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Part 1. Overview Information

Participating Organization(s)	Centers for Disease Control and Prevention (<u>CDC</u>)
Components of Participating Organizations	Office of Public Health Preparedness and Response (OPHPR) National Center for Environmental Health (NCEH)
Funding Opportunity Announcement (FOA) Title	Centers for Disease Control and Prevention Public Health Preparedness and Response Research to Aid Recovery from Hurricane Sandy
Activity Code	Applications in response to this FOA will be funded using the U01 Cooperative Agreement activity code.
Funding Opportunity Announcement Type	New
Funding Opportunity Announcement Number	RFA-TP13-001
Catalog of Federal Domestic Assistance (CFDA) Number(s)	93.095 – HHS Programs for Disaster Relief Appropriations Act – Non-Construction www.cfda.gov
Category of Funding Activity	Health
FOA Purpose	The Center for Disease Control and Prevention collaborates with federal and state, public and private partners to <i>create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats</i> . The Office of Public Health Preparedness and Response leads the agency's preparedness and response activities and works with State, Tribal, Local, Territorial, national, and international public health partners to prepare for, respond to, and recover from natural disasters, and man-made and other threats to public health and to build and strengthen overall U.S. national health security. To this end, this Funding Opportunity

	<p>Announcement provides funds from the Disaster Relief Appropriations Act of 2013 (P.L. 113-02) to support research in priority areas to aid recovery from the public health impact of Hurricane Sandy. This research program is within the HHS and CDC overall strategy to build the scientific evidence-base and its application to public health preparedness, response, and recovery practice. Funds will be provided to benefit all or part of the Federal Emergency Management Agency (FEMA) declared major disaster states, which are: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia, and the District of Columbia. Eligible applicants and/or co-applicants must be based or have significant operations in one of these states, including the District of Columbia.</p>
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Key Dates

<p>Publication Date</p>	<p>To receive notification of any changes to TP13-001, return to the synopsis page of this announcement at www.grants.gov and click on the “Send Me Change Notification Emails” link An email address is needed for this service.</p> <p>PGO will add this information when posted. This field is not available for CIO edit.</p>
<p>Letter of Intent Due Date</p>	<p>May 16, 2013</p>
<p>Application Due Date</p>	<p>June 06, 2013, by 5:00 PM U.S. Eastern Time. On-time submission requires that electronic applications be error-free and made available to CDC for processing from eRA Commons on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov/eRA Commons no later than 5:00 PM U.S. Eastern Time. Note: HHS/CDC grant submission procedures do not provide a period of time beyond the application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).</p>

Scientific Merit Review	July, 2013
Secondary Review	July, 2013
Estimated Start Date	September 30, 2013
Expiration Date	June 05, 2014
Due Dates for E.O. 12372	Due no later than 45 days after the application receipt date.

Required Application Instructions

It is critical that applicants follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this FOA. Conformance to all requirements (both in the Application Guide and the FOA) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 25 pages.

Applications that do not comply with these instructions may be delayed or not accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

- **Purpose.** The purpose of this FOA is to provide funds from the Disaster Relief Appropriations Act of 2013 (P.L. 113-02) to support research in priority areas to aid recovery from the public health impact of Hurricane Sandy.
- **Mechanism of Support.** Short-term research U01 cooperative agreements will be awarded to successful applicants responding to this announcement.
- **Funds Available and Anticipated Number of Awards.** A total of \$4,325,000 will be available to fund up to 10 awards. The awards issued under this FOA are contingent upon availability of funds and a sufficient number of meritorious applications. Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size of each award may also vary. The total amount awarded and the number of awards will depend upon the number, quality, duration, and cost of the applications received.
- **Budget and Project Period.** Both the budget period and the project period will be 24 months. The estimated total funding (for both direct and indirect) for the 24 month budget period of these awards is up to \$4,325,000 across all priority areas. The estimated total funding (for both direct and indirect) will be up to \$4,325,000 for the entire project period. Both the budget period and the project period will run from 09/30/2013 to 09/29/2015.
- **Application Research Strategy Length:** Page limits for the Research Strategy are clearly specified in Section IV. Application and Submission Information of this announcement.
- **Eligible Institutions/Organizations.** Institutions/organizations listed in Section III, 1. are eligible to apply.

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- **Eligible Project Directors/Principal Investigators (PDs/PIs).** Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. NOTE: CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.
 - **Number of PDs/PIs.** Eligible individuals must be or have a co-PD/PI that is from a State, Tribal, or Local public health agency located in the Federal Emergency Management Agency (FEMA) declared major disaster states, which are: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia, and the District of Columbia. PD/PIs may create a consortium with organizations from other eligible institutions listed in Section III, 1. of this announcement.
 - **Number of Applications.** Eligible applicant institutions and their public health agency partner may submit more than one application, provided that each application is scientifically distinct. Research proposed in each application should address only one of the Priority Recovery Research Areas. Eligible institutions and their partners may submit multiple applications to address more than one Priority Recovery Research Area.
 - **Application Type.** This announcement is for new applications being submitted for this funding for the first time.
 - **Special Date(s).** Additional information to be available via teleconference for potential applicants: May 14, 2013 at 1:00-2:00 PM, EST. Toll Free Phone Number: 1-866-715-8219, Participant Passcode: 69331909#.
 - **Application Materials.** See **Section IV.1** for application materials.
 - **Hearing Impaired.** Telecommunications for the hearing impaired are available at: TTY: (770) 488-2783.

Part 2. Full Text

Section I. Funding Opportunity Announcement Description

Statutory Authority

Section 301 of the Public Health Service Act (42 U.S.C. Section 241); Public Health Service Act, Title 42, Part 247b, Section 317(k) (2); Disaster Relief Appropriations Act, 2013 (Public Law 113-2).

1. Background and Purpose

Federal, State, Territorial, Tribal, and Local, preparedness and response activities are directed toward preventing or limiting the impact of public health emergencies on affected communities. To do so, federal agencies and state and local governments provide resources needed to prepare for and respond to disasters and to build and sustain these capabilities. However, the recovery from these events can still take several years, and efforts are being expanded to learn and understand what is necessary to strengthen the ability of communities to recover from these events more quickly and at all levels.

During the recovery from Hurricane Sandy the Assistant Secretary for Preparedness and Response (ASPR) indicated that experiences from differing disasters have revealed gaps in information that can be addressed through better science and research (*Dynamics of Preparedness Conference, held November 2012, University of Pittsburgh, Pittsburgh, PA https://midas.pitt.edu/index.php?option=com_content&view=article&id=269&Itemid=474*). As defined in Presidential Policy Directive 8 (PPD-8): National Preparedness (March 2011) "recovery" refers to those capabilities necessary to assist communities affected by an incident to recover effectively, including, but not limited to, rebuilding infrastructure systems; providing adequate interim and long-term housing for survivors; restoring health, social, and community services; promoting economic development; and restoring natural and cultural resources (<http://www.dhs.gov/presidential-policy-directive-8-national-preparedness>).

As a part of the Department of Health and Human Services responsibilities and authorities for responding to public health emergencies and disasters, the ASPR and Leaders from the Office of Public Health Preparedness and Response, in the Centers for Disease Control and Prevention (OPHPR, CDC) engaged State Health Departments and organizations in areas impacted by Hurricane Sandy to examine how the response and recovery to the devastation could be enhanced through science and research. Collectively, these experts identified priority areas for rapid research to aid in the long-term recovery from this natural disaster. A meeting summary can be found at <http://www.nyam.org/news/nyam-news/2013-03-06-1.html>.

The purpose of this FOA is to provide funds from the Disaster Relief Appropriations Act of 2013 (P.L. 113-02) to support research in the priority areas (below) to aid recovery from the public health impact of Hurricane Sandy. This research program is within the HHS and CDC overall strategy to build the scientific evidence-base and its application to public health preparedness, response, and recovery practice. Funds will be provided to benefit all or part of the Federal Emergency Management Agency (FEMA) declared major disaster states, which are: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey New York, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia, and the District of Columbia. Eligible applicants and/or co-applicants must be based or have significant operations in one of these states, including the District of Columbia.

Outcomes from research in these priority areas will enhance the recovery process and contribute to the resiliency of this region and its communities to withstand future public health threats. Information from these studies is expected to provide information on elements

necessary for adapting and sustaining the public health and health care systems during an event. The knowledge gained on critical factors for communities to quickly recover can be translated to other parts of the nation to help strengthen national health security. Applicants that propose research to address one of the three stated Priority Recovery Research Areas will receive priority consideration for funding although work in related areas may also be submitted.

The objective of this program is to strengthen ongoing response and recovery activities in States, Tribal, and Local areas within FEMA declared major disaster states impacted by Hurricane Sandy through the support of research in the following three **priority recovery research areas** described below. To facilitate the rapid execution of proposed studies, applicants are expected to use existing tools and/or methodical approaches developed for response and recovery activities and research on health outcomes from past public health disasters, e.g., Hurricane Katrina, Deepwater Horizon Disaster, World Trade Center Disaster, (see Section 2. Approaches). Findings from this research with existing tools and methods can be compared with results across events and will inform preparedness planning to address public health threats and emergencies in the future. The office of the ASPR is issuing a comparable FOA, *Assistant Secretary for Preparedness and Response Grants to Support Scientific Research Related to Recovery from Hurricane Sandy* to address other departmental priority research areas. The ASPR FOA can be accessed at www.grants.gov.

Priority Recovery Research Areas

A. Mold mitigation and related health issues:

Research studies in this priority area are expected to address the following:

1. Approaches to enhance surveillance of mold-related health effects and air quality monitoring (indoor and outdoor) in impacted communities.
2. Mold and dampness-related exposures from building mitigation activities as a result of Hurricane Sandy. This effort should also include assessment of the square footage of visible indoor mold.
3. Assessment of short- and long-term indoor mold exposure and respiratory health effects among individuals residing in homes that sustained and did not sustain flood damage.
4. Examination of respirator use and efficacy by individuals involved in remediation activities that may include, but is not limited to, homeowners, renters, contractors, and volunteers. This effort should also include an assessment of the square footage of visible indoor mold to help inform current guidance on respirator use and training.

B. Characterization of the morbidity, and mortality among the at-risk and general populations impacted by Hurricane Sandy. Studies to address this priority are expected to assess the morbidity and mortality among the populations impacted by Hurricane Sandy; characterize preventable morbidity and mortality outcomes in the community; identify high-risk groups that could benefit from public health intervention; and provide information

for future planning and mitigation efforts. The study (studies) should include health outcomes, prevention and mitigation strategies for at-risk populations (including children, the elderly, persons with disabilities, persons with chronic diseases, the medically fragile, and other vulnerabilities during the disaster as defined by HHS

(<http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>). Questions to be addressed by research in this priority area include:

1. What are the health and mental health effects of different displacement/relocation strategies?
2. What are the mid- and long-term effects of Hurricane Sandy on mental health?
3. What were the risk factors for morbidity in the impacted population; assessed using data from hospitals and/or insurance claims data?
4. What are the modifiable risk factors for death and morbidity in impacted populations?

C. Evaluation of the public health system response. The public health system is a network of organizations and functions that can work collectively or individually to prepare, respond, and recover from public health emergencies (IOM Letter Report January 2008, <http://iom.edu/Reports/2008/Research-Priorities-in-Emergency-Preparedness-and-Response-for-Public-Health-Systems-Letter-Report.aspx>).

These studies are expected to examine the organization, function, capacity, and the performance of component organizations in the public health system that responded to and are recovering from Hurricane Sandy. Outcomes from these studies should provide information on the challenges and capability needs that should be addressed to strengthen recovery and improve the public health system for responding to future threats and emergencies. Specific questions to be addressed by research in this priority area include:

1. How did public health departments adapt their business processes and shift resources over the course of the response?
2. What modifications in organizational structure, policies, or legal authorities should be considered to improve the public health systems' response capabilities during future emergency responses?
3. What critical information needs did the public health departments have during the response? What sources of information were available to address those needs? How can these information needs be addressed in the future?
4. What surveillance methods were used to assess health in real time (i.e., at least daily) of the affected communities across the range of healthcare facilities and community settings? What was the performance of the different methods? What were the costs associated with different approaches?
5. What was the contribution of social media information to health surveillance? To the overall public health response?
6. How well did the multiple organizations within the public health system integrate and work together to effect the response to Hurricane Sandy? What organizational components were less engaged in the response and why? What future activities can public health officials take to enhance working relationships with communities,

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- agencies, and organizations across the public health system and maximize preparedness and response outcomes?
7. What critical factors contributed to or detracted from a coordinated response across the public health system and how can these elements be enhanced to strengthen recovery and sustain improved response for the future?

Healthy People 2020 and other National strategic priorities – The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention goals and objectives of "Healthy People 2020," a PHS-led national activity for setting priority areas. Research requested in this FOA will address the goal to "Improve the Nation's ability to prevent, prepare for, respond to, and recover from a major health incident." Research outcomes on communications will contribute information to support preparedness objectives 1 and results from research on the public health system will support preparedness objective 4. Research requested in this FOA will also support National priorities and objectives stated in the National Health Security Strategy of the United States of America (NHSS). Potential applicants may obtain a copy of "Healthy People 2020" at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=34> and the National Health Security Strategy at <http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx>

Public Health Impact – Research under this FOA will advance science knowledge and address critical questions to support and enhance long-term recovery from Hurricane Sandy. These studies are expected to provide information on the elements necessary for adapting and sustaining the public health and health care systems during an event and the outcomes will contribute to the resiliency of this region and its communities to withstand future public health threats. The knowledge gained on critical factors for communities to quickly recover can be translated to other parts of the nation to help strengthen national health security.

Relevant work – The mission of the Office of Public Health Preparedness and Response (OPHPR) is to "*strengthen and support the nations' health security to save lives and protect against public health threats.*" OPHPR program activities to fulfill this mission include funding and technical assistance for preparedness and response capabilities in states, territories, and large urban cities, oversight for all public health preparedness and response programs across the CDC, collaboration with other CDC centers, institutes, and offices and coordinating the CDC response role for all public health emergencies and disasters, and advancing the development and application of scientific knowledge to strengthen public health preparedness and response policies and practices. Applicants are encouraged to incorporate, with appropriate acknowledgement, any relevant CDC activities, publications, methods or documents in the proposed research, examples of which are available on these or other agency webpages .

<http://www.cdc.gov/phpr/>

<http://www.cdc.gov/nceh/hsb/disaster/epidemiology.htm>

<http://www.cdc.gov/mold/default.htm>

<http://www.cdc.gov/healthcommunication/research/index.html>
<http://www.cdc.gov/phpr/science/updates.htm>
<http://www.cdc.gov/niosh/topics/indoorenv/mold.html>
(can also reference the NIOSH “Dampness and Mold Evaluation Tool”)

2. **Approach**

Numerous studies have been conducted on public health disasters that provide a wealth of information. To facilitate the rapid execution of proposed studies, applicants are expected to incorporate and/or adapt existing tools and/or methods that have been developed to investigate health outcomes from, and response and recovery activities for past public health emergencies and disasters, e.g., Hurricane Katrina, Deepwater Horizon Disaster, World Trade Center Disaster, etc. By example, existing tools and/or methods that may be relevant to proposed research can be found at the following links:

<http://www.atsdr.cdc.gov/rapidresponse/>
<http://www.cdc.gov/nceh/hsb/disaster/epidemiology.htm>
<http://www.cdc.gov/niosh/topics/erhms/>
<http://www.publichealthpractices.org/>

Objectives/Outcomes – Outcomes from research funded under this announcement are expected to help increase the effectiveness of relevant recovery activities for Hurricane Sandy.

Target population – Research funded under this announcement is intended to support the recovery needs of the general and at-risk populations impacted by Hurricane Sandy.

Collaboration/Partnerships – Non-state agency applicants are required to form partnerships with State, Tribal, or Local public health agencies located in the Federal Emergency Management Agency (FEMA) declared major disaster states, which are: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia, and the District of Columbia. Eligible applicants and/or co-applicants must be based or have significant operations in one of these states, including the District of Columbia. State, Tribal, or Local public health agencies that apply are encouraged to collaborate and form partnerships or consortia with eligible organizations within the public health system to conduct the proposed research and implement research outcomes to enhance recovery activities.

Applicants that are not State, Tribal, or Local public health agencies should ensure that the total proposed budget adequately reflects shared costs with state and/or local public health agency partners. The intent is to assure that there is adequate support for the active participation of State/Tribal/Local public health agencies in informing the proposed project(s), project planning, and research implementation.

The application should specify the roles of all research partners, and describe whether and how each partner has been involved in developing the research proposal and the manner in which the partners will participate in the investigation. Partner roles should be specified for collecting and analyzing data, interpreting results, developing any practice recommendations based on outcomes, presenting findings at public or professional venues, identifying audiences and crafting information products for dissemination, etc.

Community Engagement – Applicants should discuss how the proposed research has been informed by community input, including formulation of the research questions and design, as an aspect of their collaboration with State or Local public health agencies to ensure the relevance, appropriateness, and feasibility of the proposed research for supporting the recovery from Hurricane Sandy. The proposal should also include plans to inform impacted communities about the proposed study and to share with participants and communities how research outcomes will support or enhance recovery efforts. For the purposes of this FOA, “community” is defined as the population living and/or working in the geographic catchment area of the state and/or local health department(s) partners for the proposal. (see <http://www.atsdr.cdc.gov/communityengagement/index.html>) for additional information on community engagement.

Evaluation/Performance Measurement – Applicants should include in the proposal a plan to evaluate the impact research findings are expected to provide to recovery activities when implemented in communities impacted by Hurricane Sandy. Resources to assist the development of the evaluation plan are available at www.cdc.gov/eval.

Translation plan –A proposed Translation Plan is required in the application. Applicants should describe the steps necessary to translate/apply the expected research outcomes to preparedness and response practice for enhancing recovery from Hurricane Sandy. The translation plan should support the broad application of the research outcomes to support ongoing recovery efforts from this event and recovery from future public health emergencies and disasters, and include discussion of the potential development of specialized information products and/or venues for dissemination and/or application of research findings, and resources needed for such strategies.

Applicants will be required to present their research findings at a conference/meeting to be held in conjunction with the Office of the ASPR to disseminate research findings and outcomes to the public health practice community and stakeholders. In addition, applicants are encouraged to present research findings at relevant conferences and meetings and publish research findings in peer-reviewed journals.

Section II. Award Information

Funding Mechanism	<p>Applications in response to this FOA will be funded using the Cooperative Agreement mechanism. A Cooperative Agreement support mechanism is used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, CDC scientific or program staff will assist, guide, coordinate, or participate in project activities.</p>												
Application Types Allowed	<p><u>New</u> – An application that is submitted for funding for the first time.</p>												
Funds Available and Anticipated Number of Awards	<p>Both the budget period and the project period will be 24 months. An estimated total of up to \$ 4,325,000 in funding will be available to fund awards across all priority areas for the entire project period. The estimated total funding (for both direct and indirect) for the 24-month budget period of awards in each of the priority areas is listed below with the projected number of awards for each priority. The estimated total funding (for both direct and indirect) for these</p> <table border="1" data-bbox="532 1192 1370 1885"> <thead> <tr> <th data-bbox="532 1192 938 1331"> Priority Recovery Research Area </th> <th data-bbox="938 1192 1140 1331"> Anticipated Number of Awards </th> <th data-bbox="1140 1192 1370 1331"> Estimated Total Funding, up to </th> </tr> </thead> <tbody> <tr> <td data-bbox="532 1331 938 1566"> A. Mold mitigation Up to \$1.1 million to address A.1, A.2, and A.3 (combined) Up to \$578,000 to address A.4 </td> <td data-bbox="938 1331 1140 1566" style="text-align: center;"> 2 </td> <td data-bbox="1140 1331 1370 1566" style="text-align: center;"> \$1,700,000 </td> </tr> <tr> <td data-bbox="532 1566 938 1705"> B. Morbidity and Mortality Among Impacted Populations </td> <td data-bbox="938 1566 1140 1705" style="text-align: center;"> 3-5 </td> <td data-bbox="1140 1566 1370 1705" style="text-align: center;"> \$1,825,000 </td> </tr> <tr> <td data-bbox="532 1705 938 1885"> C. Evaluation of the Public Health System </td> <td data-bbox="938 1705 1140 1885" style="text-align: center;"> 2-3 </td> <td data-bbox="1140 1705 1370 1885" style="text-align: center;"> \$800,000 </td> </tr> </tbody> </table>	Priority Recovery Research Area	Anticipated Number of Awards	Estimated Total Funding, up to	A. Mold mitigation Up to \$1.1 million to address A.1, A.2, and A.3 (combined) Up to \$578,000 to address A.4	2	\$1,700,000	B. Morbidity and Mortality Among Impacted Populations	3-5	\$1,825,000	C. Evaluation of the Public Health System	2-3	\$800,000
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C. Evaluation of the Public Health System	2-3	\$800,000											

	<p>awards across all priority areas will be up to \$4,325,000 for the entire 24-month project period. The project period and the budget period will run from 09/30/2013 to 09/29/2015.</p> <p>Awards issued under this FOA are contingent on the availability of funds and submission of a sufficient number of meritorious applications.</p>												
<p>Ceiling and Floor of Individual Award Range</p>	<table border="1"> <thead> <tr> <th data-bbox="532 541 792 604">Priority Recovery Research Area</th> <th data-bbox="792 541 1079 604">Minimum Dollar amount per award</th> <th data-bbox="1079 541 1393 604">Maximum Dollar Amount per award</th> </tr> </thead> <tbody> <tr> <td data-bbox="532 604 792 703">A. Mold mitigation</td> <td data-bbox="792 604 1079 703">\$ 250,000 for A.1, A.2, and A.3 (combined) \$250,000 for A.4</td> <td data-bbox="1079 604 1393 703">Up to \$1 million for A.1, A.2, and A.3 (combined) Up to \$500,000 for A.4</td> </tr> <tr> <td data-bbox="532 703 792 835">B. Morbidity and Mortality Among Impacted Populations</td> <td data-bbox="792 703 1079 835">\$365,000</td> <td data-bbox="1079 703 1393 835">\$608,300</td> </tr> <tr> <td data-bbox="532 835 792 934">C. Evaluation of the Public Health System Response</td> <td data-bbox="792 835 1079 934">\$267,000</td> <td data-bbox="1079 835 1393 934">\$400,000</td> </tr> </tbody> </table>	Priority Recovery Research Area	Minimum Dollar amount per award	Maximum Dollar Amount per award	A. Mold mitigation	\$ 250,000 for A.1, A.2, and A.3 (combined) \$250,000 for A.4	Up to \$1 million for A.1, A.2, and A.3 (combined) Up to \$500,000 for A.4	B. Morbidity and Mortality Among Impacted Populations	\$365,000	\$608,300	C. Evaluation of the Public Health System Response	\$267,000	\$400,000
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B. Morbidity and Mortality Among Impacted Populations	\$365,000	\$608,300											
C. Evaluation of the Public Health System Response	\$267,000	\$400,000											
<p>Project Period Length</p>	<p>The project period for awards under this FOA will be 24 months. Both the budget period and the project period will be 24 months in accordance with HHS Guidance on the use of funds under the Disaster Relief Appropriations Act of 2013 Addressing Impacts of Hurricane Sandy.</p> <p>Throughout the project period, CDC's commitment to continuation of awards will depend on evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.</p> <p>All funds awarded under this FOA must be expended¹ within 24 months of the award date. No draw-downs from PMS may be made outside of the 24-month period and no costs may be paid outside of the 24-month period. Waivers to this time limit must be approved by the OMB.</p> <p>Automatic No Cost Extensions are prohibited under this FOA unless a waiver is granted by the OMB.</p>												

	¹ Expend - for purposes of this FOA guidance only, this term includes both obligation and outlay of Disaster Relief Act funds.
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HHS/CDC grants policies as described in the HHS Grants Policy Statement (<http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>) will apply to the applications submitted and awards made in response to this FOA.

Section III. Eligibility Information

1. Eligible Applicants

- Recipients agree that the benefits of the grant awards must be restricted to all or part of the of the Federal Emergency Management Agency (FEMA) declared major disaster states, which are: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York , Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia, and the District of Columbia.
- Eligible applicants and/or co-applicants must be based or have significant operations in one of these states, including the District of Columbia, identified as a major disaster area.
- Non-state applicants must partner with 1 or more State, Tribal, or Local public health agency in one of the states, including the District of Columbia, identified above as a FEMA declared major disaster area.
- Applicants will be required to attest (at the time of application) that funds requested will not be used for costs that are reimbursed by the Federal Emergency Management Agency, under a contract for insurance, or by self-insurance².

² Self-Insurance is a formal plan, pursuant to law or regulation, in which amounts are set aside in a fund to cover losses of specified types and amounts, typically by a commercial company. Appropriated funds are precluded from expenses that are or can be reimbursed by the formal self-insurance plan.

Eligible Organizations:

Higher Education Institutions

- Public/State Controlled Institutions of Higher Education
- Private Institutions of Higher Education

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Institutions of Higher Education:

- Hispanic-serving Institutions
- Historically Black Colleges and Universities (HBCUs)
- Tribally Controlled Colleges and Universities (TCCUs)

-
- Alaska Native and Native Hawaiian Serving Institutions

Nonprofits Other Than Institutions of Higher Education

- Nonprofits (Other than Institutions of Higher Education)

For-Profit Organizations

- Small Businesses
- For-Profit Organizations (Other than Small Businesses)

Governments

- State Governments
- County Governments
- City or Township Governments
- Special District Governments
- Indian/Native American Tribal Governments (Federally Recognized)
- Indian/Native American Tribal Governments (Other than Federally Recognized)
- Eligible Agencies of the Federal Government
- U.S. Territory or Possession

Other

- Faith-based or Community-based Organizations
- Regional Organizations
- Bona Fide Agents: a Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

2. Foreign Organizations

Foreign Organizations **are not** eligible to apply.

Foreign components of U.S. Organizations **are not** eligible to apply.

For this announcement, applicants **may not** include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Special Eligibility Requirements: Non-state applicants must partner with 1 or more State, Tribal, or Local public health agency from Federal Emergency Management Agency (FEMA) declared major disaster states, which are: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia, and the District of Columbia.

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4. **Responsiveness:** Letters of commitment from all partnering organizations must accompany the application. The letter(s) should identify organizational staff and state the level of participation staff from the partnering organization will provide in the conduct of the study. The involvement of all partnering organizations should be reflected in the budget of the proposed research.

Applicants that are not State, Tribal, or Local public health agencies should ensure that the total proposed budget adequately reflects shared costs with state and/or local public health agency partners. The intent is to assure adequate support for the active participation of state/local public health agencies in informing the proposed project(s), project planning and implementation.

5. **Required Registrations**

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code:
http://www.dlis.dla.mil/Forms/Form_AC135.asp
- System for Award Management (**SAM**) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually,
http://www.grants.gov/applicants/organization_registration.jsp.
- [Grants.gov](http://www.Grants.gov)
- [eRA Commons](http://www.eRACommons.gov)

All applicant organizations must register with **Grants.gov**. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Program Directors/Principal Investigators (PD/PIs) **must** also work with their institutional officials to register with the **eRA Commons** or ensure their existing eRA Commons account is affiliated with the eRA Commons account of the applicant organization. **All registrations must be successfully completed and active before the application due date.** Applicant organizations are strongly encouraged to start the registration process at least four (4) weeks prior to the application due date.

6. **Universal Identifier Requirements and Central Contractor Registration**

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the [US D&B D-U-N-S Number Request Web Form](#) or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the **System for Award Management (SAM)**, the replacement system for the Central Contractor Registration (CCR) database. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at <https://www.sam.gov/index.html>.

If an award is granted, the grantee organization **must** notify potential sub-recipients that **no** organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

7. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support. Eligible individuals must be or have a co-PD/PI that is from a State, Tribal, or Local public health agency from Federal Emergency Management Agency (FEMA) declared major disaster states, which are: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia, and the District of Columbia. The proposed budget for collaborating State, Tribal, and/or Local public health agency partners should reflect allowable costs for all collaborative research activities which may include salaries/benefits for agency staff. PD/Pis may create a consortium with organizations from other eligible institutions listed in Section III, 1. of this announcement.

Cost Sharing

This FOA **does not** require cost sharing as defined in the HHS Grants Policy Statement (<http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>).

Number of Applications

Applicant organizations may submit more than one application, provided that each application is scientifically distinct. Research proposed in each application should address only one of the Priority Recovery Research Areas. Eligible institutions may submit multiple applications to address more than one Priority Recovery Research Area.

As defined in the HHS Grants Policy Statement, (<http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>), applications received in response to the same funding opportunity announcement generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this FOA that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from www.Grants.gov.

If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 or pgotim@cdc.gov for further instructions. Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Standard Time. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/guide/url_redirect.htm?id=12000), except where instructed in this Funding Opportunity Announcement to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review.

The forms package associated with this FOA includes all applicable components, mandatory and optional. Please note that some components marked optional in the application package are required for submission of applications for this FOA. Follow the instructions in the SF 424 (R&R) Application Guide to ensure you complete all appropriate “optional” components.

In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled “PHS398.” Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. While these are not identical to the PHS398 application form pages, the PHS398 reference is used to distinguish these additional data requirements from the data collected in the SF424 (R&R) components. A complete application to CDC will include SF424 (R&R) and PHS398 components. These forms can be downloaded and uploaded as Attachment A from the following link: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Required Documentation under this FOA – Applicants must submit a statement attesting that funds requested will not be used for costs that are reimbursed by the Federal Emergency Management Agency (FEMA), under a contract for insurance or by self-insurance². If, during the award, a claim is paid which provides duplication of benefits by FEMA, insurance, or self-insurance, the grantee will be required to pay back the funds to HHS.

Each application must include in the Research Strategy a self-monitoring plan for proposed grant activity with clear timelines for execution and completion as well as proposed contingency activities to ensure project completion and funding outlays are completed within the 24-month project period.

3. Letter of Intent

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CIO staff to estimate the potential review workload and plan the review.

By the date listed in Part 1. Overview Information, prospective applicants are asked to submit a letter of intent that includes the following information:

Name of the Applicant

Co-Applicants and Participating institutions

Information to indicate that applicant is based or have significant operations in one of the states (including the District of Columbia) identified as a major disaster area.

Descriptive title of proposed research

Name, address, and telephone number of the PD(s)/PI(s)

Names of other key personnel

Number and title of this funding opportunity

The letter of intent should be sent to:

Todd M. Graham

1600 Clifton Road, NE, Mailstop K72

Atlanta, Georgia 30333

FedEx address and zip code:

2877 Brandywine Road

Atlanta, Georgia 30341

Telephone: 770-488-8365

Email: TMGraham@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this FOA in Grants.gov includes all applicable components for this FOA, required and optional.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of 16 components. Not all 16 components of the Research Plan apply to all Funding Opportunity Announcements (FOAs). Specifically, some of the following 16 components are for Resubmissions or Revisions only. See Part I, Section 5.5 of the SF 424 (R&R) Application Guide (http://grants.nih.gov/grants/guide/url_redirect.htm?id=12000) for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Funding Opportunity Announcement Description). Follow the page limits stated in the SF 424 unless otherwise specified in the FOA. As applicable to and specified in the FOA, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. Introduction to Application- provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the FOA.
2. Specific Aims – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. Research Strategy – the research strategy should be organized under the following headings: Significance, Innovation, and Approach (to include subheadings for Objectives/Outcomes, Target Population, Collaboration/Partnerships, Community Engagement, Self-Monitoring and Evaluation/Performance Measurement Plan, Contingency Activities, and Translation Plan). Describe the proposed research plan, including staffing and timeline.

Human Subjects Section

4. Protection of Human Subjects
5. Inclusion of Women and Minorities
6. Targeted/Planned Enrollment Table (for New Application ONLY)
7. Inclusion of Children

Other Research Plan Sections

10. Vertebrate Animals
11. Select Agent Research
12. Multiple PD/PI Leadership Plan.
13. Consortium/Contractual Arrangements
14. Letters of Support
15. Resource Sharing Plan(s)
16. Appendix

All instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_Adobe_VerB.pdf) must be followed along with any additional instructions provided in the FOA.

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 manuscripts may be included that are not yet published or publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

Letters of commitment from all partnering organizations must accompany the application and be included in the Appendix. The letter(s) should identify organizational staff and state the level of participation staff from the partnering organization will provide in the conduct of the study.

7. Page Limitations

All page limitations described in this individual FOA must be followed. For this specific FOA, the Research Strategy component of the Research Plan narrative is limited to **25** pages.

Supporting materials for the Research Plan narrative included as appendices may not exceed **10** PDF files with a maximum of **30** pages for all appendices.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide (Part I, Section 2)

(http://grants.nih.gov/grants/guide/url_redirect.htm?id=12000).

9. Submission Dates and Times

Part I. Overview Information contains information about Key Dates. Applicants are encouraged to submit in advance of the deadline to ensure they have time to make any application corrections that might be necessary for successful submission.

Organizations must submit applications via [Grants.gov](http://www.grants.gov/) (<http://www.grants.gov/>), the online portal to find and apply for grants across all Federal agencies. The eRA Commons systems retrieve the application from Grants.gov and check the application against CDC business rules. If no errors are found, the application will be assembled in the eRA Commons for viewing by the applicant before moving on for further CDC processing.

If errors are found, the applicant will be notified in the eRA Commons. They must make required changes to the local copy of their application and submit again through Grants.gov. **Applicants are responsible for viewing their application in the eRA Commons to ensure accurate and successful submission.**

Once you can see your application in the Commons, be sure to review it carefully as this is what the reviewer will see. Applicants must then complete the submission process by tracking the status of the application in the eRA Commons (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11123).

Information on the submission process is provided in the SF424 (R&R) Application Guide.

Note: HHS/CDC grant submission procedures do not provide a period of time beyond the grant application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).

The application package is not complete until it has passed the Grants.gov/eRA Commons validation process. This process and email notifications of receipt, validation or rejection may take two (2) business days.

Applicants are strongly encouraged to allocate additional time prior to the submission deadline to submit their applications and to correct errors identified in the validation process. Applicants are encouraged also to check the status of their application submission to determine if the application packages are complete and error-free. Applicants who encounter system errors when submitting their applications must attempt to resolve them by contacting the Grants.gov Contact Center (1-800-518-4726; support@grants.gov). If the system errors cannot be resolved, applicants must contact CDC PGO TIMS at 770-488-2700; pgotim@cdc.gov for guidance at least 3 calendar days before the deadline date.

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants that will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. A third and final e-mail message is generated once the applicant’s application package has passed validation and the grantor has confirmed receipt of the application.

Unsuccessful Submissions:

If an application submission was unsuccessful, ***the applicant*** must:

1. Track his/her submission and verify the submission status (tracking should be done initially regardless of rejection or success).
 - a. If the status states “***rejected***,” do #2a or #2b.
2. Check his/her emails from both Grants.gov and eRA Commons for rejection notices.

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- a. If the deadline has passed, he/she should email the Grant Management Specialist listed in the FOA (pgotim@cdc.gov) explaining why the submission failed.
 - b. If there is time before the deadline, he/she should correct the problem(s) and resubmit as soon as possible.

10. Intergovernmental Review (E.O. 12372)

Your application is subject to Intergovernmental Review of Federal Programs, as governed by **Executive Order 12372** (<http://www.archives.gov/federal-register/codification/executive-order/12372.html>). This order sets up a system for state and local review of proposed federal assistance applications. You should contact your state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications, and to receive instructions on your state's process. Click on the following link to get the current SPOC list: http://www.whitehouse.gov/omb/grants_s poc/

11. Funding Restrictions

All HHS/CDC awards are subject to the terms and conditions, cost principles, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

If the proposed research involves individual participants, funds will be restricted until the CDC receives documentation that an Institutional Review Board has reviewed and approved the protocol for the protection of human subjects from research risks.

12. Other Submission Requirements and Information

Application Submission

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. PAPER APPLICATIONS WILL NOT BE ACCEPTED.

Applicants must complete all required registrations before the application due date. Section III. Eligibility Information contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11144).

Important reminders:

All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the Central Contractor Registration (CCR). Additional information may be found in the SF424 (R&R) Application Guide.

Applicants are reminded to enter the approved Federal Wide Assurance (FWA) that the applicant has on file with the Office for Human Research Protections, if available. If the applicant has a FWA number, enter the 8-digit number. Do not enter the FWA before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of this Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications: http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm or http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm

Upon receipt, applications will be evaluated for completeness by the CDC Procurement and Grants Office (PGO) and responsiveness by PGO and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only eligible applicants (See Section III. Eligibility Information, 1. Eligibility) will be forwarded for review. Only the review criteria described below will be considered in the review process. As part of the CDC mission (<http://www.cdc.gov/about/organization/mission.htm>), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact

Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria

Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will the results contribute to scientific knowledge, technical capability, and/or improved public health practice for preparedness, response, and recovery? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field? In addition, reviewers will assess:

What is the potential or actual impact of the research for enhancing ongoing recovery activities for Hurricane Sandy? How will the research outcomes provide a practical benefit and have clear application for enhancing recovery in the impacted region and communities?

How will the work be influential in that it will lead others to further investigate the problem, open new areas of research, or change the scientific approach or public health practice?

How will findings strengthen preparedness, response and recovery performance, practice, and policy for future public health emergencies and disasters? How well does the applicant describe the potential for research results to be scalable to other regions of the nation and contribute to the national health security?

Investigator(s)

Discuss whether the PD/PIs, collaborators, and other researchers are well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project? In addition, reviewers will assess:

Do the investigators have a successful track record in public health preparedness and response research? Have the investigators' previous research results provided high quality outputs and contributed to improvements in public health preparedness and response practice and population health?

Is there evidence of successful past collaborations with the proposed research team and participating organizations?

Does the proposed research include collaboration, consultation, or coordination with public health preparedness and response officials or staff from State, Tribal, or Local public health agencies, and other organizations in the public health system?

Are research partners from State, Tribal, or Local public health agencies included as equal co-investigators, i.e., co-authors and co-presenters of the research results? How

were these and other non-academic research partners involved in developing the research question, collecting and analyzing data, interpreting results, crafting the overall message, developing recommendations and identifying audiences for dissemination?

Are the roles and contributions of collaborators and key staff clearly defined including participation in the preparation of the application and the conduct of the proposed research?

Are investigators with evaluation and research translation expertise and experience included in the project?

Innovation

Discuss how well the application challenges and seeks to shift current research or clinical practice paradigms through the use of novel theoretical concepts, approaches or methodologies, instrumentation, or interventions. Consider whether the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed? In addition, reviewers will assess:

How innovative is the proposed research? Does the innovation offer the reasonable potential for concrete applications of interest and value to the CDC and public health preparedness, response, and recovery?

What is the potential for the project to increase the efficiency and effectiveness of ongoing recovery activities or lead to cost savings?

Approach

Discuss the extent to which the overall strategy, methodology, and analyses are well-reasoned and appropriate to accomplish the specific aims of the project. Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed? In addition, reviewers will assess:

If the project involves clinical or human subjects research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Does the proposed research address a priority research area in communities impacted by Hurricane Sandy? Has the applicant included an effective strategy to: inform these communities about the planned research, and to share research outcomes with these communities? Does the applicant describe how they gathered and used input from communities to inform the research approach? How well does the proposed research

address the identified priorities for at-risk populations within any communities included in the research?

Will the conduct of the research have minimal or no adverse impact on response and recovery activities, or interfere with critical assistance activities for affected populations and communities?

To what extent does the application propose to use existing tools and/or methodological approaches or evidence-based interventions or strategies from previous studies of public health emergencies or disasters in the research plan?

To what extent does the proposed research incorporate interdisciplinary, mixed methods approaches and teams that are critical to the success of the study?

What is the potential usefulness of the research outputs identified? Does the approach to the proposed research include feasible and effective measures/metric and plans to assess the value of research outcomes?

Does the applicant include a self-monitoring plan for the proposed grant activity with clear timelines for execution and completion?

Does the applicant identify contingency activities to ensure project completion and funding outlays are completed within the 24-month project period?

Does the application describe how results from the research will be disseminated, and include a translation plan for the application of research outcomes to enhance recovery? How will the dissemination and translation plans make the results readily accessible for use by the public health preparedness and response practice community?

Environment

How will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements? In addition, reviewers will assess:

How critical are the partnerships or collaborations for the success of the research? How effectively does the proposed research involve appropriate organizations in affected communities to ensure meaningful engagement that reflects local interests?

How does the project support key stakeholder involvement throughout the research process?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46 , the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar1).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children

When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (http://www.cdc.gov/maso/Policy/Policy_women.pdf) and the policy on the Inclusion of Persons Under21 in Research (<http://aops-mas-iis.cdc.gov/Policy/Doc/policy496.pdf>).

Vertebrate Animals

The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following five points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) adequacy of veterinary care; 4) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 5) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on

review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11150).

Biohazards

Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but *will not give scores* for these items, and should not consider them in providing an overall impact/priority score.

Resource Sharing Plans

HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see:

<http://www.cdc.gov/maso/policy/releasingdata.pdf>. Investigators responding to this funding opportunity should include a plan on sharing research resources and data.

Budget and Period of Support

Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. Research partnerships or collaborations with State, Tribal, or Local public health agencies and their specific role and contribution to the conduct of the proposed study should be reflected in the proposed budget.

Applicants that are not State, Tribal, or Local public health agencies should ensure that the total proposed budget adequately reflects shared costs with state and/or local public health agency partners. The intent is to assure that there is adequate support for the active participation of state/local public health agencies in informing the proposed project(s), project planning and implementation. The proposed budget for collaborating State, Tribal, and/or Local public health agency partners should reflect allowable costs for all collaborative research activities. Examples of costs for collaborative activities in the proposed research include: the collection and analysis of any data to inform operational gaps, response and recovery activities, or disaster related morbidity and mortality or other priority area; research meetings; salaries/benefits for agency staff; local travel as required for data collection of other research activities; etc.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

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

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.

As part of the scientific peer reviews, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score
- Will receive a written critique.

Following initial peer review, a secondary review will be conducted for those applications deemed to have the highest scientific and technical merit scores (generally the top 50% of applications under review). In the secondary review, those top-scoring applications will be discussed in the context of the criteria described below, which will inform funding decisions. In the second level review, applications submitted under this CDC FOA (TP13-001) and a similar ASPR FOA (EP-HIT-13-001) will be reviewed together to avoid redundancy and maximize the impact of Federal funding dollars for this research.

The following will be considered in making funding decisions, in this order:

- Scientific and technical merit of the proposed project as determined by scientific review.
- Preference for applications submitted by entities that are based or have significant operations in one of the states, including the District of Columbia, identified as a major disaster area (see eligibility criteria).
- Applications with research in HHS priority areas that are overlapping between the two FOAs #(EP-HIT-13-001 and TP13-001) for ASPR and CDC, respectively, will be considered based upon the following factors:
 - The avoidance of funding unnecessary redundant research between the two FOAs.
 - Funding those meritorious applications that best address research in the overlapping HHS priority areas between the two FOAs.

The following will also be considered in making funding decisions, in no particular order:

- Existence of research collaboration or partnership with agencies/organizations/entities, as defined in the respective FOAs, from one of the states, including the District of Columbia, identified as a major disaster area affected by Hurricane Sandy.
- Consideration of funding research across all of the identified HHS priority areas.
- Availability of funds.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this FOA will be subject to the DUNS, CCR Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (<http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee's business official.

Awardees must comply with any funding restrictions described in Section IV.5. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

This Funding Opportunity Announcement, RFA-TP13-001 entitled Public Health Preparedness and Response Research to Aid Recovery from Hurricane Sandy, will be made a part of the Terms and Conditions of any grant awarded by reference.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

All HHS/CDC grant and cooperative agreement awards include the HHS Grants Policy Statement as part of the NoA. For these terms of award, see the HHS Grants Policy Statement Part II: Terms and Conditions of Award (<http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>).

Awardees must comply with the administrative requirements (AR) outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate, as well as any additional requirements included in the FOA.

Specific requirements that apply to this FOA are the following:

HHS National Policy Requirements for financial assistance awards under the Disaster Relief Appropriations Act of 2013 (P.L.113-2) (the Disaster Relief Act):

- Quarterly financial and programmatic reporting is required of all grantees.
- The CDC will closely monitor all grants/cooperative agreement awards.
- Expenditures³ must be made within 24 months of the date of the award.

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- Recipients who may be involved in awards for construction, renovation or awards addressing physical or infrastructure damage, must adhere to environmental, floodplain, and all other relevant requirements dictated by Federal, state, and local authorities.

³ Expend – for the purposes of this FOA only, this term includes both obligation and outlay of Disaster Relief Act funds

Generally applicable Administrative Requirements:

AR-1: Human Subjects Requirements

AR-2: Inclusion of Women and Racial and Ethnic Minorities in Research

AR-7: Executive Order 12372 Review

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Release and Sharing of Data

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR 31 - Distinguishing Public Health Research and Public Health Non-research

Funding Restrictions

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

- 2012 Consolidated Appropriations Act Provisions under Public Law 115-74.
- Sec. 503(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

- Sec. 218. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.
- Sec 253. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Sec 738. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 739. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 433. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the

awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.

- Sec 434. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.
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Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

AR 23: Compliance with 45 C.F.R. Part 87

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

To view brief descriptions of relevant CDC requirements visit: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm

3. Additional Policy Requirements

The following are additional policy requirements relevant to this FOA:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications

This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy applies to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html

Federal Funding Accountability and Transparency Act of 2006

Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, www.USASpending.gov (<http://www.usaspending.gov/>). For the full text of the requirements, please review the following website: <http://www.gpo.gov/fdsys/pkg/PLAW-109publ282/content-detail.html>

Plain Writing Act

The Plain Writing Act of 2010 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: <http://www.plainlanguage.gov/plLaw/index.cfm>.

Tobacco and Nutrition Policies

The 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* evidence-based tobacco and nutrition policies within their organizations. These policies build on the current federal commitment to reduce exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184 that prohibits smoking in certain facilities that receive federal funds.

Tobacco:

- Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the applicant.
- Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the applicant.
- Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor spaces under the control of the applicant.

Nutrition:

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- Healthy food service guidelines that at a minimum align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the recipient organization and in accordance with contractual obligations for these services. The following are resources for healthy eating and tobacco free workplaces:
 - [http://www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.pdf)
 - <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
 - <http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>

Applicants should state whether they choose to participate in implementing these two *optional* policies. However, **no applicants will be evaluated or scored** on whether they choose to participate in implementing these optional policies.

4. Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Parts 74 and 92 (Part 92 is applicable when State and local Governments are eligible to apply), and other HHS, PHS, and CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; the CDC Project Officer(s) are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardees for the project as a whole, although specific tasks and activities may be shared among the awardees and HHS/CDC as defined below.

Successful applicants will be notified by the CDC Procurement and Grants Office for budget discussions. The PD/PI must provide the CDC Program Official a response to the scientific review critique, and, if required, a revised study plan and/or budget in response to the review critique prior to the issuance of a Notice of Award.

The PD(s)/PI(s) will have the primary responsibility for:

- Serving as lead coordinator for the research study.
- Collecting and analyzing data and developing a plan for sharing data.

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- Seeking CDC program scientists input in the development of research protocols and publications of research findings. Maintaining regular contact and meetings with CDC to discuss the progress of the project.
 - Preparing and presenting reports and materials related to activities conducted under this program for wide distribution
 - Publishing and disseminating findings to the public, public health preparedness and response practice community, and stakeholders.
 - Developing and submitting quarterly programmatic reports on progress in achieving approved program objectives for the funded research.
 - Developing and submitting quarterly financial reports on the obligations and expenditures of award funds in the conduct of proposed research.
 - Complying with all Terms and Conditions of the award and use of funds under the Disaster Relief Appropriations Act of 2013 (P.L. 113-02).

Awardees will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.

CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- Assisting with scientific and technical input into the project that may include support such as the provision of expertise needed for meeting grant administrative requirements and/or achieving approved program objectives for the funded research.
- Assisting in identifying CDC tools/methods or resources useful in the conduct of the research.
- Assisting in the review of research protocols for Institutional Review Board (IRB) review by all institutions participating in any research project involving human subjects and CDC scientists as co-investigators. CDC project managers will ensure that all relevant organizational IRBs collaborating in the research have provided their written approval.
- Reviewing quarterly program and financial reporting for monitoring progress in achieving research objectives and identifying impediments to performance.
- Conducting quarterly conference calls with the awardee to address identified problems.
- Providing technical assistance and/or training which may include on-site visits to help address identified problems. The allowability of proposed spending will be highly scrutinized by the CDC Program Official and the Grants Management Official.
- Assisting with the development of manuscripts for publication and/or public dissemination of findings from the research.
- Assisting in collaborations with HHS/ASPR to share research results from related ASPR-funded research.

Additionally, an agency program official or CIO program director will be responsible for the normal scientific and programmatic stewardship of the award and will be named in the award notice. As a part of these programmatic responsibilities, CDC staff will implement a risk mitigation plan for monitoring awardees' obligations and expenditures in the conduct of proposed research. Awardees will receive alerts or notifications regarding deadlines for the obligations and outlays of grant funds at six months, three months, and one month, and one week prior to the end of the 24-month grant project period end date for the obligation/use of all funds.

Areas of Joint Responsibility include:

- Participating in a conference/meeting to be held in conjunction with the Office of the ASPR to disseminate research findings and outcomes to the public health community and stakeholders. The meeting is expected to be held at the end of one year from the date of award with CDC staff, to assess overall progress, share research results and outcomes, particularly in light of the current state of recovery from Hurricane Sandy. Grantees may use grant funds for supporting their travel to this meeting. Use of grant funds should be included in the budget section of the applications. In addition, applicants are encouraged to present research findings at relevant conferences and meetings and publish research findings in peer reviewed journals.

5. Reporting

At the time of award the CDC will ensure that the following requirements are included as standard terms and conditions in all Notices of Award (NoA) under this FOA:

- OMB Controller Alert: Hurricane Sandy Disaster Relief Internal Controls, dated February 19, 2013, is a requirement for increased monitoring and oversight of grant recipients, which includes a requirement to, "increase the frequency and specificity of grantee reporting, conduct additional site visits, and provide additional technical assistance and training to recipients of Federal funding as appropriate to mitigate risk." Therefore, as part of the NOA, the CDC will notify grantees of the requirements to submit quarterly programmatic and financial reporting, through the FFR or other appropriate mechanism.

Standard NoA Term: HHS recipients must submit quarterly programmatic and financial reports detailing progress on the utilization of Disaster Relief Act funds.

- All funds are to be expended ¹ within 24 months of the award date, unless a class waiver has been approved by OMB. Any funds not expended must be returned to HHS, unless an individual waiver is submitted to OMB for review and approval. Automatic No Cost Extensions (NCEs) are prohibited, unless a waiver has been granted from OMB. Note: the waiver process will be established in accordance with OMB guidance and ASFR/Office of Budget will outline procedures in a separate transmittal.

Standard NoA Term: In accordance with Section 904 (c) of the Disaster Relief Act, HHS recipients agree to Expend¹ funds within the 24 month period following the agency's award and obligation of funds; the Recipient is to return to the agency and funds not expended within the 24-month period.

- In accordance with OMB guidance, benefits of this project must be restricted to all or part of the FEMA declared major disaster states, which are: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia or the District of Columbia.

Standard NoA Term: Recipients agree that the benefits of the grant award must be restricted to all of part of the FEMA declared major disaster states, which are: Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia or the District of Columbia.

- Disaster Relief Act funds must not be pooled with any other program funds. Tracking and reporting must be kept separate from all other program funds. Note: ASFR/Office of finance will detain these procedures.

Standard NoA Term: Recognizing the specific nature and purpose of the Disaster Relief Act provisions and to maximize transparency and accountability of funds and in accordance with 45 CFR 74.21 and 92.20 "Uniform Administrative Requirements for Grants and Agreements," recipients agree to maintain records that identify adequately the source and application of the 2013 Disaster Relief Act funds, and separately identify the expenditures for Federal awards under the 2013 Disaster Relief Act in accordance with HHS guidance.

- Applicants will be required to attest (at time of application) that funds requested will not be used for costs that are reimbursed by the Federal Emergency Management Agency, under a contract for insurance, or by self-insurance. Terms and Conditions of the award will stipulate that the grantee must reimburse HHS for any costs that are subsequently covered by the Federal Emergency Management Agency, under a contract for insurance, or by self-insurance.

Standard NoA Term: Recipients agree that they will reimburse HHS for any costs incurred in this award that are subsequently reimbursed by the Federal Emergency Management Agency, under a contract for insurance, or by self-insurance.

- For construction, renovation or awards addressing physical or infrastructure damage: recipients must adhere to environmental, floodplain, and all other relevant requirements dictated by Federal, state, and local authorities.

¹ Expend - for purposes of this FOA guidance only, this term includes both obligation and outlay of Disaster Relief Act funds.

Financial and Progress Reporting Requirements

Awardees will be required to submit a report on financial and programmatic progress toward achieving approved program objectives in the research at quarterly intervals post-award. Guidance for this reporting will be developed by the CDC Program Official(s) and issued by the Grants Management Officer.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: **1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.** It is a requirement for awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All awardees of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over \$25,000. See the HHS Grants Policy Statement (<http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>) for additional information on this reporting requirement.

A. Submission of Reports

The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

- 1. Non-Competing Quarterly Grant Progress Report**, (use form PHS 2590, posted on the HHS/CDC website, <http://www.cdc.gov/od/pgo/funding/forms.htm> and at <http://grants.nih.gov/grants/funding/2590/2590.htm>, **is due 30 days after the end of each quarter during the 24-month budget period.** Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, evidence of satisfactory

progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

2. **Interim Federal Financial Report (FFR)** SF 425 is required and must be submitted through eRA Commons **within 30 days after the end of each quarter during the 24-month budget period.**
3. **A final progress report**, invention statement, equipment/inventory report , and the expenditure data portion of the **Final Federal Financial Report (FFR)** Standard Form (“SF”) 425 Form are required **within 90 days of the end of the 24-month project period.**

B. Content of Reports

1. **Non-Competing Quarterly Grant Progress Report:** The grantee’s progress report should include, at a minimum:
 - Description of Progress for each quarter during the 24-month Budget Period: reported on the PHS 2590 (<http://grants1.nih.gov/grants/funding/2590/2590.htm>) Detailed narrative report for the quarterly budget period that directly addresses progress towards the Measures of Effectiveness included in the application research proposal.
 - Research Aims: list each research aim/project
 - a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
 - b) Leadership/Partnership: list project collaborations and report if there have been changes in the role of external partners described in the original application.
 - Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research to policy or practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. *Questions to consider in preparing this section include:*
 - How will the scientific findings be translated into public health policy or practice?
 - How will the project improve or effect the translation of research findings into policy or practice?

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- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
 - How will the findings advance or guide future research efforts or related activities?
 - Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, policy, or use of technology in public health. *Questions to consider in preparing this section include:*
 - How will this project lead to improvements in public health?
 - How will the findings, results, or recommendations be used to influence practices, procedures, methodologies, etc.?
 - How will the findings, results, or recommendations contribute to documented or projected reductions in morbidity, mortality, injury, disability, or disease?
 - Quarterly Budget Period Financial Progress: Status of obligation of quarterly budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.
 - Next Quarterly Period Proposal :
 - Operational plan for continuing activities in the coming quarterly budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
 - Project Timeline: Include planned milestones for the quarter (be specific and provide deadlines).
 - Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate “Not applicable: No publications or presentations have been made.”
 - IRB Approval Certification: If any approval is still pending at the time of the quarterly progress report due date, indicate the status in your narrative. Include status of

changes to all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of any updated local IRB and CDC IRB, if applicable.

2. Federal Financial Reporting

The Quarterly Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 30 days after the end of each quarterly period. The FFR should only include 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. No draw-downs from PMS may be made outside of the 24-month project period and no costs may be paid outside of the 24-month project period.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information. **All CDC Financial Expenditure data due on/after October 1, 2012 must be submitted using the FFR via the eFSR/FFR system in the eRA Commons.** All Federal Reporting in the Payment Management System is unchanged. All new submissions should be prepared and submitted as FFRs.

CDC's implementation of the FFR retains a financial reporting period that coincides with the budget period of a particular project. However, **the due date for quarterly FFRs will be 30 days after the end of the quarter.** The due date for final FFRs will continue to be 90 days after the project period end date.

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, grantees must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

FFR (SF 425) instructions for CDC grantees are now available at <http://grants.nih.gov/grants/forms.htm>. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: <http://www.cdc.gov/od/pgo/funding/grants/eramain.shtm>.

FFR Submission: The submission of FFRs to CDC will require organizations to register with eRA Commons (Commons) (<https://commons.era.nih.gov/commons/>). CDC recommends that this one time registration process be completed at least 2 weeks prior to the submittal date of a FFR submission.

Organizations may verify their current registration status by running the “List of Commons Registered Organizations” query found at: <http://era.nih.gov/commons/>. Organizations not yet registered can go to <https://commons.era.nih.gov/commons/registration/registrationInstructions.jsp> for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: <http://era.nih.gov/commons/index.cfm>.

3. **Final Reports:** Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee’s final report should include at a minimum:
- **Research Aim/Project Overview:** The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.
 - **Translation of Research Findings:** The PI should describe how the findings will be translated and how they will be used to promote, enhance or advance the research findings and the impact on public health policy and practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that influenced policy or practice during the course of the project period. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.
 - **Public Health Relevance and Impact:** This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, policy, technology, or systems improvement in public health.
 - **Publications; Presentations; Media Coverage:** Include information regarding all publications, presentations or media coverage resulting from this CDC funded

activity. Please include any additional dissemination efforts that did or will result from the project.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)

Contact Center Phone: 800-518-4726

Email: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

Email: commons@od.nih.gov

Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

CDC Technical Information Management Section (TIMS)

Procurement and Grants Office

Telephone 770-488-2700

Email: PGOTIM@cdc.gov

Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Standard Time

Scientific/Research Contact(s)

Mildred Williams-Johnson, PhD, DABT

Office of Public Health Preparedness and Response (OPHPR)

General application questions

Telephone: (770)-488-8806

Email: MWilliams-Johnson@cdc.gov

Fuyuen Yip, PhD

National Center for Environmental Health (NCEH)

Priority Recovery Research Area: Mold and Mitigation

Telephone: (770)-488-3719

Email: FYIP@cdc.gov

Amy Wolkin, PhD
National Center for Environmental Health (NCEH)
Priority Recovery Research Area: Morbidity and Mortality Among Impacted Populations
Telephone: (770)-488-3402
Email:AWolkin@cdc.gov

Mildred Williams-Johnson, PhD, DABT
Office of Public Health Preparedness and Response (OPHPR)
Priority Recovery Research Area: The Public Health System Response
Telephone: (770)-488-8806
Email:MWilliams-Johnson@cdc.gov

Peer Review Contact(s)

Shoukat Qari, DVM, PhD
Office of Public Health Preparedness and Response (OPHPR)
Telephone: (770) 488-8808
Email: SQari@cdc.gov

Financial/Grants Management Contact(s)

Cheryl Pressley, Grants Management Officer
Procurement and Grants Office (PGO)
Telephone: (770) 488-2834
Email: CPressley@cdc.gov

Brandis Belser, Grants Management Specialist
Procurement and Grants Office (PGO)
Grants Management Specialist
Telephone: (770) 488-2676
Email: BBelser@cdc.gov

Ebony Holt, Grants Management Specialist
Procurement and Grants Office (PGO)
Grants Management Specialist
Telephone: (770) 488-5872
Email: EHolt@cdc.gov

Section VIII. Other Information

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.