

Agency Funding Opportunity Number: CDC-RFA-OT13-1302

Amendment V (02/20/2015):

This administrative amendment does not affect applicants or grantees' budget or application process.

The sole intention of this amendment is to accommodate additional funding increases from Centers, Institutes, and Offices (CIOs), Prevention and Public Health Funds (PPHF), and Interdepartmental Delegation Agreements (IDDAs).

This amendment implements a revision for removal of the Approximate Total Fiscal Year Funding. The current ceiling for the Approximate Total Fiscal Year Funding specified in Part II.B Award Information page 20, is \$70 million.

11. Approximate Total Fiscal Year Funding:

- a) Category A: **No Limit**
- b) Category B: **No Limit**
- c) Category C: **No Limit**

Amendment IV (01/21/2014):

This administrative amendment does not affect applicants or grantees' budget or application process.

The sole intention of this amendment is to add flexibility for potential additional approximate funding amounts opportunities during the FOA Project Period.

This amendment implements revisions to increase approximate funding amounts specified in Part II.B Award Information page 20 and 21, from \$60 million as initially set to \$70 million, as follows;

4. Approximate Total Fiscal Year Funding:

- d) Category A: **\$38 million**
- e) Category B: **\$22 million**
- f) Category C: **\$10 million**

5. Approximate Total Project Period Funding:

- a) Category A: **\$190 million**
- b) Category B: **\$110 million**
- c) Category C: **\$50 million**

6. Approximate Number of Awards:

- a) Category A: **up to 8 awards**
- b) Category B: **up to 10 awards**
- c) Category C: **up to 15 awards**

7. Approximate Average Award:

- a) Category A: up to **\$15 million**
- b) Category B: up to **\$5 million**
- c) Category C: up to **\$2 million**

9. Ceiling of Yearly Individual Award Range:

- a) Category A: up to **\$20 million**
 - b) Category B: up to **\$15 million**
 - c) Category C: up to **\$5 million**
- (This amount is subject to the availability of funds.)

Amendment III (07/17/2013):

This administrative amendment implements restricted costs and/or limitation on costs as stated in the FY2013 Appropriation Act Provisions which also incorporates Section 220 – Prevention Fund Reporting Requirements. Refer to pages 31 - 37 of the FOA.

Amendment II (03/07/2013):

This administrative amendment implements the following revisions described herein and highlighted in *bold italic* throughout this document. This administrative amendment does not affect the budget or application process. Applicants who have completed the application process will not need to resubmit their application. It provides only some additional administrative guidance which was omitted.

C. Eligibility Information

3. Justification for Less than Maximum Competition:

- The program leadership in the Office of State, Tribal, Local and Territorial Support (OSTLTS) determined that in order to achieve its strategic priorities for strengthening the public health infrastructure and advancing the quality of public health decision making, OSTLTS will need to expand its capacity building assistance (CBA) efforts through national, non-profit organizations with experience and expertise providing capacity building assistance to governmental and non-governmental components of the public health system.

- Eligible applicants are limited to national, non-profit professional public health mission organizations with experience and expertise providing capacity building assistance (CBA) to governmental and non-governmental components of the public health system.
- The CDC is requesting the provision of capacity building assistance (CBA) to public health agencies and other public health entities across the United States and its territories in order to strengthen public health practice to improve health for all populations. These national public health mission organizations are the only entities positioned to effectively and efficiently execute on the expected capacity building outcomes, outputs, and activities outlined in the FOA. The characteristics that position these organizations are: 1) designated mission and experience working nationally, 2) demonstrated infrastructure, experience and expertise providing CBA, and 3) relationship to the public health system workforce across the United States and Territories.
- Therefore, eligibility is limited to the above specified types of applicants/organizations that are expected to demonstrate significant experience and expertise providing capacity building assistance (CBA) to the target populations described in the attached OT13-1302 FOA.
- This expertise is necessary for the grantee to effectively and efficiently complete the related activities and achieve the program outcomes described in the funding opportunity announcement.
- Additionally the following capacities will facilitate the completion of projects in the specified timeframe:
 - Infrastructure to organize, conduct work and disseminate key outcomes.
 - Communicate key information to organization members, stakeholders and the public health community on a regular basis.
 - Leverage a wide array of resources among organization members and the public health community to expeditiously achieve results in a cost-effective manner.
 - Interact with other public health organizations; act as a networking hub to build the capacity of governmental and non-governmental components of the public health system.

Part I. Overview Information

F. Dates:

- Application Deadline Date: March 8, 2013, 11:59 p.m. (EST), on Grants.gov

Amendment I (01/11/2013):

This amendment implements the following revisions described herein and highlighted in *bold italic* throughout this document:

1. Part I. Overview Information, Section F. Dates, page 4: Informational Conference Call; herein revised to add a Toll-Free Conference Call Number, corresponding Passcode, Time Period, and additional language to *encourage proactive written inquiries prior to the Informational Conference Call.*

F. Dates:

- *Informational Conference Call: January 29, 2013, 1:00p.m. To 2:30p.m. (EST); January 31, 2013, 4:00p.m. To 5:30p.m.(EST) Toll-Free Number: 1.888.889.2034; Passcode: 5405830*

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Informational Conference Call. Due to the volume and variety of questions anticipated during the Informational Conference Call, applicants are encouraged to submit questions beforehand to OSTLTSPartnershipFOA@cdc.gov.

2. Part I. Section G. Executive Summary: page 6: Applicant's eligibility requirements herein revised to add nonprofit 501(c)(6) (other than institutions of higher education):

To be eligible to apply for this FOA, applicants must demonstrate 1) nonprofit 501(c)(3) or nonprofit 501(c)(6) IRS status (other than institutions of higher education); 2) a national scope of work; and 3) a public health charge or mission.

3. Part 2. Section C.1. Eligibility Information, Eligible Applicants, page 21: herein revised to add nonprofit 501(c)(6) IRS status (other than institutions of higher education) :

4. Eligibility Information

1. *Eligible Applicants: Organizations that meet ALL of the following criteria:*

- *Nonprofit 501(c)(3) or nonprofit 501(c)(6) IRS status (other than institutions of higher education)*

The applicant must provide evidence of federally assigned 501(c)(3) or 501(c)(6) IRS status designation by submitting a copy of the current, valid IRS determination letter. Evidence can be submitted by uploading this documentation in Grants.gov under "Other Attachment Forms." The document should be labeled "Proof of Nonprofit Status"

Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations

*-financed in part by 2013 Prevention
and Public Health Funds (PPHF-2013)*



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Part I. Overview Information

To receive notifications of any changes to CDC-RFA-OT13-1302, return to the synopsis page of this announcement at www.grants.gov and select “Send Me Change Notifications Emails.” Applicants must provide an email address to www.grants.gov to receive notifications.

A. Federal Agency Name: Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title: PPHF 2013: OSTLTS Partnerships—Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations—financed in part by 2013 Prevention and Public Health Funds

C. Announcement Type: New—Type 1

D. Agency Funding Opportunity Number: CDC-RFA-OT13-1302

E. Catalog of Federal Domestic Assistance Numbers: 93.524; 93.292

F. Dates:

- **Informational Conference Call:** *January 29, 2013, 1:00p.m. (EST); January 31, 2013, 4:00p.m. (EST) Toll-Free Number: 1.888.889.2034; Passcode: 5405830*

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Informational Conference Call. Due to the volume and variety of questions anticipated during the Informational Conference Call, applicants are encouraged to submit questions beforehand to OSTLTSPartnershipFOA@cdc.gov.

- **Letter of Intent Deadline Date (must be submitted via email attachment):** *February 4, 2013*
- **Application Deadline Date:** *March 8, 2013, 11:59 p.m. (EST), on Grants.gov*

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

<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

G. Executive Summary:

CDC announces the availability of funds for national, nonprofit organizations to strengthen the infrastructure and improve the performance of governmental and nongovernmental components of the public health system through the provision of capacity-building assistance (CBA). The purpose of this program is to ensure the provision of CBA to optimize the quality and performance of public health systems, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, and public

health resources. *The Future of Public Health* (IOM, 1988) was the first national report to call attention to the need to address the fragmented and underfunded American public health system. For the purpose of this Funding Opportunity Announcement (FOA), the public health system refers to “activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals” (IOM, 1988). For the purpose of this FOA, CBA is defined as “technical assistance, training, information sharing, technology transfer, materials development, or funding that enables an organization to better serve customers or to operate in a more comprehensive, responsive, and effective manner” (CDC, 2000, p. S17). CBA is expected to assist governmental and nongovernmental components of the public health system in fulfilling their mission of protecting and promoting health in their communities and effectively performing essential public health services.

The applicant’s CBA program is expected to demonstrate measurable progress among governmental and nongovernmental components of the public health system towards two or more of the following outcomes: 1) increased adoption of new or proven business improvements leading to management and administrative efficiencies or cost savings; 2) increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships; 3) increased incorporation of core public health competencies into employee position descriptions and performance evaluations; 4) increased integration of state-of-the-art technology into data collection and information systems; 5) increased implementation of evidence-based public health programs, policies, and services; 6) improved capacity to meet nationally established standards, such as those for health department accreditation; 7) establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles; and 8) improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources.

Each stand-alone application should address one of the following target population categories: 1) Category A: Governmental Public Health Departments; 2) Category B: Workforce Segments across Governmental Public Health Departments; or 3) Category C: Nongovernmental Public Health Components. Once initial awards are made, awardees will be eligible to apply for additional funding over the course of the program. Cost sharing and matching funds are not required for this program. To be eligible to apply for this FOA, applicants must demonstrate 1) nonprofit 501(c)(3) or nonprofit 501(c)(6) IRS status (other than institutions of higher education); 2) a national scope of work; and 3) a public health charge or mission.

- Letter of Intent (LOI) Deadline (must be submitted via email): February 4, 2013
- **Application Deadline: March 8, 2013, 11:59 p.m. (EST), on www.grants.gov**
- Type of Award: Cooperative Agreement

- Approximate Total Project Period Funding: Category A: \$180 million; Category B: \$75 million; Category C: \$45 million
- Approximate Number of Awards: Category A: up to 8 awards; Category B: up to 10 awards; Category C: up to 10 awards
- Approximate Yearly Average Award: Category A: \$9 million; Category B: \$2.5 million; Category C: \$1 million
- Anticipated Award Dates:
 - Initial Base Funding: July 1, 2013
 - Secondary CIO (Centers/Institute/Offices)-Funding: September 1, 2013
- Budget Period Length: 12 months
- Project Period Length: 5 years (July 1, 2013-June 30, 2018)

Part II. Full Text

A. Funding Opportunity Description

1. Background:

- a. **Statutory Authorities:** This program is authorized under sections 307 and 317(k)(2) of the Public Health Service Act [42 USC 242(l) and 247(b)(k)(2), as amended]. In addition, this program is authorized under sections 311 and 1703 of Public Health Service Act [42 USC 243 and 300 u-2, as amended] and Section 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148.
- b. **Problem Statement:** In 1988, the Institute of Medicine (IOM) published a landmark report, *The Future of Public Health* (1988), which examined the condition of America's public health system and concluded that the public health system was fragmented and seriously underfunded. Although the report acknowledges the multiple stakeholders engaged in the public health enterprise, its recommendations focused on strengthening governmental public health departments as they represent the mainstay of the public health system.

As the call for a transformed, invigorated public health system grows, the challenges for governmental public health departments to bring about meaningful health outcomes also increase (IOM, 2012a, 2011; Robert Wood Johnson Foundation [RWJF]-RESOLVE 2012; Trust for America's Health [TFAH], 2008). Challenges such as the current economic recession, the United States' low global health rankings, the continually underfinanced and fragmented public health infrastructure, and changing public health needs threaten the capacity of governmental public health to achieve the recommended transformation and address the broad health and safety needs of the American public. In addition, these challenges weaken the capacity of governmental public health to: 1) meet the ambitious national goals proposed by *Healthy People 2020*, the *National Prevention Strategy* (National Prevention Council, 2011), and the IOM's recent reports; 2)

effectively perform essential public health services; and 3) address the nation's future health challenges, such as rising health care costs, the large number of uninsured Americans, and the health needs of the growing older adult population (IOM, 2012a; IOM, 2003; TFAH, 2012). Such challenges require public health departments and the public health system to improve their performance, accountability, and value (Mays et al., 2004).

Since the release of the 1988 IOM report, several reports have followed that continue the call for urgent action to improve America's public health system. For example, recent reports from the IOM (IOM 2012a, 2011) propose that governmental public health departments take a leadership role in improving population health since they are uniquely positioned and have the skills and tools to implement evidence-based actions. Notably, the IOM reports articulate that public health investments must center on prevention of leading causes of morbidity, mortality, injury, and social determinants of health. To achieve this recommendation will require a robust public health system that adequately invests in its frontline public health departments. In addition, public health will benefit from effective integration with primary care in areas such as community engagement, aligned leadership that bridges disciplines and jurisdictions, sustainability by establishing a shared infrastructure, and sharing and collaborative use of data and analysis. It is anticipated that investments in capacity building will contribute significantly in transforming the public health system and its various components to cover a broad range of challenges and needs. In general, CBA services are expected to result in an increase in the quality, quantity, efficiencies, and/or cost effectiveness of public health services and related outcomes, and ultimately in public health improvement.

- c. **Healthy People 2020:** This program addresses the *Healthy People 2020* focus area of Public Health Infrastructure, Topic Area 35. Infrastructure is the foundation for planning, delivering, and evaluating public health, which is why *Healthy People 2020* establishes goals to ensure that all governmental public health departments have the necessary infrastructure to provide essential public health services in an effective manner (U.S. Department of Health and Human Services, 2011). According to *Healthy People 2020*, an improved infrastructure enables agencies to effectively provide essential public health services in three key areas: 1) a capable and qualified workforce; 2) up-to-date community and population data and state-of-the-art information technology systems; and 3) the ability to assess and respond to public health needs.
- d. **Other National Public Health Priorities and Strategies:** The National Public Health Performance Standards Program (Centers for Disease Control and Prevention, 2010), the Public Health Preparedness Capabilities: National Standards for State and Local Planning (Centers for Disease Control and Prevention, 2011), and the National Voluntary Accreditation for Public Health Departments (Centers for Disease Control

and Prevention, 2011) have been instrumental in advancing standards by which state and local public health systems and governing bodies can reach an optimal level of performance to promote health and safety. Under the leadership of CDC's Office for State, Tribal, Local and Territorial Support (OSTLTS), the National Public Health Performance Standards Program was created by seven public health organizations to improve the quality of public health practice and the performance of public health systems by: 1) providing performance standards for public health systems; 2) leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness; 3) promoting continuous quality improvement of public health systems; and 4) strengthening the science base for public health practice improvement.

- e. **Relevant Work:** CDC is committed to ensuring that governmental and nongovernmental components of the public health system receive support optimizing their success in planning, implementing, and evaluating essential public health functions and services. One of CDC's major public health priorities is to support improved performance of health departments through provision of resources, staff, and technical support. In addition, CDC works to identify gaps, opportunities for collaboration, and strategies for enhancing public health (Centers for Disease Control and Prevention, 2012). Integral to this commitment, CDC collaborates with professional nonprofit and nongovernmental organizations to coordinate national public health initiatives and priorities and to provide CBA to an array of public health stakeholders. Examples of stakeholders may include state, tribal, local, and territorial public health departments; public health institutes; public health governing bodies; community-based organizations; primary care health centers; and community health centers.

This FOA builds upon current capacity-building programs provided under CDC-RFA-HM08-805, "Strengthen and Improve the Nation's Public Health Capacity through National, Nonprofit, Professional Public Health Organizations to Increase Health Protection and Health Equity" that ends FY2013.

2. **CDC Project Description:**

- a. **Approach:** This FOA provides funding for CBA work with target populations under three headings: Category A: Governmental Public Health Departments, Category B: Workforce Segments across Governmental Public Health Departments, and Category C: Nongovernmental Public Health Components. Organizations may submit no more than two stand-alone applications total. If two applications are submitted, they can address two distinct target populations within a single category or two distinct target populations across two different categories.

The following high-level logic model is a visual depiction of the program approach and reflects how the conditions, inputs, strategies, outputs, and outcomes are related.

Conditions:
Fragmented public health infrastructure

Need for improved public health systems and organizational efficiencies

Need for a sustained, capable, and qualified public health workforce

Demand for increased use of state-of-the-art information technology systems and integrated and standardized community and population data

Improved planning, implementation, and evaluation of evidence-based public health policies, laws, programs, and services

Limited use of results-driven local and national public and private partnerships

Limited availability and accessibility of public health resources, such as publications, educational materials, syndicated website material, assessments, evaluation tools, and other products for improvement

CDC Inputs:
Authority • Performance Monitoring • Program Guidance • Partner Networks • Technical Consultation and Services • Information Sharing • Funding

- Strategies:**
- 1) **Public Health Systems and Organizational Improvement:** Activities to identify infrastructure and system needs and steps to make improvements. This includes assessments, studies, stakeholder analyses, etc. to identify infrastructure and system needs.
 - 2) **Public Health Workforce:** Activities to enable target population to improve workforce public health competencies as well as improve upon workforce retention. This includes activities to identify current competency needs; implementation of evidence-based strategies such as leadership institutes; and promotion of internships, fellowships, and post-graduate programs.
 - 3) **Public Health Data and Information Systems:** Activities to increase the use of data and information systems which utilize state-of-the-art technology and are better integrated at various levels of the community. This includes activities to improve the collection, interpretation, and dissemination of health data on populations and sharing such information across jurisdictions.
 - 4) **Public Health Practice and Services:** Activities to strengthen target population ability to deliver essential public health services in a comprehensive manner. This includes activities to assist agencies with identifying, prioritizing, and reallocating program resources to optimize services.
 - 5) **Public Health Partnerships:** Activities to improve target population ability to develop and maintain diverse, results-driven partnerships. This includes activities to build and maintain partnerships at various levels.
 - 6) **Public Health Resources, Communication & Evaluation:** Activities designed to improve provision of public health resources such as assessment tools, publications, educational materials, evaluation tools, etc. that are readily available and accessible by the public. This includes activities to improve the communication of public health information, evidence-based science, and national recommendations.

Outputs:
Database of identified CBA needs for target population • Publications, training curricula, and other materials developed • Data and information system tools developed • Meetings with public health interest groups and policymakers • Trainings held to improve target population ability to provide interventions that impact the reduction of high burden diseases • Meetings with public and private organizations to develop partnerships • Mechanisms to inform and mobilize target population in collaborative efforts

Outcomes:
Increased adoption of new or proven business improvements that lead to management and administrative efficiencies or cost savings;

Increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships;

Increased incorporation of core public health competencies into employee position descriptions and performance evaluations;

Increased integration of state-of-the-art technology into data collection and information systems;

Increased implementation of evidence-based public health programs, policies, and services;

Improved capacity to meet nationally established standards, such as those for health department accreditation;

Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles; and

Improved quality, availability, and accessibility of public health education, training, and evaluation tools and resources

- i. **Purpose:** The purpose of this program is to ensure the provision of CBA for governmental and nongovernmental components of the public health system to optimize the quality and performance of public health systems, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, and public health resources.

- ii. **Outcomes:** The applicant’s CBA program is expected to demonstrate measurable progress among governmental and nongovernmental components of the public health system towards two or more of the following outcomes: 1) increased adoption of new or proven business improvements that lead to management and administrative efficiencies or cost savings; 2) increased availability and accessibility of continuing education and training focused on public health competencies and new skills, including the use of experience-based internships and fellowships; 3) increased incorporation of core public health competencies into employee position descriptions and performance evaluations; 4) increased integration of state-of-the-art technology into data collection and information systems; 5) Increased implementation of evidence-based public health programs, policies, and services; 6) improved capacity to meet nationally established standards, such as those for health department accreditation; 7) establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles; and 8) improved quality, availability, and accessibility of public health education, training, and evaluation tools and resources.

- iii. **Program Strategy:** The strategies and related activities described below are overarching national recommendations for CBA and are based on CDC/OSTLTS priorities, program experience, and evidence-based recommendations from national reports published by federal councils and national public health organizations: U.S. Department of Health and Human Services, *Healthy People 2020*, IOM, and the National Prevention Strategy. These capacity-building program strategies and related activities are designed to position components of the public health system to fulfill their mission in protecting and promoting population health in the United States, its tribes, and its territories. Applicants may propose to address one or more of the six program strategies using the following activities. However, the activities listed below are not exhaustive and should be augmented on the basis of the priority needs of the target population.
 - 1) Public Health Systems and Organizational Improvement: Activities to identify infrastructure and system needs and steps to make improvements may include but are not limited to:

- a. Conduct target population assessment and stakeholder analyses to identify infrastructure and system needs, information and data collection gaps, and STLT (state, tribal, local or territorial) workforce, financial, and information technology capabilities and capacities.
- b. Assist the target population in building new models that integrate clinical and population health.
- c. Assist the target population in leveraging funding opportunities across the public health system.
- d. Develop and implement strategies to strengthen the target population's capacity for collaboration, assessment, planning, implementation, and evaluation to ensure efficiencies and cooperation in public health service planning, delivery, and resource sharing across jurisdictions.
- e. Assist the target population with better ways to appropriately document the status of health disparities and health equity outcomes (IOM, 2011).
- f. Assist with the facilitation of a performance measurement system across governmental and private-sector organizations that have responsibilities for the public's health and safety to allow tracking of intermediate and long-term outcomes (IOM, 2012a).
- g. Assist the target population in implementing strategies that are critical for integrating surveillance and monitoring systems across the agency and other related agencies.
- h. Assist the target population with eliminating disparities in burdens of disease among racial and ethnic minorities and other vulnerable populations.
- i. Assist the target population in implementing continuous quality improvement and conducting assessment studies to improve performance (quality and quantity).
- j. Assist the target population with public health policy assessment and development, identification and dissemination of best practices, and education.
- k. Support public health services planning, delivery, and resource sharing to improve efficiency, collaboration, systems integration, and coordination.
- l. Develop strategies and methods to ensure leaders of public health departments are informed of major activities and initiatives undertaken by professional constituencies and other components of the public health system.
- m. Develop administrative procedures to move grant funding from state to local levels in a timely and effective manner; to include legal authorities for receiving, allocating, and spending funds; and implementing efficient tracking and oversight systems to avoid delays and reduce the potential for unobligated funds remaining at the end of budget and project periods.

- 2) Public Health Workforce: Activities to enable the target population to improve workforce public health competencies and improve upon workforce retention, may include but are not limited to:
- a. Identify competency needs of target population.
 - b. Assist the target population in selecting and developing trainings, including cross-training, to build and sustain workforce competence.
 - c. Assist the target population in identifying and implementing evidence-based strategies, including leadership institutes, trainings, etc., to increase workforce diversity and retention.
 - d. Promote internships, fellowships, and post-graduate programs to recruit and strengthen the public health workforce, with an emphasis on underrepresented populations.
 - e. Select and/or develop and disseminate educational materials, training curricula, and program evaluation and assessment tools that help build workforce capacity.
 - f. Address the target population's training needs in public health competencies and systems performance, including selecting and/or developing opportunities to engage in lifelong learning through short courses, certificate programs, distance learning, and other learning opportunities.
- 3) Public Health Data and Information Systems: Activities to increase the use of data and information systems, which utilize state-of-the-art technology and are better integrated across the public health system, may include but are not limited to:
- a. Assist the target population with improving the collection, interpretation, and dissemination of health data on populations.
 - b. Assist the target population in achieving efficient and effective public health business practices supported by interoperable information systems.
 - c. Assist the target population in using data to identify, evaluate, and educate about public health policy and program options and impact.
 - d. Assist the target population in adopting strategies to improve the exchange of electronic data across organizational and jurisdictional boundaries.
 - e. Provide competency-based training to increase the capacity of the public health informatics workforce.
 - f. Develop and implement strategies to promote informatics and health information exchange across public health constituencies and/or nongovernmental system components (i.e., associations, community and neighborhood health centers, community and faith-based organizations, public health and primary care delivery systems, etc.).

- 4) Public Health Practice and Services: Activities to strengthen the target population's ability to deliver essential public health services in a comprehensive manner may include but are not limited to:
- a. Provide CBA to strengthen the ability of the target population to deliver essential services that provide or ensure comprehensive public health services (U.S. Department of Health and Human Services, 2011).
 - b. Assist target population with identifying, prioritizing, and funding programs that efficiently maximize effectiveness in lowering disease rates, preventing injuries, and improving health (e.g., development of a standardized methodology) (TFAH, 2012).
 - c. Provide technical and consultation services to enhance the target population's capacity to integrate prevention strategies and actions across multiple settings to improve health and save lives.
 - d. Facilitate target population adoption of initiatives to develop, implement, and evaluate effective strategies that promote health and prevent disease and injury (IOM, 2012b).
 - e. Translate and disseminate evidence-based public health science.
 - f. Assist the target population with identifying effective mechanisms for ensuring that the health care system is capable of assessing and responding to the public's health care needs, and measuring their effectiveness in meeting those needs (American College of Physicians, 2012).
 - g. Provide CBA to the target population based on emerging or real-time priority needs that are justified by available evidence.
 - h. Facilitate program development and adoption of evidence-based community, group, and individual-level interventions that impact the reduction of high burden diseases, such as those identified in CDC's Winnable Battles initiative.
- 5) Public Health Partnerships: Activities to improve the ability of the target population to develop and maintain diverse and results-driven partnerships, may include but are not limited to:
- a. Assist the target population in evaluating existing, emerging, or new models that promote collaboration among key stakeholders to address the health and safety of persons living with the leading causes of mortality, morbidity, and injuries (IOM, 2012a).
 - b. Assist the target population by identifying successful practices and developing new mechanisms to inform and mobilize the public and private sectors (e.g., transportation agencies, law enforcement agencies, fire departments, municipal governments, school systems, industry, colleges and universities, local businesses, hospitals and managed care

networks, mass media organizations, and community organizations) in collaborative efforts to move toward a healthier population (IOM, 2012a).

- c. Provide leadership and facilitation in response to national public health initiatives, mobilization efforts, and emerging issues.
 - d. Increase participation in partnerships and collaborations with public health scientific communities, health care providers, federal departments, universities, and private sector organizations to pursue identified population health goals.
- 6) **Public Health Resources, Communication and Evaluation:** Activities designed to improve provision of public health resources, such as assessment tools, publications, educational materials, evaluation tools, etc., that are readily available and accessible by the public, may include but are not limited to:
- a. Assist the target population to develop and disseminate educational materials, training curricula, and program evaluation and assessment tools that build their capacity.
 - b. Assist the target population in developing and implementing health communication and marketing activities as a multidisciplinary area of science, practice, and training.
 - c. Strategically and proactively communicate public health information and evidence-based science and national recommendations to the target population (i.e., passive communication, such as placing materials on a website, is considered insufficient).
 - d. Assist target population in developing effective measures to disseminate public health education and promotion materials, public health findings, and other information of interest.
1. **Target Populations:** Applicants should propose to address CBA needs on the basis of the most relevant evidence for the selected target population. Organizations may submit no more than two stand-alone applications total. Each application must identify one target population. If two applications are submitted, each application must identify a distinct target population within a single category or across two different categories. For example, an organization could submit two applications for target populations within Category A to include one for state health departments and one for local health departments. Or, an applicant could submit two applications to include one from Category A for territorial health departments and one from Category C for community health centers.
- **Category A: Governmental Public Health Departments**– This category is focused on meeting the priority CBA needs of one of the following health department types: state, tribal, local, or territorial.

- **Category B: Workforce Segments across Governmental Public Health Departments**—This category is focused on meeting the priority CBA needs of one workforce segment across multiple health department types: state, tribal, local, and territorial.
- **Category C: Nongovernmental Public Health Components**—This category is focused on meeting the priority CBA needs of one type of nongovernmental professional constituency or other component of the public health system.

Note: For all categories, and where applicable, applicants should identify the priority subpopulation(s) within the selected category.

2. **Inclusion:** Not Applicable

3. **Collaborations:**

- With CDC and CDC-funded programs:** Applicants, regardless of the category under which they are funded, are expected to collaborate with CDC to improve technical and program guidance, and evaluation. Applicants are also expected to participate in stakeholder meetings and provide expert consultation to CDC/OSTLTS and programs (as requested). Successful applicants are expected to participate with CDC-funded public health partners and CDC in a collaborative effort to proactively identify CBA needs and respond to requests for CBA from STLT public health departments (within the limits of the funded program strategies and related activities).
- With organizations external to CDC:** Applicants are encouraged to build and/or continue strategic partnerships and collaborations with organizations that have a role in achieving the FOA outcomes and proposed activities.

iv. **Work Plan:** The applicant is required to provide a CBA work plan consisting of a logic model and related narrative for the five-year program and a detailed description of the first year of the award. The work plan should not exceed 25 pages. Applicants are strongly encouraged to use activities indicated under the “Program Strategy” section, but are expected to augment those activities on the basis of the priority needs of the target population. The work plan should provide outcomes, program strategies, activities, and objectives (see numbers 3-7 below) for the priority subpopulation(s) that are proposed within the target population category.

The work plan must, at a minimum, include:

1. A logic model or equivalent that graphically displays the conditions, inputs, strategies, outputs, and intended outcomes for the five-year period.
2. Narrative (description) of the logic model.
3. Intended outcomes for the five year project period.

4. Program strategies to be used during the first year of the project period.
5. In preparing the work plan, applicants should discuss how they will use the following mechanisms to address the program strategies: 1) information collection, monitoring, synthesis, packaging, and dissemination; 2) technology transfer (identifying effective public health laws and policies, interventions and program practices, and adapting these to the field); 3) training for skills development; and 4) technical or expert consultations and services. CBA can be facilitated through formats such as training institutes, seminars and workshops, computer-assisted training, e-learning strategies (e.g., podcasts, webinars, distance learning), expert consultations (in person or by telephone), peer-to-peer mentoring, train-the-trainer approaches, and customized training.
6. Outcomes for the first year of the project period.
7. Objectives (including milestones for accomplishing the objectives) for the first year of the project period.

Note: Objectives should be written in SMART (specific, measurable, achievable, realistic, and timely) format. Quantitative baselines should be provided for each objective that leads to an increase, decrease, or maintenance over time. Depending on the program strategy, CBA mechanisms, and the needs being addressed, each priority subpopulation might require a unique CBA work plan with goals, objectives, and activities, along with a unique budget and budget narrative.

8. Activities for the first year of the project period.

Note: Activities must be in alignment with the proposed objectives and the chosen program strategies and must include those activities the applicant selects as priority, based on the cited evidence, for the first year of the project

9. Timeline for the first year of the project period

CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award

- b. Organizational Capacity of Applicants to Execute the Approach:** Organizational capacity ensures applicants demonstrate their ability to successfully execute the FOA strategies and meet project outcomes. Applicants should have adequate infrastructure (physical space and equipment), workforce capacity and competence, relevant skill sets, information and data systems, and electronic information and communication systems to implement the award. For each application, applicants must provide evidence of adequate program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, workforce development and training, and full capability to manage the required procurement efforts, including the ability to write and award subcontracts in accordance with 45 C.F.R. 74, as applicable. Applicants will also be expected to describe the nature of their relationship with the target population and history (including number of years) serving or

working with the target population selected for this project. This includes the history of providing CBA, recent examples of the content and format of the CBA provided, and CBA outcomes or benefits that were demonstrated. In addition, and if applicable, applicants will be expected to provide a description of their current CDC-funded capacity building projects. Flexibility will be allowed to enable applicants to implement FOA requirements based on their own organizational design and approach, unless otherwise required by statute.

- c. Evaluation and Performance Measurement:** Evaluation and performance measurement will demonstrate achievement of the capacity-building work plan outcomes and show effective implementation of the strategies across various governmental and nongovernmental components of the public health system. Evaluation findings can be used by awardees and CDC to ensure continuous program and system improvement, help create an evidence base for CBA strategies, and assess which CBA strategies are scalable and effective at reaching a diverse group of target populations.

CDC Evaluation and Performance Measurement Strategy: The CDC strategy for monitoring and evaluating program and awardee performance will include several activities, spanning both process and outcome evaluation, and will be consistent with the logic model and approach presented earlier. Because awardees have autonomy in selecting some or all of the program strategies and related outcomes (minimum of 2), the CDC strategy does not include specific, uniform performance measures required of all awardees. Rather, the CDC strategy will be to collect information from awardees specific to their selected program strategy and related outcomes. These will span measures of the awardees' inputs (e.g., funds, staffing, partnerships, and other resources); measures of awardees' activities and outputs; and measures of outcomes as presented below.

The key questions to be answered for this CBA program include the following:

Inputs

1. What resources (i.e., funds, staffing, partnerships, etc.) were used for the planning, implementation, and evaluation of the CBA program?

Activities and Outputs (for each program strategy)

1. What activities were conducted to achieve the program outcomes relevant to the specific program strategy?
2. To what extent were all of the proposed activities implemented?
3. What products or deliverables were produced as a result of the program activities conducted?
4. What is the number and proportion of the target population that participated in program activities?
5. To what extent are target populations applying the information and other outputs produced by the CBA program?

Outcomes

1. Were new or proven business improvements adopted that lead to management and administrative efficiencies or cost savings?
2. Did availability and accessibility of continuing education and training focused on public health competencies and new skills increase?
3. Were core public health competencies incorporated into employee position descriptions and performance evaluations?
4. Was state-of-the-art technology integrated into data collection and information systems?
5. Was there an increase in identification, implementation, evaluation, or education about public health policy and program options and their impact?
6. Was the capacity to meet nationally-established standards, such as those for health department accreditation improved?
7. Were diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions, such as the CDC Winnable Battles, established and maintained?
8. Did quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources increase?

Potential data sources may include information and data provided in the awardees' Annual Performance Reports, focus groups with select recipients of CBA, national surveys of health departments and their leaders, and workforce segments such as epidemiologists.

Applicant Evaluation and Performance Measurement Plan: Applicants must provide an initial evaluation and performance measurement plan to show how they will identify progress in implementing activities in their program strategies and achieving their selected outcomes. Applicants will have already produced a simple logic model and measureable objectives in the work plan referenced above. In this section, they will refine those into performance measures and add details of any additional evaluation to be completed. Applicants should also:

- Describe how the target population will be engaged in the evaluation and performance measurement planning processes;
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data;
- Describe how evaluation findings will be used for continuous program/quality improvement; and
- Describe how evaluation and performance measurement will contribute to development of the evidence base for CBA.

Awardee Evaluation and Performance Measurement Plan: If selected for funding, and as part of the first-year project activities, a more detailed evaluation and performance

measurement plan for the entire project will be developed by awardees. This more detailed evaluation plan will build on elements stated in the initial plan. In addition to the items in the initial plan, awardees will:

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

d. CDC Monitoring and Accountability Approach: Monitoring ensures the mutual success of CDC and the awardees in achieving the FOA outcomes. Monitoring routinely occurs through ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plan, performance, and financial reporting). The Procurement and Grants Office (PGO) Grants Management Official (GMO)/Grants Management Specialist (GMS) and CDC Project Officers (POs) must work together to adequately monitor recipient performance. The Awarding Agency Grants Administration Manual (AAGAM) specifies the following HHS expectations with respect to post-award monitoring for grants and cooperative agreements:

1. Tracking of awardees' progress in achieving the outcomes of the award and compliance with the Notice of Award (NoA) requirements.
2. Ensuring the adequacy of awardee systems that underlie and generate data and reports.
3. Creating an environment that fosters integrity in program performance and results.

More specifically, monitoring could include the following activities:

1. Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
2. Ensuring that awardees are performing at a sufficient level, given timelines.
3. Working with awardees on adjusting the work plan on the basis of achievement of objectives and changing budgets.
4. Monitoring performance measures (both programmatic and financial) to ensure satisfactory performance levels.
5. Identifying other activities deemed necessary to monitor the award.

e. CDC Program Support to Awardees: In a cooperative agreement, CDC staff members are substantially involved in program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to provide capacity building assistance to governmental and nongovernmental components of the public health system.
2. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
3. Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between funded organizations that would not normally interact with each other or collaborate on public health efforts.
4. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.
5. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.
6. Collaborate on strategies to ensure the provision of CBA to STLT health departments on an as needed request basis.

B. Award Information

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

9. Award Mechanism: Cooperative Agreement, Activity Code U38

10. Fiscal Year: 2013

11. Approximate Total Fiscal Year Funding:

- a) Category A: ***No Limit***
- b) Category B: ***No Limit***
- c) Category C: ***No Limit***

12. Approximate Total Project Period Funding:

- d) Category A: ***\$190 million***
- e) Category B: ***\$110 million***
- f) Category C: ***\$50 million***

13. Approximate Number of Awards:

- d) Category A: up to 8 awards
- e) Category B: up to 10 awards
- f) Category C: up to 15 awards

14. Approximate Average Award:

- d) Category A: up to \$15 million
- e) Category B: up to \$5 million
- f) Category C: up to \$2 million

15. Floor of Individual Award Range:

- a) Category A: \$4 million
- b) Category B: \$1 million
- c) Category C: \$100,000
(This amount is subject to the availability of funds.)

16. Ceiling of Yearly Individual Award Range:

- d) Category A: up to \$20 million
- e) Category B: up to \$15 million
- f) Category C: up to \$5 million
(This amount is subject to the availability of funds.)

17. Anticipated Award Date:

- Initial Base Funding: July 1, 2013
- Secondary CIO-Funding: September 1, 2013

18. Budget Period Length: 12 months

19. Project Period Length: 5 years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government. This does not constitute a commitment by the Federal government to fund the entire period. The total project period comprises the initial competitive segment, any subsequent competitive segments resulting from a competing continuation award(s), and any no-cost or low-cost extension(s).

20. Direct Assistance: Direct assistance is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants: Organizations that meet *ALL* of the following criteria:

- Nonprofit 501(c)(3) or nonprofit 501(c)(6) IRS status (other than institutions of higher education)

The applicant must provide evidence of federally assigned 501(c)(3) or 501(c)(6) IRS status designation by submitting a copy of the current, valid IRS determination letter. Evidence can be submitted by uploading this documentation in Grants.gov under “Other Attachment Forms.” The document should be labeled “Proof of Nonprofit Status”

2. Special Eligibility Requirements:

- National scope and/or reach
- Public health charge or mission

The applicant organization must provide evidence of national scope of work and of public health charge or mission. Articles of incorporation, board resolution or by-laws are acceptable forms of evidence. Evidence can be submitted by uploading this documentation in Grants.gov under “Other Attachment Forms.” Each document should be labeled (e.g., “Proof of National Scope of Work” or “Proof of Public Health Mission”).

3. Justification for Less than Maximum Competition:

- The program leadership in the Office of State, Tribal, Local and Territorial Support (OSTLTS) determined that in order to achieve its strategic priorities for strengthening the public health infrastructure and advancing the quality of public health decision making, OSTLTS will need to expand its capacity building assistance (CBA) efforts through national, non-profit organizations with experience and expertise providing capacity building assistance to governmental and non-governmental components of the public health system.
- Eligible applicants are limited to national, non-profit professional public health mission organizations with experience and expertise providing capacity building assistance (CBA) to governmental and non-governmental components of the public health system.
- The CDC is requesting the provision of capacity building assistance (CBA) to public health agencies and other public health entities across the United States and its territories in order to strengthen public health practice to improve health for all populations. These national public health mission organizations are the only entities positioned to effectively and efficiently execute on the expected capacity building outcomes, outputs, and activities outlined in the FOA. The characteristics that position these organizations are: 1) designated mission and experience working nationally, 2) demonstrated infrastructure, experience and expertise providing CBA, and 3) relationship to the public health system workforce across the United States and Territories.

- Therefore, eligibility is limited to the above specified types of applicants/organizations that are expected to demonstrate significant experience and expertise providing capacity building assistance (CBA) to the target populations described in the attached OT13-1302 FOA.
- This expertise is necessary for the grantee to effectively and efficiently complete the related activities and achieve the program outcomes described in the funding opportunity announcement.
- Additionally the following capacities will facilitate the completion of projects in the specified timeframe:
 - Infrastructure to organize, conduct work and disseminate key outcomes.
 - Communicate key information to organization members, stakeholders and the public health community on a regular basis.
 - Leverage a wide array of resources among organization members and the public health community to expeditiously achieve results in a cost-effective manner.
 - Interact with other public health organizations; act as a networking hub to build the capacity of governmental and non-governmental components of the public health system.

4. **Cost Sharing or Matching:** Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this FOA, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.
5. **Maintenance of Effort:** Maintenance of effort is not required for this program.

D. Application and Submission Information

1. **Required Registrations:** A total of three registrations are needed to submit an application on www.grants.gov.

- a. **Data Universal Numbering System:** All applicant organizations must obtain a Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal awards or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun & Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If your organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>. An AOR should complete the U.S. D&B D-U-N-S Number Request Form online or contact Dun & Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. This is an organizational number. Individual Program Directors do not need to register for a DUNS number.

If funds are awarded to an applicant organization that includes sub-awardees, sub-awardees must provide their DUNS numbers prior to accepting any sub-awards.

- b. **System for Award Management:** All applicant organizations must register in the System for Award Management (SAM). The 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 an awardee. The SAM number must be maintained 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. The SAM registration process requires three to five business days to complete. SAM registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
- c. **Grants.gov:** Registering your organization through www.grants.gov, the official HHS E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.grants.gov.

All applicant organizations must register with www.grants.gov. The “one-time” registration process will take three to five days to complete. However, it is best to start the registration process as early as possible.

2. **Request Application Package:** Download the application package from www.grants.gov.
3. **Application Package:** Applicants must download the SF-424 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 in accessing the forms online, the applicant may contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunication for individuals with hearing loss is available at TTY 1.888.232.6348.

4. **Submission Dates and Times:** If the application is not submitted by the deadline published herein, it will not be processed by www.grants.gov and the applicant will be notified by www.grants.gov. If the applicant has received authorization to submit a paper application, it must be received by the deadline provided by PGO TIMS.

a. Letter of Intent Deadline Date (must be submitted via email): **February 4, 2013**

b. **Application Deadline Date: March 8, 2013, 11:59 p.m. (EST), on www.grants.gov**

5. **CDC Assurances and Certifications:** All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC website at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Applicants must name this file “CDC Assurances and Certifications” and upload it as a PDF on www.grants.gov.

6. **Content and Form of Application Submission:** Applicants are required to submit all of the documents outlined below as their application package on www.grants.gov.

7. **Letter of Intent (LOI)** (3-page limit): Applicants must submit a LOI for each stand-alone application. The LOI must be submitted via email attachment to OSTLTSPartnershipFOA@cdc.gov

The LOI will include the following information:

- Name of applicant organization
- Project director’s name, address, telephone number, and email address
- Primary application point of contact’s name, address, telephone number, and email address (if different from above)
- Number and title of this funding opportunity
- Category of the applicant’s target population
- Brief description of the target population that will be impacted by the proposed project

LOIs must be printed on the applicant organization’s letterhead and can be single- or double-spaced.

8. **Table of Contents** (no page limit): Provide a detailed table of contents for the entire submission package that includes all of the documents being submitted in the application and headers in the project narrative section. Name the file ‘Table of Contents’ and upload it as a PDF under “Other Attachment Forms” on www.grants.gov

9. **Project Abstract Summary** (maximum of 2 paragraphs): A project abstract must be submitted in the www.grants.gov mandatory documents list. The project abstract should be a self-contained, brief description of the proposed project to include the purpose and outcomes. This summary must not include any proprietary/confidential information. Applicants should enter the “Project Abstract Summary” into the textbox on www.grants.gov.

10. Project Narrative (maximum of 18 pages, single spaced, Calibri 12-point font, 1-inch margins, number all pages, content beyond 18 pages will not be reviewed):

The project narrative must include all the bolded headers outlined under this section. The project narrative should be succinct, self-explanatory and organized in the order outlined in this section so reviewers can understand the proposed project.

A project narrative must be submitted with the application forms. Applicants should name the file "Project Narrative" and upload it on www.grants.gov.

- a. Background:** The applicant must describe the core information to understand how the application will address the CDC identified public health problem.

For core information, the applicant must describe the current CBA needs and the evidence base for these needs, including citation of relevant reports, assessments, studies, publications, and other program evidence.

References/Citations for the applicant's Background and Work Plan should be uploaded as a separate file, titled "References/Citations," to www.grants.gov.

b. Approach

- i. **Purpose:** The applicant must briefly describe how their application will address the problem statement.

The applicant must state the category for which they are applying and the priority capacity building needs for their target population and related priority subpopulations.

- ii. **Outcomes:** The applicant must clearly identify the outcomes the applicant expects to achieve by the end of the project period. Outcomes are the intended results that are expected as a consequence of the program and its strategies. All outcomes should indicate the direction of desired change (i.e., increase or decrease).

In addition to the project period outcomes required by CDC, include any additional outcomes.

- iii. **Program Strategy:** The applicant must provide a clear and concise description of the program strategy or strategies the applicant intends to use to meet the project period outcomes. As applicable, applicants should use and explicitly reference *The Community Guide*¹ as a source of evidence-based program strategies whenever possible. In addition, applicants may propose additional program strategies to support the outcomes. Applicants should select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations.

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

1. **Target Population:** Applicants must describe the specific target population category and priority subpopulation(s) to receive CBA.
2. **Inclusion:** Not Applicable
3. **Collaborations:** Applicants must describe how they will collaborate with CDC and CDC-funded programs as well as organizations external to CDC.

c. Organizational Capacity of Applicants to Execute the Approach

- i. **Organizational Capacity Statement:** The organizational capacity statement should describe the mission, how the applicant agency (or the particular division of a larger agency with responsibility for this project) is organized, the nature and scope of its work, and/or the capabilities it possesses. Applicants should include a detailed description of the entity’s experience, program management components, and readiness to establish contracts in a timely manner, and plan for long-term sustainability of the project, if applicable. Applicants should describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities.

The statement should include the history (including the number of years) of providing CBA, recent examples of the content and format of the CBA provided, and CBA outcomes or benefits that were demonstrated. The statement should also include information on: a) staff size and expertise; b) overall agency budget and funding sources; c) date and findings of the last financial audit; d) membership size and characteristics; and e) other information that would help CDC assess the organization’s infrastructure and capacity to do the proposed CBA work. In addition, and if applicable, applicants will be expected to provide a description of their current CDC-funded capacity building projects.

- ii. **Project Management:** This section may include a clear delineation of the roles and responsibilities of project staff and their qualifications. It may also describe, if applicable, how consultants and partner organizations will contribute to achieving the project’s outcomes. Information should be included about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes. This section should describe who would have day-to-day responsibility for key tasks such as project leadership; monitoring the project’s progress; report preparation; program evaluation; and communication with other partners and CDC.

When uploading CVs/Resumes and Organizational Charts, applicants should name these files “CVs/Resumes” or “Organizational Charts” and upload the files as PDFs to www.grants.gov.

For additional information, refer to “Organizational Capacity of Applicants to Execute the Approach,” under the CDC Project Description.

- d. Evaluation and Performance Measurement Plan:** Evaluation and performance measurement help demonstrate achievement of program outcomes, build a stronger evidence base for specific program strategies, clarify applicability of the evidence base to different populations, settings, and contexts, and drive continuous program improvement. Evaluation and performance measurement also can determine if program strategies are scalable and effective at reaching target populations.

Applicants must provide an overall target population-specific evaluation and performance measurement plan that is consistent with their work plan and the CDC evaluation and performance measurement strategy.

The plan must:

- Describe how the target population will be engaged in the evaluation and performance measurement planning processes;
- Describe the type of evaluations to be conducted (i.e. process and outcome) and/or refer back to this information if contained in their work plan;
- Describe key evaluation questions to be answered that are consistent with the activities and outcomes in the work plan;
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included;
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data;
- Describe how evaluation findings will be used for continuous program and quality improvement; and
- Describe how evaluation and performance measurement will contribute to development of the evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

If awarded funds, awardees must provide a more detailed plan within the first year of programmatic funding. This more detailed evaluation and performance measurement plan should be developed by awardees with support from CDC as part of first year project activities. This more detailed evaluation plan will build on the elements stated in the initial plan. This plan should be no more than 35 pages. At a minimum, and in addition to the elements of the initial plan, it must:

- Describe the frequency that evaluation and performance data are to be collected;
- Describe how data will be reported;

- Describe how evaluation findings will be used for continuous quality and program improvement;
- Describe how evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., impact on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit);
- Describe dissemination channels and populations (including public dissemination); and
- Describe other information requested, as determined by the CDC program.

For guidance in developing evaluation and performance measurement plans, see *Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide* at <http://www.cdc.gov/eval/guide/index.htm>.

11. Work Plan: (maximum of 25 pages, single spaced, Calibri 12-point font, 1-inch margins, number all pages; content beyond 25 pages will not be reviewed).

Applicants must prepare a detailed work plan for the first year of the award and a high-level plan for subsequent years. CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award. A high-level plan includes a logic model and description for the five year project

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

12. Budget Narrative: An itemized budget narrative is required as part of the applicant’s submission but will not be scored as part of the Organizational Capacity of Applicants to Execute the Approach. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative. The budget must include the following headers:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total direct costs
- Indirect costs
- Total costs

For guidance on completing a detailed budget, visit <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

13. Tobacco and Nutrition Policies: Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA can be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to participate in implementing these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. This builds upon 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 in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the awardee.
2. 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 awardee.
3. Tobacco-free campus: no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food service guidelines should 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 awardee and in accordance with contractual obligations for these services:
(http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf)
2. The following are resources for healthy eating and tobacco free workplaces:
<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
<http://www.thecommunityguide.org/tobacco/index.html>
<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>

14. Intergovernmental Review:

Executive Order 12372 does not apply to this program.

15. Funding Restrictions: Restrictions, which must be taken into account while planning the programs and writing the budget, are as follows:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual services.
- In most cases, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Awardees may not use funds for any kind of impermissible lobbying activity designed to influence proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (“legislation and other orders”). These restrictions include grassroots lobbying efforts and direct lobbying. Certain activities within the normal and recognized executive-legislative relationships within the executive branch of that government are permissible. See Additional Requirement (AR) 12 for further guidance on this prohibition.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees may not use funds for construction.

15.a. Restricted costs and/or limitation on costs as stated in FY2013 Appropriation Act Provisions and the FOA, Section IV, Application and Submission are provided below:

General Provisions Title II

Section 203 - Cap on Researcher Salaries

None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II; reduced from \$199,700 to \$179,700 effective December 23, 2011.

Timeframe of Award	Salary Cap	Program Action	Grantee Action
FY 13 awards issued on or before December 22, 2012, that have had no FY 13 funds obligated since December 23	Executive Level I (\$199,700)	None for current year. May adjust salary levels for future years to ensure no funds are awarded for salaries over the limit	None for current year. Apply salary limit as specified in continuation guidance in future years. Carryover request may reflect salary limitations

			in affect at the time of award.
FY 13 awards issued on or after December 23, 2012	Executive Level II (179,700)	Adjust salary levels for current and future years to ensure no funds are awarded for salaries over the limit	Adjust salary levels for current and future years and re-budget funds freed as a result of the lower limit.
Awards in previous fiscal years	As specified in original award	None	None

Section 218 - Gun Control Prohibition

None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Section 220 - Prevention Fund Reporting Requirements

(a) The Secretary shall establish a publicly accessible website to provide information regarding the uses of funds made available under section 4002 of Public Law 111-148.

(b) With respect to funds provided for fiscal year 2013, the Secretary shall include on the website established under subsection (a) at a minimum the following information:

(1) In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, the planned uses of the funds, to be posted not later than the day after the transfer is made.

(2) Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued.

(3) Identification of each grant, cooperative agreement, or contract with a value of \$25,000 or more awarded using such funds, including the purpose of the award and the identity of the recipient, to be posted not later than 5 days after the award is made.

(4) A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to be posted not later than 90 days after the end of the fiscal year.

(5) Semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more, summarizing the activities undertaken and identifying any sub-grants or subcontracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

Responsibilities for Informing Sub-recipients:

- (a) Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2013 PPHF fund purposes, and amount of PPHF funds.
- (b) Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2013 PPHF funds. When a recipient awards 2013 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2013 PPHF funds from regular sub-awards under the existing program.

Reporting Requirements under Section 203 of the 2012 Enacted Appropriations Bill for the Prevention and Public Health Fund, Public Law 111-5:

This award requires the recipient to complete projects or activities which are funded under the 2013 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports (in 508 compliant format) to the CDC website (template and point of contact to be provided after award) **no later than 20 calendar days** after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the subrecipient).

Note: Recipients that were previously financed solely by PPHF funds and are now financed solely by a source other than PPHF do not need to adhere to the reporting and tracking requirements for the continuation portion of the project. Grantees that do not have FY13 PPHF funding do not need to adhere to the PPHF reporting requirements for FY13. However, grantees will still need to adhere to PPHF reporting requirements for the PPHF funding from FY12.

General Provisions, Title V

Section 503 - Proper Use of Appropriations - Publicity and Propaganda [LOBBYING] FY2012 Enacted

(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 legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of a 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.

AR-12: Lobbying Restrictions:

Applicants should be aware that award recipients are prohibited from using CDC/HHS funds to engage in any lobbying activity. Specifically, no part of the federal award shall be used to pay the salary or expenses of any grant recipient, subrecipient, or agent acting for such recipient or subrecipient, 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 legislature or legislative body.

Restrictions on lobbying activities described above also specifically apply to lobbying related to 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.

This prohibition includes grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives to urge support of, or opposition to, proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (hereinafter referred to collectively as "legislation and other orders"). Further prohibited grass roots lobbying communications by award recipients using federal funds could also encompass any effort to influence legislation through an attempt to affect the opinions of the general public or any segment of the population if the communications refer to specific legislation and/or other orders, directly express a view on such legislation or other orders, and encourage the audience to take action with respect to the matter.

In accordance with applicable law, direct lobbying communications by award recipients are also prohibited. Direct lobbying includes any attempt to influence legislative or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation and other orders and which are directed to members, staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders.

Lobbying prohibitions also extend to include CDC/HHS grants and cooperative agreements that, in whole or in part, involve conferences. Federal funds cannot be used directly or indirectly to encourage participants in such conferences to impermissibly lobby.

However, these prohibitions are not intended to prohibit all interaction with the legislative or executive branches of governments, or to prohibit educational efforts pertaining to public health that are within the scope of the CDC award. For state, local, and other governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are permissible. There are circumstances for such grantees, in the course of such a normal and recognized executive-legislative relationship, when it is permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, such communications cannot directly urge the decision makers to act with respect to specific legislation or expressly solicit members of the public to contact the decision makers to urge such action.

Many non-profit grantees, in order to retain their tax-exempt status, have long operated under settled definitions of “lobbying” and “influencing legislation.” These definitions are a useful benchmark for all non-government grantees, regardless of tax status. Under these definitions, grantees are permitted to (1) prepare and disseminate certain nonpartisan analysis, study, or research reports; (2) engage in examinations and discussions of broad social, economic, and similar problems in reports and at conferences; and (3) provide technical advice or assistance upon a written request by a legislative body or committee.

Award recipients should also note that using CDC/HHS funds to develop and/or disseminate materials that exhibit all three of the following characteristics are prohibited: (1) refer to specific legislation or other order; (2) reflect a point of view on that legislation or other order; and (3) contain an overt call to action.

It remains permissible for CDC/HHS grantees to use CDC funds to engage in activities to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; foster coalition building and consensus on public health initiatives; provide leadership and training, and foster safe and healthful environments.

Note also that under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors and/or funded parties) are prohibited from using appropriated Federal funds to lobby in connection with the award, extension, continuation, renewal, amendment, or modification of the funding mechanism under which monetary assistance was received. In accordance with applicable regulations and law, certain covered entities must give assurances that they will not engage in prohibited activities.

CDC cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law. Recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds.

Use of federal funds inconsistent with these lobbying restrictions could result in disallowance of the cost of the activity or action found not to be in compliance as well as potentially other enforcement actions as outlined in applicable grants regulations.

Section 253 - Needle Exchange

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.

General Provisions, Title IV

Department of Agriculture's FY 2012 Title IV, Section 738 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by the Department of Agriculture's FY 2012 Title IV, Section 738 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.

Department of Agriculture's FY 2012 Title IV, Section 739 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by the Department of Agriculture's FY 2012 Title IV, Section 739 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.

Department of the Interior's FY 12 Title IV, Section 433 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by the Department of the Interior's FY 12 Title IV, Section 433 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 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 further action is not necessary to protect the interests of the Government.

Department of the Interior's FY 12 Title IV, Section 434 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by the Department of the Interior's FY 12 Title IV, Section 434 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 responsible 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.

16. Other Submission Requirements:

- a. **Electronic Submission:** Applications must be submitted electronically at www.grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from www.grants.gov by the deadline date. The application package can be downloaded from www.grants.gov. Applicants can complete the application package off-line and then upload and submit the application via the www.grants.gov website. The applicant must submit all application attachments using a PDF file format when submitting via www.grants.gov. Directions for creating PDF files can be found on the www.grants.gov website. Use of file formats other than PDF may result in the file being unreadable by staff.

Applicants should submit the application electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms online, contact the HHS/CDC, PGO TIMS staff at 770. 488.2700 or email pgotim@cdc.gov Monday–Friday 7:30 am–4:30 pm U.S. Eastern Standard Time.

- b. **Tracking Number:** Applications submitted through www.grants.gov are electronically time/date stamped and assigned a tracking number. The Authorized Organization Representative (AOR) will receive an email notice of receipt when www.grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC.
- c. **Validation Process:** Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a “submission receipt” email generated by www.grants.gov. The www.grants.gov site will then generate a second email message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exist. To guarantee that they comply with the application deadline published in the FOA, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that an applicant does not receive a “validation” email within two (2) business days of application submission, the applicant should contact www.grants.gov. The applicant should refer either to the email message generated at the time of application submission or the Application User Guide, Version 3.0 page 57, for instructions on how to track an application

- d. **Technical Difficulties:** If the applicant encounters technical difficulties with www.grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of Federal holidays, at 1-800-518-4726 or by email at support@www.grants.gov. Application submissions sent by email, fax, CD, or thumb drive will not be accepted. Please note that www.grants.gov is managed by the U.S. Department of Health and Human Services.
- e. **Paper Submission:** Organizations that encounter technical difficulties in using www.grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Contact Center (1-800-518-4726, support@www.grants.gov). After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to CDC GMO/GMS for permission to submit a paper application. However, please note that this request may not be approved.

An organization’s request for permission must:

1. Include the www.grants.gov case number assigned to the inquiry.
2. Describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Contact Center to submit electronically.
3. Be submitted to the GMO/GMS at least three (3) calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two (2) hard copies of the application by mail or express delivery service.

E. Application Review Information

1. **Criteria:** In scoring applications, eligible applications will be evaluated against the following criteria during Phase II review:
 - a. **Approach [55 points]**
 - i. Background (15 points)
The extent to which the applicant
 1. Demonstrates evidence for the target population’s priority CBA needs.
 2. Demonstrates a comprehensive understanding of the CBA needs for the target population.
 - ii. Work Plan (40 points)

The extent to which the applicant: 1) develops and describes a plan to adequately achieve the CBA program outcomes and carry out the proposed objectives; 2) develops a complete and comprehensive plan for the first budget period; and 3) demonstrates how the plan will focus on priority CBA that addresses the needs of the target population.

1. For the five-year project period:
 - a. Logic Model (10 points): The extent to which the logic model and narrative clearly describe the conditions, inputs, activities, outputs, and outcomes to be achieved by the end of the five-year project period.
 - b. Outcomes (5 points): The extent to which the five-year project period outcomes are achievable and address the purpose of the FOA.
2. For the first year of the project period:
 - a. Outcomes (5 points): The extent to which the first year outcomes are achievable and address the purpose of the FOA.
 - b. Objectives (5 points): The extent to which the objectives are SMART and address the needs of the target population and relate to the recipient activities.
 - c. Activities (10 points): The extent to which the described activities are achievable, able to build capacity and likely to lead to the attainment of the proposed objectives.
3. Coordination (5 points): The extent to which the coordinated activities are comprehensive and likely to produce program support for the implementation of the CBA activities.

b. Organizational Capacity of the Applicants to Execute the Approach [30 points]

- i. Organizational Capacity Statement (10 points)

The extent to which the applicant demonstrates adequate infrastructure and capacity to implement the CBA program and achieve the proposed objectives and outcomes.
- ii. Relationship with Target Population (10 points)

The extent to which the applicant:

 1. Demonstrates a relationship with the target population.
 2. Provides examples of an established track record of providing CBA services to the target population.
 3. Demonstrates the target population's interest in the CBA services to be provided (i.e., letters of support).
- iii. Project Management/Staffing Plans (10 points)

The extent to which the applicant:

 1. Indicates appropriate staff member experience.
 2. Demonstrates clearly defined roles for staff members.
 3. Demonstrates sufficient staff member capacity to accomplish program goals.
- iv. Budget and Budget Narrative (reviewed, but not scored)

The extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities.

c. **Evaluation and Performance Measurement Plan [15 points]**

The extent to which the applicant:

- i. Proposes an evaluation plan that is consistent with their work plan and the CDC evaluation performance strategy, and that is feasible and likely to demonstrate grantee performance outcomes, including successes and needed improvements.
- ii. Develops measures of effectiveness that are consistent with the objectives identified in the work plan and are likely to measure the intended outcomes.

2. Review and Selection Process

- a. **Phase I Review:** All eligible applications will be initially reviewed for completeness by CDC's Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by CDC/OSTLTS and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified if the application did not meet eligibility and/or published submission requirements.
- b. **Phase II (Initial Base-Funding) Review:** An objective review panel will evaluate complete and responsive applications according to the criteria listed in the "Criteria" section of the FOA. The applications will be compiled and reviewed according to the category for which applicants submitted their applications. Applicants will be notified electronically if the application did not meet eligibility and/or published submission requirements thirty (30) days after the completion of Phase II review.
- c. **Phase III Review:** In addition, the following factors may affect the funding decision during Phase II (Initial Base-Funding Competition) Review:
 - Preference to avoid duplication of CBA services to the same target populations.
 - Preference may be given to the funding of applicants that propose to provide CBA services to target populations not served by higher ranking applicants.
 - Preference will be given to ensure funding of organizations that provide CBA services to target populations not duplicated in other CDC funding mechanisms.

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

Final funding determinations will be based on application scores from the objective review panels and consideration for CDC's funding preferences.

- d. **Phase IV (Secondary CIO-Funding) Review:** Applicants that are successful in Phase II (Initial Base-Funding) Review and are awarded funds will be eligible to participate in the Phase IV (Secondary CIO-Funding) Review for CDC-wide public health projects. Eligible awardees will receive an application packet detailing the Phase IV (Secondary CIO-Funding) application submission process upon receipt of the Phase II (Initial-Base Funding) Notice of Award. The awardees must submit stand-alone applications in response to a range of CBA projects that represent public health disciplinary areas and cross-cutting disciplines and/or topics. CIO-funded projects may also include limited CBA to international public health constituents where there is a benefit to U.S. public health efforts or to the U.S. public health system. The applications will be compiled and reviewed

according to the Category and CIO project for which applicants submitted proposals. In the event a technical review is more efficient (i.e., there is one proposal submitted for a particular CIO project), the technical review will be held in place of an objective review.

Final funding determinations will be based on application scores from the objective review (and technical review) panels.

3. Anticipated Announcement and Award Dates:

Initial Base-Funding Award Announcement: Notification of selection for Phase II (Initial Base-Funding Competition) will occur between April and May 2013.

Secondary CIO-Funding Award Announcement: If selected for Phase II, notification of selection for Phase IV (Secondary CIO-Funding Competition) will occur between July and August 2013.

F. Award Administration Information

- 1. Award Notices:** Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and emailed to the awardee program director.

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

Unsuccessful applicants will receive notification of the results of the application review by email with delivery receipt or by mail.

- 2. Administrative and National Policy Requirements:** Awardees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions, visit http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

The following administrative requirements apply to this project:

- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-25: Release and Sharing of Data
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-32: FY 2012 Enacted General Provisions

- AR-27: Conference Disclaimer and Use of Logos
- AR-8: Public Health System Reporting (Community-based nongovernmental organizations)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-15: Proof of Nonprofit Status (Nonprofit organizations)

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>.

3. Reporting:

a. Reporting

Reporting allows for continuous program monitoring and identifies successes and challenges that awardees encounter throughout the award. Reporting is also necessary for awardees to apply for yearly continuation of funding. In addition, reporting is helpful to CDC and awardees because it:

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

For organizations that receive PPHF funding, additional reporting is required. These requirements will be communicated to awardees post-award.

As described below, awardees must submit one report per year; ongoing performance measures data, administrative reports, and a final performance and financial report. Below are the specific reporting requirements:

- b. Annual Performance Report** (due 120 days before the end of the budget period; serves as a continuation application). This report must not exceed 35 pages, excluding work plan and administrative reporting. Attachments are not permitted when submitting this report.

This report must include the following:

- **Performance Measures (including outcomes):** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including any impact data).
- **Work Plan (maximum of 25 pages):** Awardees should update the work plan each budget period.
- **Successes**

- ✓ Awardees must report progress on completing activities outlined in the work plan.
- ✓ Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.
- ✓ Awardees must describe success stories.
- **Challenges**
 - ✓ Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan.
 - ✓ Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
 - ✓ Awardees should describe how CDC could assist them in overcoming any challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan.
- **Administrative Reporting** (not subject to page limits)
 - ✓ SF-424A Budget Information-Non-construction Programs
 - ✓ Budget Narrative – Must use the format outlined in Section IV. Content and Form of Application Submission, Budget Narrative Section
 - ✓ Indirect Cost Rate Agreement

During years 2–5, awardees may request up to 75% of their estimated unobligated funds to be carried forward into the next budget period.

The carryover request must:

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

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

- c. Performance Measure Reporting:** CDC programs must require awardees to submit performance measures at least annually. CDC may require more frequent reporting of performance measures. Performance measure reporting should be limited to the collection and reporting of data. CDC programs should specify reporting frequency, required data fields, and format for awardees at the beginning of the award.

As indicated in the previous section, awardees will submit annual performance reports based on their selected program strategies and activities. These performance measures and the frequency of reporting will vary by project.

d. Federal Financial Reporting: The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons ²within 90 days after the end of each budget 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 un-liquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information 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 Management Officer will receive the information.

e. Final Performance and Financial Report: At the end of the five-year project period, awardees should submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period and should not exceed 40 pages.

At a minimum, this report must include the following:

- Performance Measures (including outcomes): Awardees should report final performance data for all performance measures for the project period.
- Evaluation results: Awardees should report final evaluation results for the project period.
- Impact/Results: Awardees should describe the impact/results of the work completed over the project period, including success stories.
- The completed FFR (SF-425).

The report should be emailed to the CDC Project Officer and the GMS listed in "Agency Contacts" section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006: Federal Funding Accountability And Transparency Act Of 2006 (FFATA), 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 awards, contracts, loans, other assistance, and payments through a single publicly accessible website, www.USASpending.gov.

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 applicants: 1) information on executive compensation when not already reported through the SAM; and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA, go to

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf.

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

G. Agency Contacts

CDC encourages inquiries concerning this announcement. Due to the volume of questions anticipated, applicants are requested to submit all questions to OSTLTSPartnershipFOA@cdc.gov.

For **programmatic technical assistance**, contact:
Samuel Taveras, Associate Director for Partnerships
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE, MS K-90
Atlanta, GA 30345
Email: OSTLTSPartnershipFOA@cdc.gov

For **financial, awards management, or budget assistance**, contact:
Devi Hawkins, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K-69
Atlanta, GA 30341
Email: OSTLTSPartnershipFOA@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact:
Grants.gov Contact Center: 1-800-518-4726
Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for individuals with hearing impairment is available at
TTY 1.888.232.6348

H. Other Information

For more information regarding CDC/OSTLTS's mission and information and resources specific to this FOA (e.g., FAQs, references cited in the FOA, and a literature review on national recommendations for strengthening public health infrastructure), applicants may visit:

<http://www.cdc.gov/stltpublichealth/funding/rfaot13.html>

Below is a list of acceptable attachments for applicants to upload as part of their www.grants.gov application as pdf files. Applicants may not attach other documents. If applicants do so, they will not be reviewed.

- Project Abstract Summary
- Table of Contents for Entire Submission
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Work Plan
- References/Citations
- Resumes/CVs
- Letters of Support
- Organizational Charts
- Nonprofit organization IRS status forms, if applicable
- Indirect cost rate , if applicable
- Proof of Nonprofit Status
- Proof of National Scope of Work
- Proof of Public Health Mission

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs): Outline the Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the template for CDC programs. Awardees must then comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions visit the CDC website at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Authority: Legal authorizations that outline the legal basis for the components of each individual FOA. An Office of General Counsel representative may assist in choosing the authorities appropriate to any given program.

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

Budget Period/Year: The duration of each individual funding period within the project period. Traditionally, budget period length is 12 months or 1 year.

Capacity Building Assistance (CBA): “technical assistance, training, information sharing, technology transfer, materials development, or funding that enables an organization to better serve customers or to operate in a more comprehensive, responsive, and effective manner” (CDC 2000, p. S17).

Carryover: Unobligated Federal funds remaining at the end of any budget period that, with the approval of the Grants Management Officer or under an automatic authority, may be carried forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but un-liquidated, funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year that describes domestic assistance programs administered by the Federal government. This government-wide compendium of Federal programs lists projects, services, and activities which provide assistance or benefits to the American public.

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

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

CFDA Number: The CFDA number is a unique number assigned to each program/FOA throughout its lifecycle that enables data and funding tracking and transparency.

CIO: CDC Centers/Institute/Offices

Competing Continuation Award: An award of financial assistance that adds funds to a grant and extends one or more budget periods beyond the currently established project period.

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

Contracts: An award instrument establishing a binding legal procurement relationship between CDC and a recipient obligating the latter to furnish a product.

Cooperative Agreement: An award of financial assistance that is used to enter into the same kind of relationship as a grant; a cooperative agreement is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the awardee in carrying out the activity contemplated by the award.

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

Direct Assistance: Assistance given to an applicant such as federal personnel or supplies. See <http://intranet.cdc.gov/ostlts/directassistance.html>.

Essential Public Health Functions: The core functions of public health include assessment, assurance, and policy development (IOM, 1988).

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Requires information on Federal awards, including awards, contracts, loans, and other assistance and payments, be made available to the public on a single website, www.USAspending.gov.

Fiscal Year: The year that budget dollars are allocated to fund program activities. The fiscal year starts October 1st and goes through September 30th.

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

www.grants.gov: A "storefront" web portal for use in electronic collection of data (forms and reports) for Federal grant-making departments through the website, www.grants.gov.

Health Disparities: Differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Healthy People 2020: Provides national health objectives for improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

Inclusion: Inclusion refers to both the meaningful involvement of community members in all stages of the program process, and the maximum involvement of the target population in the benefits of the intervention. An inclusive process ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

Indirect Costs: Those costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

Infrastructure: the fundamental actions, planning, relationships, and resources required to create the minimum opportunity for public health efforts (policy, program, and research) to succeed. It is not a single entity, but a broad array of essential services and capacities

encompassing leadership, governance, financing, workforce, community planning, quality improvement, partnerships, policy-making efforts, training programs, laboratory services, and information technology. All are primary components that agencies must invest in, actively monitor and continuously update to maintain quality infrastructure (Centers for Disease Control and Prevention, Excellence in Public Health Practice Council, 2008).

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders (“legislation or other orders”), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders. Grassroots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the Federal, State, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Maintenance of Effort: A requirement contained in authorizing legislation, regulation stating that to receive Federal grant funds a recipient must agree to contribute and maintain a specified level of financial effort for the award from its own resources or other non-federal sources. This requirement is typically given in terms of meeting a previous base-year dollar amount.

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

National Organization: An organization that has a national scope, with broad reach, as defined in the organization’s articles of incorporation, bylaws, or board resolution.

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

Nongovernmental Organization: A nongovernmental organization (NGO) is any nonprofit, voluntary citizens' group organized on a local, national, or international level.

Nongovernmental Public Health Components: For the purposes of this FOA, “nongovernmental public health,” or “other components of the public health system” may include, but is not limited to community and neighborhood health centers, primary care delivery systems, community and faith-based organizations, public health institutes, primary care residency programs, health insurance consortia, or family/social services programs.

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

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant

aspects of the proposal. The review is intended to provide advice to the individuals responsible for making award decisions.

Office of the General Counsel (OGC): The OGC is the legal team for the U.S. Department of Health and Human Services (HHS), providing representation and legal advice on a wide range of national issues. OGC supports the development and implementation of HHS's programs by providing legal services to the Secretary of HHS and the organization's various departments and divisions.

Outcome: The observable benefits or changes for populations and/or public health capabilities that will result from a particular program strategy.

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

Plain Writing Act of 2010: The Plain Writing Act requires federal agencies to communicate with the public in plain language to make information and communication more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. Guidance on plain language is available at www.plainlanguage.gov.

Professional Association: A network group or association of practitioners engaged in the same profession.

Program Strategies: Public health interventions or public health capabilities.

Program Official: The person responsible for developing the FOA, such as a project officer, program manager, branch chief, division leadership, policy official, center leader, or similar.

Project Period Outcome: An outcome that will result by the end of the FOA period of funding.

Public Health System: "Activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals" (IOM, 1988).

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

Statute: An act of a legislature that declares, proscribes, or commands something; a specific law, expressed in writing. A statute is a written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations.

Statutory Authority: A legal statute that provides the authority to establish a Federal financial assistance program or award.

Workforce Segment: For the purposes of this FOA, “workforce segment” may include, but is not limited to epidemiologists, environmental health specialists, health educators, program directors, public health nurses, and governance boards.