions on developing methods to analyze data captured in the SyS-P that will generate aggregate results at the regional and national level. Share data with CDC and other jurisdictions, when appropriate and state/local laws allow, in response to public health events of regional or national interest e.g., outbreaks, disasters, etc.

3) Strengthen syndromic surveillance practice:

- a) Maintain or establish jurisdictional working groups - this will include engagement with stakeholders (public health, health care providers, hospital systems, etc.) to improve quality and use of syndromic surveillance data within a state or local jurisdiction.
- b) Participate in professional development activities that further syndromic surveillance and practice - this will include training on the SyS-P, peer-to-peer mentoring, and participation in NSSCoP sponsored activities.
- c) Attend an annual NSSP grantee meeting at the CDC.

## 1. Collaborations

Please see required and optional collaborations for this FOA below

### a. With CDC-funded programs:

With CDC funded programs: Optional. Strengthen existing collaborations with CDC/CSELS and other CDC programs and initiatives. Applicants are encouraged to explore opportunities for new collaborations with and across CDC programs. For example, awardees will work with the CDC influenza program during flu season on case definitions and analytic methods, as well as other programs at CDC that could include, but is not limited to, CDCs National Center for Injury Prevention and Control (NCIPC), or CDCs Emergency Operations Center, etc.

### b. With organizations external to CDC:

With organizations external to CDC: Optional. Applicants from the same jurisdictions who meet the eligibility criteria are encouraged to collaborate on proposals. Applicants are encouraged to build and/or continue partnerships and collaborations with other jurisdictions or organizations that have a role in achieving the FOA outcomes and proposed activities. This may include participating in regional workgroups that are focused on syndromic surveillance issues important to the local region.

## 2. Target Populations

### a. Inclusion

#### **iv. Funding Strategy (for multi-component FOAs only)**

#### **b. Evaluation and Performance Measurement**

##### **i. CDC Evaluation and Performance Measurement Strategy**

The purpose of evaluation and performance measurement is to help CDC and the awardee: 1) Monitor the extent to which activities planned were successfully completed (e.g., Were activities implemented correctly?); (2) Demonstrate how activities contribute towards program outcomes (e.g., Were outcomes of interest achieved?); and (3) Inform decisions about future programming that drive continuous program improvement for more efficient and effective program performance (e.g., What and how could things be improved?).

The overall CDC Evaluation and Performance Measurement Strategy will focus on both process and outcome evaluation. Process evaluation is conducted to monitor activities during the implementation and operation of a program while an outcome evaluation examines the longer-term successes and accomplishments of a program. Potential data sources will include awardee applications and progress reports (e.g., work plans, performance measures, and success stories). Process measure data will be reviewed and discussed during quarterly reporting calls with the CDC.

Each awardee's Performance Measurement and Evaluation plan will be finalized with the CDC within the first six months of award. Below are some examples of the main evaluation questions to be addressed by the FOA during this project period.

#### **PROCESS MEASURES**

##### **Strategy 1: Improve representativeness of syndromic surveillance data**

Activity 1.a) Identify, recruit, and onboard hospitals, Health Information Exchanges (HIEs), or aggregator services to the syndromic surveillance platform (SyS-P)

Measure:

- Recruitment plan with number and identification of EDs and HIEs [qualitative and qualitative indicator]

Note: CDC will use the American Hospital Association data set as a benchmark to measure national representativeness. The American Hospital Association data set includes data from 1,600 hospitals across the nation and is nationally represented data. Therefore, helping to identify those facilities and describe the recruitment plan specific to those facilities will be a strong focus.

While emergency department data is of priority, other types of data such as urgent care and inpatient data are welcomed. Awardees should identify sources accordingly within their recruitment plan.

- Proportion of all ED facilities in the jurisdiction that are sending ED data to the SyS-P [quantitative indicator]
- Proportion of total visits in each jurisdiction's hospital EDs that are submitted to SyS-P [quantitative indicator]

Activity 1.b) Establish Data Use Agreements (DUAs) with the cloud steward and identified facilities according to jurisdictional law

Measure:

- Number of DUAs signed with local facilities [quantitative indicator]
- Number of DUAs signed with facilities that also allow data sharing with other jurisdictions and CDC for public health purposes. [quantitative indicator]

##### **Strategy 2: Improve data quality, timeliness and utility (i.e., complete, valid, reliable and useful):**

Activity 2.a) Register users for the SyS-P.

Measure:

- Number of state and/or local users registered to access data and/or view aggregate results on the SyS-P [quantitative indicator]

Activity 2.b) Conduct data quality and timeliness assessments for data submitted to the SyS-P.

Measure:

- Quarterly data quality and timeliness reports will include at a minimum:
  - Proportion of records with missing fields in data feeds [quantitative indicator]
  - Proportion of records with invalid values in data feeds [quantitative indicator]
  - Proportion of ED visit data that meet quality criteria defined by the NSSCoP core group [quantitative indicator]
  - Proportion of records available in the front end application of the SyS-P within less than 48 hours after patient admission to the ED [quantitative indicator]

Activity 2.c) Collaborate with CDC on syndromic surveillance for health events of national interest, e.g., outbreaks, disasters, etc.

Measure:

- Syndromic surveillance use “success stories” involving CDC collaborations [qualitative measure]

### **Strategy 3: Strengthen syndromic surveillance practice**

Activity 3.a) Maintain or establish jurisdictional working groups

Measure:

- Number of syndromic surveillance stakeholders participating in grantee jurisdictional workgroups, including hospital EDs and other healthcare provider organizations. [quantitative indicator]
- Jurisdictional workgroup plan with annual measurable objectives that align to NSSP priorities and NSSCoP activities and projects. [qualitative indicator]

Activity 3.b) Participate in NSSCoP sponsored activities/projects and other professional development activities that further syndromic surveillance and practice

Measure:

- Number of grantee staff participating in NSSCoP projects. [quantitative indicator]
- List syndromic surveillance trainings, grantee staff attended, including the type and content e.g. webinar, online course, conference, etc.) [qualitative indicator]
- Number of grantee staff engaged in peer-to-peer mentoring. [quantitative indicator]

Activity 3.c) Attend an annual NSSP grantee meeting at the CDC.

Measure:

- Participation in the annual grantee meeting at CDC [qualitative indicator]

## **OUTCOME MEASURES**

1. Outcome: Improved syndromic surveillance expertise of state and local health department staff

Measures:

- List syndromic surveillance reports or publications [qualitative measure]
- List syndromic surveillance presentations [qualitative measure]

2. Outcome: Increased use of syndromic surveillance in state and local jurisdictions

Measures:

- Number of use cases for syndromic surveillance [quantitative indicator]
- Syndromic surveillance “success stories” [qualitative measure]

3. Outcome: Increased data sharing between/among jurisdictions

Measure:

- Number of public health events where data were shared

4. Outcome: Timely identification of syndrome patterns for anticipated or present public health threats

Measures:

- Syndromic surveillance "success stories" [qualitative measure]
- Number of hospital facilities that have achieved Meaningful Use stage 2 compliance for syndromic surveillance. [quantitative measure]

### **ii. Applicant Evaluation and Performance Measurement Plan**

As needed and on request of the awardee, CDC program will work with awardees during the first six months of the project period to finalize an evaluation and performance measurement plan to better monitor the progress of the activities implemented and outcomes achieved. As a first step, applicants must provide an overall jurisdiction evaluation and performance measurement plan that is consistent with the CDC strategy, as stated above. This plan, at a minimum, must address the following points:

- a. Identify key program partners and describe how they will participate in the implementation of the evaluation plan as described within this FOA.
- b. Consider the evaluation questions outlined above in CDC Evaluation and Performance Measurement Strategy. These questions will establish the scope and focus of the evaluation.
- c. Describe how evaluation findings will be used for continuous program quality improvement.

Discuss any barriers or challenges expected for implementing the plan, collecting data (i.e., responding to performance measures), and reporting on evaluation results. Describe how these potential barriers would be overcome. In addition, applicants may also describe other measures to be developed or additional data sources and data collection methods that applicants will use to answer the evaluation questions stated above.

### **c. Organizational Capacity of Awardees to Execute the Approach**

The applicant must have a demonstrated organizational capacity to successfully implement the proposed syndromic surveillance strategies and activities listed in the FOA. The organizational capacity includes skill sets in epidemiology, surveillance, informatics, program planning and performance management, evaluation, budget management and administration, and personnel management (including developing staffing plans, developing and training the workforce and developing a sustainability plan).

The applicant must submit CVs/Resumes of principal investigators. Organizational charts may also be included. Applicant must be fully capable of managing the required procurement efforts in accordance with 45 and 74 C.F.R.

#### **d. Work Plan**

Applicants must include a work plan that allows the CDC project officer to monitor implementation of activities and progress on project period outcomes. The work plan should be detailed and should focus on the first year of the project period with only a high-level plan for subsequent years. Work plans should demonstrate alignment among the outcomes, strategies, activities, timelines, and staffing/collaborations. Additional information on performance measures and data sources can also be included.

#### **e. CDC Monitoring and Accountability Approach**

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

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

Monitoring may also include the following activities:

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

Other activities deemed necessary to monitor the award, if applicable.

These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

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

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

Monitoring may also include the following activities:

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

Other activities deemed necessary to monitor the award, if applicable.

These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

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

There will be substantial CDC involvement. CDC staff will collaborate or participate in project or program activities. Activities include the following:

1. Technical assistance in evaluation, performance measurement, work plan development, program planning, and specific syndromic surveillance subject matter expertise.
2. Provide the SyS-P for syndromic surveillance data storage and sharing
3. Support the cloud hosting environment for SyS-P
4. Provide analytic tools in the SyS-P
5. Provide data management support for the SyS-P
6. Provide data quality assurance for the SyS-P
7. Provide technical support to SyS-P users
8. Provide analysis of regional and national level aggregate data
9. Facilitate participation in the National Syndromic Surveillance Community of Practice activities where appropriate
10. Support the National Syndromic Surveillance Community of Practice and associated governance group
11. Collaborate with recipients on specific activities to develop a sustainable infrastructure which may include site visits, webinars, and teleconferences.

### **B. Award Information**

<b>1. Funding Instrument Type:</b>	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
<b>2. Award Mechanism:</b>	U50
<b>3. Fiscal Year:</b>	2015
Estimated Total Funding:	\$28,000,000
<b>4. Approximate Total Fiscal Year Funding:</b>	\$7,000,000
<b>5. Approximate Project Period Funding:</b>	\$28,000,000
<b>6. Total Project Period Length:</b>	4 year(s)
<b>7. Expected Number of Awards:</b>	25
<b>8. Approximate Average Award:</b>	\$250,000 Per Budget Period

**9. Award Ceiling:** \$400,000 Per Budget Period

**10. Award Floor:** \$100,000 Per Budget Period

**11. Estimated Award Date:** 09/01/2015

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).

**12. Budget Period Length:** 12 month(s)

**13. Direct Assistance**

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

**C. Eligibility Information**

**1. Eligible Applicants**

Eligibility Category: State governments  
County governments  
City or township governments  
Special district governments  
Native American tribal governments (Federally recognized)

Government Organizations:

State (includes the District of Columbia)  
Local governments or their bona fide agents  
Territorial governments or their bona fide agents in 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.  
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

**2. Additional Information on Eligibility**

Eligibility is limited to the following:

- 1) A single state or local health department representing a population equal to or greater than 1 million people as estimated by the U.S. Census (2013 estimate).
- 2) A collaborating group of state or local health departments (e.g.; MSAs, group of states, multiple counties, etc.) representing an area with a total combined population equal to or greater than 1 million people as estimated by the U.S. Census (2013 estimate) or the District of Columbia Department of Health.
- 3) A single state health department representing a population less than 1 million people as estimated by the U.S. Census (2013 estimate) and/or the District of Columbia Department of Health.

All applicants must have demonstrated capacity to conduct syndromic surveillance and must be able and willing to sign the cloud steward's, currently the Association of State and Territorial Health Officials (ASTHO), Data Use Agreement (DUA) within 6 months of award. Applicants that have current DUAs with the cloud steward, currently the Association of State and Territorial Health Officials (ASTHO), are required to submit a copy of their DUA with the request for funding. Applicants that do not have a current DUA with the cloud steward are required to submit a letter signed by the health officer committing to signing the DUA within the first six months of funding.

DUAs signed by applicants are necessary to ensure they'll be able to share data in the cloud to promote the mission of the national Syndromic Surveillance program: use of high quality syndromic surveillance data for improved nationwide all hazard situational awareness for public health decision-making and enhanced responses to hazardous events, and outbreaks - which cross geo-political boundaries.

The award ceiling for this FOA is \$400,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>)

### **3. Justification for Less than Maximum Competition**

The purpose of this funding opportunity is to assist state and local public health authorities to implement syndromic surveillance to enhance situational awareness and support public health authorities in Meaningful Use of syndromic surveillance data from electronic health records (EHR).

Activities of this funding opportunity include (1) improving the responsiveness of syndromic surveillance data by recruiting hospital or other sources of emergency department/urgent care or inpatient data that are representative of the jurisdiction's population; (2) improving the quality, timeliness, utility, and sharing of these data; and (3) increasing collaboration among state and local jurisdictions through a National Syndromic Surveillance Community of Practice (NSSCoP).

The November 2013 CDC BioSense Investment Review recommended CDC strategically prioritize the state/local emergency department enrollment and on-boarding to the Syndromic Surveillance Platform (which includes the BioSense application and other analytic tools) to increase the representativeness of jurisdictions and emergency departments, which is a data quality component essential for using syndromic surveillance systems for situation awareness and disease detection. Eligibility is limited to states and local public health departments because 1) they have the ability to target and on-board hospitals or Health Information Exchanges (HIEs) that will capture a representative population within those jurisdictions and 2) generally pursuant to applicable state laws, they have complete access and legal rights to the syndromic surveillance data. This activity builds on the Public Health Security and Bioterrorism Act of 2002, which

mandated a nationwide integrated system for early detection and assessment of potential bioterrorism and all hazards related illnesses. Additionally, the Pandemic and All-Hazards Preparedness Act (PAHPA) (Sec. 202) expanded syndromic surveillance to include situational awareness.

The recipient activities identified in this FOA build on programs and activities that CDC supported through an earlier FOA, CDC-RFA-OE12-1202, to enhance regional and national syndromic surveillance.

The characteristics of the eligible applicants that make them uniquely qualified to perform the programmatic activities are limited to the following.

(1) A single state or local health department representing a population equal to or greater than 1 million people as estimated by the U.S. Census (2013 estimate); (2) A collaborating group of state or local health departments (e.g., MSAs, group of states, multiple counties, etc.) representing an area with a total combined population equal to or greater than 1 million people as estimated by the U.S. Census (2013 estimate) with one state or local health department serving as the lead applicant; (3) A single state health department representing a population less than 1 million people as estimated by the U.S. Census (2013 estimate) or the District of Columbia Department of Health. Requiring applicants to represent a population of at least 1 million people is necessary to increase the proportion and representativeness of emergency department visits across the nation that are included in the National Syndromic Surveillance Program.

All applicants must have demonstrated capacity to conduct syndromic surveillance and must be able and willing to sign the cloud stewards', currently the Association of State and Territorial Health Officials (ASTHO), Data Use Agreement (DUA) within six months of the award. Applicants that have current DUAs with the cloud steward (ASTHO) are required to submit a copy of their DUA with the request for funding. Applicants that do not have a current DUA with the cloud steward are required to submit a letter signed by their health officer committing to signing the DUA within the first six months of funding.

This program addresses the "Healthy People 2020" focus area(s) of Health Communication and Health Information Technology, Healthcare Associated Infections, Immunizations and Infectious Diseases and Public Health Infrastructure.

Because the goal of this system is to provide a national picture of situational awareness, disapproval of this project would render our national syndromic surveillance system less capable of capturing representative data into the system.

#### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

#### 5. Maintenance of Effort

#### D. Required Registrations

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](http://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](http://www.SAM.gov).

**c. Grants.gov:** The first step in submitting an application online is registering your organization through [www.grants.gov](http://www.grants.gov), the official HHS E-grant website. Registration information is located at the "Get Registered" option at [www.grants.gov](http://www.grants.gov).

All applicant organizations must register with [www.grants.gov](http://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](http://www.grants.gov).

## 3. Application Package

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

## 4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. 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.

### a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **03/17/2015**

### b. Application Deadline

Due Date for Applications: **04/20/2015**, 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov). If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 03/03/2015

An informational teleconference call will be conducted on **March 3, 2015, 3:00 PM Eastern Time** to address prospective applicants' questions regarding CDC-RFA-OE 15-1502: The National Syndromic Surveillance Program: Enhancing Syndromic Surveillance Capacity and Practice. **The dial in telephone number is 1-888-455-9740, and the participant passcode is 7876347.**

**Note:** If multiple individuals will participate from your organization, make best effort to use one telephone

line to ensure CDC has available ports and telephone lines for all prospective applicants.

## **5. CDC Assurances and Certifications**

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at <http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html>.

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

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

## **6. Content and Form of Application Submission**

Applicants are required to include all of the following documents with their application package at [www.grants.gov](http://www.grants.gov).

## **7. Letter of Intent**

Although a letter of intent (LOI) is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CSELS staff to estimate the potential review workload and plan the review. Submission of an LOI is optional.

**Due Date for Letter of Intent (LOI): March 17, 2015**

Descriptive title of proposed project: *CDC-RFA-OE 15-1502, The National Syndromic Surveillance Program: Enhancing Syndromic Surveillance Capacity and Practice*

**LOI may be sent via email, U.S. express mail or delivery service to:**

Cynthia Thompson, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road,  
Atlanta, GA 30341  
Telephone: (770) 488-2714  
E-mail: [CBT1@cdc.gov](mailto:CBT1@cdc.gov)

**LOI must be sent via U.S. express mail, delivery service, fax, or email to:**

Philip M.J. Baptiste, III, Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
1600 Clifton Road, MS E-91  
Atlanta, GA 30329  
Telephone: 404-498-6808  
E-mail: [biosense2015@cdc.gov](mailto:biosense2015@cdc.gov)

**8. Table of Contents**

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at [www.grants.gov](http://www.grants.gov).

**9. Project Abstract Summary**

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at [www.grants.gov](http://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](http://www.grants.gov).

## **10. Project Narrative**

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

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](http://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. Purpose**

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

#### **ii. Outcomes**

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

#### **iii. Strategies and Activities**

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

### **1. Collaborations**

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

Applicants must file the MOU or MOA, as appropriate, name the files "MOUs/MOAs" , and upload it as a PDF file at [www.grants.gov](http://www.grants.gov) .

In the past MOUs/MOAs have been used to describe the terms for sharing data from federal agency hospitals. DUAs have been used to describe the terms for sharing data from states. The intent of both terms is to agree on terms for sharing data.

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](http://www.grants.gov).

## 2. Target Populations

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

### c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an overall 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:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html>)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality

improvement. Where the applicant chooses to, or is expected to, take on specific evaluation studies:

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

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 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.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

### d. Organizational Capacity of Applicants to Implement the Approach

Applicant must address the organizational capacity requirements as described in the CDC Project Description.

Applicant must address the organizational capacity requirements as described in the CDC Project Description.

Applicants must submit "CVs/Resumes" or "Organizational Charts" .Applicants must name this files "CVs/Resumes" or "Organizational Charts" and upload at [www.grants.gov](http://www.grants.gov).

## 11. Work Plan

(Included in the Project Narrative's 20 page limit)

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

Applicants must name this file "Work Plan" and upload it as a PDF file at [www.grants.gov](http://www.grants.gov).

Applicant must address the organizational capacity requirements as described in the CDC Project Description.

## 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
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <http://www.cdc.gov/grants/interestedinapplying/applicationresources.html> .

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern 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](http://www.grants.gov). If

requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at [www.grants.gov](http://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_for_Federal_Concessions_and_Vending_Operations.pdf)).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces

are: <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm> <http://www.thecommunityguide.org/tobacco/index.html> <http://www.cdc.gov/obesity/strategies/food-serv-guide.html>

#### **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](http://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/](http://www.whitehouse.gov/omb/grants_spoc/).

#### **16. Pilot Program for Enhancement of Employee Whistleblower Protections**

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

#### **17. 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 <http://www.cdc.gov/grants/additionalrequirements/index.html#ar12> for detailed guidance on this prohibition and [http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).
  - 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.
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- 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.

## 18. Other Submission Requirements

**a. Electronic Submission:** Applications must be submitted electronically at [www.grants.gov](http://www.grants.gov). The application package can be downloaded at [www.grants.gov](http://www.grants.gov). Applicants can complete the application package off-line and submit the application by uploading it at [www.grants.gov](http://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](http://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](http://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](mailto: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](http://www.grants.gov) on the deadline date.

**b. Tracking Number:** Applications submitted through [www.grants.gov](http://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](http://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](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://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](http://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 [ApplicantUserGuide](#), Version 1.1, page 102.

<http://www.grants.gov/documents/19/18243/GrantsgovApplicantUserGuide.pdf/ce754626-c2aa-44bc-b701-30a75bf428c8>

**d. Technical Difficulties:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://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](mailto: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](http://www.grants.gov) is managed by HHS.

**e. Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@www.grants.gov](mailto: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](http://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](http://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. Review and Selection Process

### 1. Review and Selection Process: Applications will be reviewed in three 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 CSELS 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 below.

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

**Approach**

**Maximum Points: 45**

Approach: (45 Points) – Does the approach include deliverables, timeline, milestones, responsible parties, and evaluation activities? Does the approach justify the need for the program within the geographic area? Does the approach describe the number of people in the catchment areas of the hospitals the applicant has and /or can enroll during the funding cycle? Does the approach address all activities in each part of the announcement? Is it adequate to carry out the proposed objectives? How complete and comprehensive is the approach for the entire project period? Are partnerships and collaborative efforts described? Does the approach include quantitative process and outcome measures?

### **Applicant's Organizational Capacity to Implement the Approach**

**Maximum Points: 30**

Applicant's Organizational Capacity to Implement the Approach: (30 Points) – Does the applicant provide a detailed work plan focused on the first year of the project with a high-level plan for subsequent years? Is the work plan feasible based on the budget and consistent with the intent of the FOA? Does the applicant plan to utilize or enhance staff resources to meet program objectives? Do the staff members have appropriate experience? Are the staff roles clearly defined? As described, will the proposed staffing level be sufficient to accomplish the program goals? Are CVs/Resumes or organizational charts included? Does the applicant show clear evidence of the ability to bring collaborative partners (including other jurisdictions) together to accomplish objectives? Does the applicant have the resources needed to execute the FOA? Does the applicant have the capability of disseminating, publicizing, and promoting evaluation findings and success stories to CDC and other relevant partners?

### **Evaluation and Performance Management**

**Maximum Points: 25**

Evaluation and Performance Management: (25 points) - Does the applicant provide an overall evaluation, and performance measurement plan that is consistent with the CDC strategy? Does the plan include both process and outcome measures? Does the plan include deliverables, timelines, milestones, and responsible parties? Does the plan describe how evaluation findings will be used for continuous program quality improvement? Does the plan include other measures to be developed or additional data sources and data collection methods that will be used?

### **Budget**

**Maximum Points: 0**

Budget: (0 points) 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 an annual CDC grantees meeting each budget year? If the applicant requests indirect costs in the budget, was a copy of the indirect cost-rate agreement included with the application? If the indirect cost rate is a provisional rate, is this less than the previous 12 months?

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.

### **c. Phase III Review**

Applications will be funded in order by score and rank determined by the review panel. If multiple applicants from overlapping geographic areas apply (e.g., a large city and the state in which that city resides), the highest scoring applicant will be selected for funding. Funding will not be made to multiple jurisdictions with redundant or overlapping population catchment areas. Again, the highest scoring applications will be selected for funding. An exception to funding by rank order of scores may be made by

CDC in order to:

- Increase the geographic diversity of jurisdictions participating in Nssp, and
- Increase the proportion of population groups not included in the Nssp.

CDC will provide justification for any decision to fund outside of ranked order of scores.

## 2. Announcement and Anticipated Award Dates

Awards will be communicated by the CDC Procurement and Grants Office (PGO) via official Notice of Grant Awards to be released August 1, 2015.

## F. Award Administration Information

### 1. Award Notices

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

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

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

### 2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available

at <http://www.cdc.gov/grants/additionalrequirements/index.html>

The HHS Grants Policy Statement is available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>.

\*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

The Paperwork Reduction Act of 1995 (PRA): Offerors should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, ect.) from 10 or more non-Federal entities/persons, including States, are subject to PRA requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public.

Information collection initiated under this cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-0824, BioSense, Expiration Date 11/30/2015. Any change to the existing information collection will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

For more information on the C.F.R. visit <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>.

### 3. Reporting

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

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

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

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

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.

- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

**b. Annual Performance Report (APR) (required)**

The awardee must submit the APR via [www.grants.gov](http://www.grants.gov) 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

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

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](http://www.grants.gov) 120 days before the end of the budget period.

The awardee must submit the APR via [www.grants.gov](http://www.grants.gov) 120 days before the end of the budget period. This report must not exceed 25 pages excluding administrative reporting; attachments are not allowed, but Web links are allowed.

**c. Performance Measure Reporting (optional)**

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

Awardees must participate in quarterly reporting calls with the CDC. During these calls, awardees must be prepared to discuss progress made on both the strategies and project period outcomes highlighted in the CDC's Performance Measurement and Evaluation strategy.

**d. Federal Financial Reporting (FFR) (required)**

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

**e. Final Performance and Financial Report (required)**

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

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

Page limit for the report is a maximum of 40 pages

#### **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 website, [www.USASpending.gov](http://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; 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.

##### **Program Office Contact**

**For programmatic technical assistance, contact:**

Philip M. J. Baptiste, III, Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
1600 Clifton Road  
MS E-91  
Atlanta, GA 30329  
Telephone: (404) 498-6808  
Email: [pmb2@cdc.gov](mailto:pmb2@cdc.gov)

##### **Grants Staff Contact**

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

Cynthia Thompson, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road  
MS E-01  
Atlanta, GA 30341  
Telephone: (770) 488-2714  
Email: [cbt1@cdc.gov](mailto:cbt1@cdc.gov)

For assistance with **submission difficulties related to** [www.grants.gov](http://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](mailto:pgotim@cdc.gov)

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

## H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at [www.grants.gov](http://www.grants.gov). Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

Optional attachments, as determined by CDC programs

- Resumes/CVs
- Position descriptions
- 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

CSELS/DHIS: <http://www.cdc.gov/OPHSS/CSELS/DHIS>

BioSense: <http://www.cdc.gov/biosense>

Applicant may also include Work Plan in application

## I. Glossary

**Activities:** The actual events or actions that take place as a part of the program.

**Administrative and National Policy Requirements, Additional Requirements (ARs):** Administrative requirements found in 45 CFR Part 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/grants/additionalrequirements/index.html>

. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles

(A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

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

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

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

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

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

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

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

provide financial assistance to STLT health agencies allow for the use of DA. <http://www.cdc.gov/grants/additionalrequirements/index.html>.

**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>.

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

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

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

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

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

**Grants.gov:** A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at [www.grants.gov](http://www.grants.gov).

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

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

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

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

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

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

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

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

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

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

**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or

other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**National Syndromic Surveillance Community of Practice (NSSCoP):** A Community of Practice (CoP) is defined as “a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis. This National Syndromic Surveillance Community of Practice supports local use, ensures appropriate data sharing, and supports a regional and national view of enhanced syndromic surveillance.

**National Syndromic Surveillance Program (NSSP):** The National Syndromic Surveillance Program (NSSP) is a collaboration among national, state, and local public health programs that supports the use of syndromic surveillance to detect and characterize disease outbreaks or other hazardous events or conditions of public health concern. NSSP includes a National Syndromic Surveillance Community of Practice (NSSCoP), a governance system that recognizes state, federal, and other participant's roles and responsibilities, and a shared Syndromic Surveillance Platform (SyS-P) that hosts the BioSense application and other analytic tools and applications.

**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.

**Onboarding:** The process of making a secure connection from the data provider to the Syndromic Surveillance Platform (SyS-P) so that a test message transmitted by the data provider is received and verified by the SyS-P. A facility is considered *onboarded* when such a connection has been established and one successful test message has been received by the SyS-P from the data provider.

**Stakeholders:** Those with a vested interest in the jurisdiction's syndromic surveillance system; may include representatives from participating public health agencies, hospital/emergency departments, information technology (IT) staff, IT vendors, health information exchanges (HIEs), individual healthcare providers,

others in emergency preparedness, etc

**Syndromic Surveillance:** Syndromic surveillance is public health surveillance that emphasizes the use of near 'real-time' pre-diagnostic data and statistical tools to detect and characterize unusual activity for further public health investigation. Syndromic surveillance is characterized by rapidly collecting, sharing, and evaluating information about emergency department visits and other health-related data from other sources. Syndromic surveillance offers more timely information than conventional case-based surveillance and allows local jurisdictions to respond quickly to local threats.

**Syndromic Surveillance Platform (SyS-P):** Supports the secure exchange of syndromic surveillance data, data processing services and data quality and advanced analytic tools for surveillance.

**Timely Data:** Patient visit records should be available in the front end application of the SyS-P within less than 48 hours after patient admission to the emergency department.