



**Centers for Disease Control and Prevention**

Center for Global Health

Reducing the burden of neglected parasitic infections (NPIs) in the United States through evidence-based prevention and control activities

CDC-RFA-GH15-1617

Application Due Date: 03/13/2015

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Signature

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Date

Reducing the burden of neglected parasitic infections (NPIs) in the United States through evidence-based prevention and control activities

CDC-RFA-GH15-1617

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## Part I. Overview Information

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-GH15-1617. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

### A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

### B. Funding Opportunity Title:

Reducing the burden of neglected parasitic infections (NPIs) in the United States through evidence-based prevention and control activities

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

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

### D. Agency Funding Opportunity Number:

CDC-RFA-GH15-1617

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

93.084

### F. Dates:

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

N/A

2. Due Date for Applications:

03/13/2015, 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

3. Date for Informational Conference Call:

N/A

### G. Executive Summary:

#### 1. Summary Paragraph:

The purpose of this FOA is to reduce the overall burden of neglected parasitic infections (NPIs) in the United States through evidence-based prevention and control activities including the development of new strategies, educational tools and materials, and guidelines. NPIs are a group of five parasitic diseases that have been targeted by the CDC as priorities for public health action based on the number of people infected, severity of the illnesses, and the ability to prevent and treat them. They are: Chagas disease, neurocysticercosis, toxocariasis, toxoplasmosis, and trichomoniasis. These educational tools and materials and guidelines developed will be used to improve NPI related preventive health knowledge and practices, improve recognition of signs and symptoms of NPIs, increase availability of best approaches and recommendations, improve availability of education training tools and materials, enhance capacity for public education on NPIs, and enhance capacity in the identification of NPIs. Successful strategies should have the potential to yield high impact public health outcomes, reach a high proportion of those at risk, and have the highest potential for significant impact on population health.

a. Eligible Applicants:

Open Competition

b. FOA Type:

Cooperative Agreement

c. Approximate Number of Awards:

4

d. Total Project Period Funding:

\$1,000,000

e. Average One Year Award Amount:

\$50,000

<b>f. Number of Years of Award:</b>	5
<b>g. Estimated Award Date:</b>	07/01/2015
<b>h. Cost Sharing and / or Matching Requirements:</b>	N

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

## Part II. Full Text

### A. Funding Opportunity Description

#### 1. Background

##### a. Overview

Parasitic infections are typically associated with poor and often marginalized communities in low-income countries. However, these infections are also present in the United States. The neglected parasitic infections (NPIs) are a group of five parasitic diseases that have been targeted by the CDC as priorities for public health action. They are: Chagas disease, neurocysticercosis, toxocariasis, toxoplasmosis, and trichomoniasis. These infections are considered neglected because relatively little attention has been devoted to their surveillance, prevention, and/or treatment.

Parasitic infections affect millions of people in the United States every year. More than 300,000 persons living in the United States are infected with *Trypanosoma cruzi*, the cause of Chagas disease. The initial infection usually does not cause severe symptoms and is often not even diagnosed but can cause heart disease or gastrointestinal problems. People in the United States are more likely to have Chagas disease if they have emigrated from rural Mexico, Central America, or South America. Children born to infected mothers are also at risk for congenital transmission of Chagas disease.

At least 1,000 people are hospitalized with neurocysticercosis every year. Cysticercosis is a preventable parasitic infection caused by larval cysts of the pork tapeworm (*Taenia solium*). A person gets cysticercosis by swallowing microscopic eggs passed in the feces of a person who has an intestinal pork tapeworm. Larval cysts in the brain can develop causing a form of cysticercosis called neurocysticercosis which can lead to seizures and can be fatal. Neurocysticercosis is a leading cause of adult onset epilepsy worldwide.

Each year at least 70 people, most of them children, are blinded by *Toxocara*, the parasite that causes toxocariasis. Toxocariasis is a preventable parasitic infection caused by the larval form of the dog or cat roundworms *Toxocara canis* and *Toxocara cati*. *Toxocara* eggs are found in dog or cat feces. After ingestion of *Toxocara* eggs, the larvae hatch and travel through the bloodstream into organs and other tissues which can cause fever, coughing, or severe illness, including inflammation of the liver or blindness. Ocular toxocariasis causes visual impairment that can be permanent. Visceral toxocariasis can lead to severe damage to the liver and other organs. People can also become infected by eating undercooked or raw meat from an infected animal.

More than 40 million persons are chronically infected with *Toxoplasma gondii*. Toxoplasmosis is a preventable disease caused by the parasite *Toxoplasma gondii*. An infected individual can experience fever, malaise, swollen lymph nodes, eye disease; infection during pregnancy can lead to miscarriage or severe disease in the newborn, including developmental delays, blindness, and epilepsy. Infected individuals with weakened immune systems can experience disease reactivation, which can result in severe illness or even death. Humans can be infected by eating raw or undercooked meat containing the parasite in tissue cysts; ingesting food, soil, or water contaminated by cat feces; congenital infection; through organ transplant or blood transfusion from an infected donor. The *T. gondii* parasite is present throughout the United States.

Each year 1.1 million people are newly infected with *Trichomonas*. Trichomoniasis is the most common

curable sexually transmitted disease (STD) in the United States and is caused by infection with a parasite (*Trichomonas vaginalis*). Women and men with trichomoniasis may notice redness, soreness, or itching of the genitals, burning with urination, or discharge. They are also at higher risk for getting or spreading other STDs, including HIV. Pregnant women with trichomoniasis may be more likely to deliver their babies too early and babies born to infected mothers are more likely to have low birth weights. Children born to infected mothers may have additional health consequences in their childhood.

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

Sections 301 and 361 of the Public Health Service Act (42 U.S.C. §§ 241, 264)

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

This FOA addresses the "Healthy People 2020" in the areas of Food Safety, Immunization and Infectious Diseases, HIV, Maternal, Infant, and Child Health, and Sexually Transmitted Diseases. This FOA is in alignment with HHS/CDC/CGH/DPDM's aims to improve and strengthen public health interventions to reduce parasitic diseases in the United States.

Food Safety – (1) Increase the proportion of consumers who follow key food safety practices (toxoplasmosis education materials to the public). (2) Through development of and distribution of guidelines to ensure that professional food handlers are free of tapeworm infection and thus not passing infection through food contamination.

Immunization and Infectious Diseases – (1) Prevention of new infections of *Trypanosoma cruzi* (Chagas disease) from infected mothers to their unborn babies through increased provider awareness and understanding of diagnosis and treatment guidelines. (2) Prevention of *Toxocara* infections in the United States through better community level knowledge and education of pet hygiene and prevention and control measures.

Maternal, Infant, and Child Health – Improve the health and well-being of pregnant women and their babies through education of Chagas disease and toxoplasmosis and its relationship to health in pregnancy for the mother and child.

Sexually Transmitted Diseases – Development of educational materials for the public on trichomoniasis prevention.

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

This FOA is in alignment with HHS/CDC/CGH's aims to prevent disease, disability, and death and to provide leadership in public health. For more information, please see

[www.healthypeople.gov](http://www.healthypeople.gov) and <http://www.cdc.gov/parasites/>

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

The neglected parasitic infections (NPIs) are a group of five parasitic diseases that have been targeted by the CDC as priorities for public health action based on the number of people infected, severity of the illnesses, and our ability to prevent and treat them. These infections are considered neglected because relatively little attention has been devoted to their surveillance, prevention, and/or treatment. They include Chagas disease, cysticercosis, toxocariasis, toxoplasmosis, and trichomoniasis. Anyone, regardless of race or economic status, can become infected although minorities, immigrants, and people living in poor or disadvantaged communities appear to be most at risk.

CDC is working to protect people from these health threats by increasing awareness among

physicians and the public, synthesizing the existing data to help better understand these infections, improving diagnostic testing, and advising on treatment, including distributing otherwise unavailable drugs for certain infections (Chagas disease).

More information including fact sheets and links to open access publications on these diseases can be found here: <http://www.cdc.gov/parasites/npi/index.html>

## 2. CDC Project Description

### a. Approach

Strategies and Activities	Short-Term Outcomes (project-period outcomes)	Intermediate Outcomes (applies to all NPIs)	Long-Term Outcomes (applies to all NPIs)
<p><b>1. Chagas disease:</b></p> <ul style="list-style-type: none"> <li>Develop and disseminate diagnosis, treatment, &amp; clinical management information to healthcare providers (HCPs).</li> </ul> <p><b>2. Neurocysticercosis (NCC):</b></p> <ul style="list-style-type: none"> <li>Develop &amp; deliver clinical management and prevention educational materials to HCPs</li> <li>Develop &amp; disseminate guidelines to ensure professional food handlers are free of tapeworm infection.</li> </ul> <p><b>3. Toxocariasis:</b></p> <ul style="list-style-type: none"> <li>Develop and disseminate community-level pet hygiene prevention and control recommendations for <i>Toxocara</i> infection in pets and people.</li> </ul> <p><b>4. Toxoplasmosis:</b></p> <ul style="list-style-type: none"> <li>Develop and disseminate preventive health education for public and HCPs</li> </ul> <p><b>5. Trichomoniasis:</b></p> <p>Develop and disseminate:</p> <ul style="list-style-type: none"> <li>Education materials to the public (e.g., infection prevention)</li> <li>Strategies to address health disparities among populations most affected</li> <li>Epidemiologic and laboratory best practices for state and local health departments to</li> </ul>	<p>Improved NPI-related preventive health knowledge and practices among HCPs. <b>(Chagas disease, NCC, toxoplasmosis)</b></p> <p>HCPs better able to recognize signs and symptoms of NPIs <b>(Chagas disease, NCC, toxoplasmosis)</b></p> <p>Increased availability of best approaches and recommendations for the diagnosis and treatment/care of patients with NPIs. <b>(Chagas disease, NCC, toxoplasmosis)</b></p> <p>Improved availability of health education training tools and materials for physicians, patients, and the community for NPIs. <b>(Chagas disease, NCC, toxocariasis, toxoplasmosis, trichomoniasis)</b></p> <p>Enhanced local capacity for educating the public on NPIs and reducing health disparities. <b>(toxocariasis, toxoplasmosis, trichomoniasis)</b></p> <p>Enhanced local capacity in health departments and healthcare centers to identify</p>	<p>Development and implementation of strong public health interventions and prevention recommendations.</p> <p>HCPs better able to diagnose and treat patients.</p> <p>Improved detection of diseases by HCPs leading to early intervention and treatment.</p> <p>Improved public awareness of NPIs, associated chronic conditions, risks, and preventative action.</p> <p>Improved HCP awareness of appropriate action to take when NPIs are suspected.</p>	<p>Reduction in incidence and prevalence of preventable NPI diseases and conditions.</p> <p>Improved health outcomes, healthcare quality, and equity in the detection, diagnosis, and treatment of NPIs.</p> <p>Decrease in disease morbidity and mortality associated with NPIs in the United States.</p>

prevent spread of trichomoniasis.	NPIs. ( <b>Chagas disease, NCC, toxocariasis, toxoplasmosis, trichomoniasis</b> )		
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**i. Purpose**

The purpose of this FOA is to enhance CDC’s efforts in achieving reduction in incidence and prevalence of preventable NPI diseases and conditions in the United States through the development of new strategies, educational tools and materials, and guidelines, and providing these resources to health care providers, state and local health departments, professional food handlers, and the general public in the United States. Through this FOA, collaborators will develop and disseminate NPI healthcare education materials, food handler’s guidance documents, community-level prevention and control guidance, and strategies for prevention or addressing health disparities to reduce morbidity and mortality due to NPIs.

**ii. Outcomes**

The goal of this FOA is to ultimately reduce incidence and prevalence of preventable NPI diseases and conditions in the United States; improve health outcomes, health care quality, and equity in the detection, diagnosis, and treatment of NPIs; and effect a decrease in disease morbidity and mortality associated with NPIs in the United States. Awardees are expected to achieve the following project period outcomes:

- Improved NPI-related preventive health knowledge and practices among HCPs. (**Chagas disease, NCC, toxoplasmosis**)
- Improved health care providers’ ability to recognize signs and symptoms of NPIs (**Chagas disease, NCC, toxoplasmosis**)
- Increased availability of best approaches and recommendations for the diagnosis and treatment/care of patients with NPIs. (**Chagas disease, NCC, toxoplasmosis**)
- Improved availability of health education training tools and materials for physicians, patients, and the community for NPIs. (**Chagas disease, NCC, toxocariasis, toxoplasmosis, trichomoniasis**)
- Enhanced local capacity for educating the public on NPIs and reducing health disparities. (**toxocariasis, toxoplasmosis, trichomoniasis**)
- Enhanced local capacity in health departments and healthcare centers to identify NPIs. (**Chagas disease, NCC, toxocariasis, toxoplasmosis, trichomoniasis**)

**iii. Strategies and Activities**

**Chagas Disease:**

The strategy and activities will be to develop and disseminate diagnosis, treatment, and clinical management information to health care providers.

**Neurocysticercosis:**

The strategy and activities will be to (1) develop and deliver clinical management and prevention educational materials to health care providers and (2) develop and disseminate guidelines to ensure professional food handlers are free of tapeworm infection.

**Toxocariasis:**

The strategies and activity for toxocariasis will be to develop and disseminate community-level pet hygiene prevention and control recommendations for *Toxocara* infection in pets and people.

**Toxoplasmosis:**

The strategies and activity for toxoplasmosis will be to develop and disseminate preventive health education on this NPI for the public and health care practitioners.

### **Trichomoniasis:**

The strategies and activities for trichomoniasis are to develop and disseminate (1) education materials to the public (2) strategies to address health disparities among populations most affected and (3) epidemiologic and laboratory best practices for state and local health departments to prevent spread of trichomoniasis.

### **1. Collaborations**

For objectives working with immigrant or specific communities, applicants are expected to have or establish collaborations with institutions and organizations providing health services for those groups. Applicants should provide evidence of these partnerships in their application.

#### **a. With CDC-funded programs:**

Applicants are expected to collaborate with CDC Parasitic Diseases Branch to ensure that the activities and materials meet CDC standards and concur with CDC published recommendations and disease specific information.

#### **b. With organizations external to CDC:**

Depending on objective, this could be organizations familiar with immigrant or increased risk populations (e.g. Latin American immigrants for Chagas objective)

### **2. Target Populations**

#### **Chagas Disease:**

Chagas disease is primarily a disease of Latin American immigrants so diagnosis, treatment and clinical management information should target those interacting with these at-risk populations. The vectors of Chagas disease, triatomine bug species, are found in southern states and development of materials related to vector-borne transmission should be addressed in states where triatomines carrying *Trypanosoma cruzi* have been found.

#### **Neurocysticercosis (NCC):**

Although in the United States, neurocysticercosis and taeniasis are primarily diseases of Latin American migrants and immigrants, other high risk immigrant populations should be considered. The objective related to food handlers should focus primarily on Latin American migrants and immigrants unless sufficient data are provided to support targeting other groups. Food handlers include not only workers in food preparation and serving settings but also workers who might contaminate food at any stage of the harvest, processing and distribution of fresh produce items.

#### **Toxocariasis:**

Toxocariasis is primarily a disease of children and materials and community recommendations should consider that population.

#### **Toxoplasmosis:**

*Toxoplasma gondii* and toxoplasmosis exist throughout the United States; therefore the materials developed for the public and healthcare practitioners should consider all US populations.

#### **Trichomoniasis:**

The target populations for these educational materials would be the sexually active adult population. Strategies for health disparities and best practices should consider the entire United States.

## **a. Inclusion**

N/A

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

Funding should be projected for personnel, travel, printing, supplies, equipment, or contractual support for proposed activities.

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

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

Awardee will formally report progress toward program outcomes on an annual basis. CDC will assist in the development of the specific performance measurements that best meet the purpose and objective of the project as well as the timing of the performance measures. Performance measures may be required in year 1 and others may span multiple years.

The performance measures will be closely tied to the pertinent strategies, activities, and outcomes as listed in the applicable portions of the logic model. There may be both qualitative and quantitative assessments for evaluation purposes. Overall, reports summarizing the progress and short-term outcomes of each project will be submitted, at a minimum, on an annual basis. Performance outcome measures may include:

- Demonstrations and/or presentations of health education messages toward prevention of or diagnosis of NPIs in order to improve preventive health knowledge and practices among HCPs, recognition of signs and symptoms of NPIs, and identification of NPIs. The dissemination of this information could also take the form of:
  - Numbers of trainings hosted or attended directly involving the development of associated NPI prevention and control activities.
  - Numbers of informational items developed and/or disseminated to health care providers for the diagnosis, treatment, and clinical management of NPIs.
  - Numbers of educational materials developed and/or disseminated to health care providers.
  - Numbers of informational items developed and/or disseminated to at-risk communities or populations for the prevention and control of NPIs.
  - Numbers of educational materials developed and/or disseminated to at-risk communities or populations for prevention and control of NPIs.
  - Other quantitative measures of work toward the delivery of educational information toward improved NPI knowledge and skill.
- Progress toward development of new strategies for addressing health disparities among populations most effected by NPIs in order to improve preventive health knowledge and practices among HCPs, recognition of signs and symptoms of NPIs, and identification of NPIs.
- Demonstrations and/or presentations of new tools or proofs of concepts in addressing health disparities among populations most affected by NPIs.
- Numbers of / description of outreach activities supported by this award designed to reach the indicated short-term outcomes.
- Quarterly listings of the audiences engaged with demonstrations/presentations.
- Numbers of posters and manuscripts accepted for presentations and publications.
- Other quantifiable measures to lead to short-term outcomes. Applicant can suggest other ways of measuring activities designed to reach the stated short-term outcomes.

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

Applicants are expected to have a project monitoring and evaluation plan designed to demonstrate progress in project implementation (this should include timelines, schedule for conference calls, onsite meetings, submission of progress reports, work plans etc.) and plan for measuring progress toward achieving the project period outcomes identified in the logic model. The monitoring and evaluation plan should relate to the CDC strategies and activities and identify how performance measures will be collected and used to measure progress toward achieving the project period outcomes.

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

Below is the anticipated organizational skill set the applicant would need to have to execute this FOA:

- Program Management:
  - Planning and execution
  - Performance management and monitoring
  - Communication management
  - Partnership development
  - Reporting
  - Workforce management
- Subject Matter Expertise:
  - Expertise in working with NPIs or parasitic diseases or similar
  - Expertise in developing tools, materials, educational information, guidelines, or health strategies for the relevant populations targeted
  - Expertise in creating visual or written information that is useful in communicating the types of information needed to the types of audiences targeted
  - Expertise in conducting analyses of barriers in at-risk communities in order to overcome them when developing and disseminating health education materials, guidelines, strategies, tools, and other information
  - Expertise in partnering with and working with relevant populations or communities.
- Financial Planning:
  - Budget management and tracking
  - Budget administration
  - Financial reporting

### **d. Work Plan**

A detailed work plan covering the first year of the project period and a high level plan for the subsequent years must be provided with each application. This work plan should include the expected outcomes, the program strategies, associated performance measures, milestones or target dates for activity completion, and identification of person(s) responsible for those activity completions. .

Below is a sample work plan for illustrative purposes only:

Expected Outcome(s) for the Project Period
Program Strategy(ies):

Activity	Performance Measures	Person Responsible	Target Date	Activity Completion Date

**e. CDC Monitoring and Accountability Approach**

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

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

Monitoring may also include the following activities:

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

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

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

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

CDC will be substantially involved with the activities of this FOA and will be a fully collaborating partner with the awardee in the development and enhancement of the surveillance tool.

Technical Assistance

CDC will:

- Collaborate with the awardee to establish priorities for the program through regular meetings and communication.
- Collaborate with the awardee to establish goals, objectives, and effective, evidence-based, and innovative strategies and methodologies.
- Provide guidance in the development of educational tools and materials that are most useful for targeted and at-risk populations.
- Provide consultation, guidance and technical assistance especially in areas of epidemiology and parasitic diseases.
- Assist in evaluating plans and the overall effectiveness of the planned materials and strategies through joint program review and analysis.
- Review and approve the awardee’s annual work plan and detailed budget.

- Review and approve the awardee’s work plan.
- Discuss progress on a quarterly basis with the awardee to assess quarterly technical and financial reports and modify plans as necessary.
- Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the awardee. All such data collections - where CDC staff will be or are approving, directing, conducting, managing, or owning data - must undergo OMB project determinations by CDC and may require OMD PRA clearance prior to the start of the project.

### Information Sharing Between Awardees

- Assist the awardee in disseminating results, materials, tools, or products.
- Review and approve results, materials, tools, or products created by the awardee.
- Assist in the selection of key personnel and/or post-award subcontractors and/or sub-awardees to be involved in the activities performed under this agreement.
- Assist in communicating and sharing practices and lessons learned.
- Participate in meetings, webinar and work groups as appropriate.

## **B. Award Information**

<b>1. Funding Instrument Type:</b>	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
<b>2. Funding Activity Category:</b>	Health
<b>3. Fiscal Year:</b>	2015
Estimated Total Funding:	\$1,000,000
<b>4. Approximate Total Fiscal Year Funding:</b>	\$200,000
<b>5. Approximate Project Period Funding:</b>	\$1,000,000
<b>6. Total Project Period Length:</b>	5 year(s)
<b>7. Expected Number of Awards:</b>	4
<b>8. Approximate Average Award:</b>	\$50,000 Per Budget Period
<b>9. Award Ceiling:</b>	\$200,000 Per Budget Period
<b>10. Award Floor:</b>	None
<b>11. Estimated Award Date:</b>	07/01/2015
<b>12. Budget Period Length:</b>	12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the “Notice of Award.” This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

### **13. Direct Assistance**

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

## **C. Eligibility Information**

### **1. Eligible Applicants**

Eligibility Category: Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

## 2. Additional Information on Eligibility

The award ceiling for this FOA is \$200,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. Applicants can focus on a single objective, single disease of the 5 included here, or apply to work on any combination of the 5 diseases in this FOA.

The award ceiling for this FOA is \$200,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. ([http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf](http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf))

## 3. Justification for Less than Maximum Competition

N/A

## 4. Cost Sharing or Matching

Cost Sharing / Matching No Requirement:

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

## 5. Maintenance of Effort

Maintenance of effort is not required for this program.

## D. Required Registrations

Additional materials that may be helpful to applicants: <http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf>.

### 1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at [http:// fedgov.dnb.com/webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

**b. System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM

information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at [www.SAM.gov](http://www.SAM.gov).

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

All applicant organizations must register with [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

## 2. Request Application Package

Applicants may access the application package at [www.grants.gov](http://www.grants.gov).

## 3. Application Package

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

## 4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

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

N/A

### b. Application Deadline

Due Date for Applications: **03/13/2015**, 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov). If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

## 5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

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

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

## 6. Content and Form of Application Submission

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

## 7. Letter of Intent

LOI is not requested or required as part of the application for this FOA.

## **8. Table of Contents**

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

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

## **9. Project Abstract Summary**

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at [www.grants.gov](http://www.grants.gov). The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at [www.grants.gov](http://www.grants.gov).

## **10. Project Narrative**

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

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at [www.grants.gov](http://www.grants.gov).

### **a. Background**

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

### **b. Approach**

#### **i. Purpose**

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

#### **ii. Outcomes**

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

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

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

## 1. Collaborations

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

For objectives working with immigrant or specific communities, applicants are expected to have or establish collaborations with institutions and organizations providing health services for those groups. Applicants should provide evidence of these partnerships in their application.

- a. With CDC-funded programs: N/A
- b. With organizations external to CDC: Depending on objective, this could be organizations familiar with immigrant or increased risk populations (e.g. Latin American immigrants for Chagas objective)

## 2. Target Populations

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

a. Inclusion:

**Applicants must address how they will include specific populations who can benefit from the program, refer back to the CDC Project Description section – Approach: Inclusion, if applicable.]**

### c. Applicant Evaluation and Performance Measurement Plan

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

The plan must:

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

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

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

Applicants are expected to describe a project monitoring plan designed to demonstrate progress in development of materials (this should include timelines, schedule for conference calls, submission of progress reports, etc.). Study and application details should follow the SMART objectives as follows: Specific (who and what will be involved), Measureable (quantify outcomes), Achievable (activities can be accomplished within the given time frame), Realistic (objectives consistent with the scope of the project), and Time-phased (indication of the time frame during which objectives will be met).

Successful strategies should be intended to reach a high proportion of those at risk.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within

the first 6 months of the project, as outlined in the reporting section of the FOA.

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

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

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

If submitting CVs/Resumes or Organizational Charts then applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at

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

#### **11. Work Plan**

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

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

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

#### **12. Budget Narrative**

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

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

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

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

Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at [www.grants.gov](http://www.grants.gov). If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at [www.grants.gov](http://www.grants.gov).

### **13. Tobacco and Nutrition Policies**

Awardees are encouraged to implement tobacco and nutrition policies.

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

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

#### **Tobacco Policies:**

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

#### **Nutrition Policies:**

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: [http://www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.pdf)).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>  
<http://www.thecommunityguide.org/tobacco/index.html>

#### **14. Health Insurance Marketplaces**

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: [www.HealthCare.gov](http://www.HealthCare.gov).

#### **15. Intergovernmental Review**

Executive Order 12372 does not apply to this program.

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

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

#### **17. Funding Restrictions**

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC awardees](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

## 18. Other Submission Requirements

**a. Electronic Submission:** Applications must be submitted electronically at [www.grants.gov](http://www.grants.gov). The application package can be downloaded at [www.grants.gov](http://www.grants.gov). Applicants can complete the application package off-line and submit the application by uploading it at [www.grants.gov](http://www.grants.gov). All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at [www.grants.gov](http://www.grants.gov). File formats other than PDF may not be readable by PGO Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at [www.grants.gov](http://www.grants.gov).

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at [pgotim@cdc.gov](mailto:pgotim@cdc.gov), Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from [www.grants.gov](http://www.grants.gov) on the deadline date.

**b. Tracking Number:** Applications submitted through [www.grants.gov](http://www.grants.gov) are time/date stamped electronically and assigned a tracking number. The applicant’s Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when [www.grants.gov](http://www.grants.gov) receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

**c. Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a “submission receipt” e-mail generated by [www.grants.gov](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://www.grants.gov) that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact [www.grants.gov](http://www.grants.gov). For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the [Applicant User Guide](#), Version 1.1, page 102.

<http://www.grants.gov/documents/19/18243/GrantsGovApplicantUserGuide.pdf>

**d. Technical Difficulties:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://www.grants.gov) Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at [support@www.grants.gov](mailto:support@www.grants.gov). Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that [www.grants.gov](http://www.grants.gov) is managed by HHS.

**e. Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@www.grants.gov](mailto:support@www.grants.gov) for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant’s request for permission to submit a paper application must:

1. Include the [www.grants.gov](http://www.grants.gov) case number assigned to the inquiry

2. Describe the difficulties that prevent electronic submission and the efforts taken with the [www.grants.gov](http://www.grants.gov) Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

## **E. Review and Selection Process**

### **1. Review and Selection Process: Applications will be reviewed in three phases.**

#### **a. Phase I Review**

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC CGH and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

#### **b. Phase II Review**

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

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

<b>Approach</b>	<b>Maximum Points: 40</b>
Does the applicant document and demonstrate the ability to develop, create, deliver, and/or implement educational information, prevention education materials, tools, guidelines, and public health education messages as required in the strategies and activities of this cooperative agreement?	
Does the applicant document and demonstrate previous experience developing and distributing these types of materials to assist in the improvement of health outcomes for the decrease in disease morbidity and mortality in the United States?	
Does the applicant document and demonstrate experience with target populations for this project (e.g., travelers, expatriates, refugees and immigrants, and foreign born populations)?	
Does the applicant document and demonstrate the ability to create effective public health information in a variety of formats including various languages, for various audiences (e.g. public, health practitioners, healthcare workers) in a timely and effective manner?	
Does the applicant document and demonstrate experience visualizing or effectively producing tools or educational materials that are easily understandable and marketable?	
Does the applicant document and demonstrate the ability to collect information from various	

scientific sources and convert that material into educational materials for a variety of audiences for immediate consumption?

Does the applicant possess adequate technical and facility resources to adequately meet the project's goals?

Does the applicant document and demonstrate the ability to provide both scientific and health communications expertise?

### **Evaluation and Performance Management**

**Maximum Points: 25**

Evaluate the extent to which the applicant:

Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.

Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.

Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.

Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.

Describes any evaluation studies they are to undertake in sufficient detail to identify the key evaluation questions, data sources, and analysis methods.

### **Applicants Organizational Capacity to Implement the Approach**

**Maximum Points: 35**

Does the applicant demonstrate the willingness and ability to work with and conduct outreach with a diverse group of domestic communities to deliver materials that are ready for consumption by the specific targeted populations?

Does the applicant demonstrate the ability to work with the relevant partners, public health organizations, healthcare providers, health departments, or other groups as needed in order to deliver the developed tools and materials needed to improve health outcomes?

Does the applicant demonstrate the ability to assist a diverse group of partners or health organizations with distributing developed tools and materials?

The extent to which the applicant provides an adequate description and understanding of the magnitude of health risks of the U.S. population related to NPIs.

The degree to which the applicant provides a suitable description of the extent of their current activities related to target populations of this project and developing similar tools and materials.

The extent to which the applicant clearly describes an understanding of the complexities with reaching and communicating with their targeted groups.

The extent of the applicant to describe potential material or data sources needed to create the defined materials needed.

The degree to which the applicant provides a clear description of their understanding of how these tools and materials can facilitate increased public health awareness and improved health outcomes in the United States

Note: No less than 25 points should be assigned for each of the above sections.

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored)

Although the budget is not scored applicants should consider the following in development of their budget. Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities? If the applicants requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

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

The following factors also may affect the funding decision: History of familiarity with NPIs or parasitic disease in general, communities with populations at higher risk for NPIs, previous experience with and understanding of epidemiology of NPIs, and/or evidence of prior work with the communities at risk (or caretakers for those communities) or a reasonable ability to reach and work with communities (or caretakers for those communities) at risk.

## **2. Announcement and Anticipated Award Dates**

The Grants Management Officer will provide electronic communication to the successful awardee(s) in the form of a notice of award letter. Award date is expected to be 07/01/2015.

## **F. Award Administration Information**

## 1. Award Notices

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

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

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

## 2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm). The HHS Grants Policy Statement is available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>.

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

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

Generally applicable ARs:

AR-7: Executive Order 12372

AR-9: Paperwork Reduction Act <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html>

AR-10: Smoke-Free Workplace

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

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

AR-24: Health Insurance Portability and Accountability Act

AR-25: Release and Sharing of Data

[AR-26: National Historic Preservation Act of 1966](#)

[AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009](#)

[AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973](#)

[AR-33: Plain Writing Act of 2010](#)

AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)

AR-35: Nutrition Policies

[AR-8: Public Health System Reporting](#) (community-based, nongovernment organizations)

[AR-15: Proof of Non-profit Status](#) (nonprofit organizations)

[AR 23: Compliance with 45 C.F.R. Part 87](#) (faith-based organizations)]

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

### 3. Reporting

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

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

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

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

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

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

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the

- FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

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

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

This report must include the following:

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

The carryover request must:

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

The awardee must submit the Annual Performance Report via [www.grants.gov](http://www.grants.gov) 120 days before the end of the budget period.

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

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

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

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

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

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

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

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

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

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000. For the full text of these requirements, see: <http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

## **G. Agency Contacts**

CDC encourages inquiries concerning this FOA.

### **Program Office Contact**

**For programmatic technical assistance, contact:**

Liz Wilkins, Project Officer

Department of Health and Human Services  
Centers for Disease Control and Prevention  
1600 Clifton Road MS A06  
Atlanta, GA 30329  
Telephone: (404) 718-4729  
Email: [bvl5@cdc.gov](mailto:bvl5@cdc.gov)

### Grants Staff Contact

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

Steward Nichols, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office  
2920 Brandywine Road, Mailstop K-75  
Atlanta, GA 30341  
Telephone: (770) 488-2788  
Email: [SHN8@cdc.gov](mailto:SHN8@cdc.gov)

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

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

### H. Other Information

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

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

Optional attachments, as determined by CDC programs

- Resumes/CVs
- Position descriptions
- Letters of Support

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

## I. Glossary

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

**Administrative and National Policy Requirements, Additional Requirements (ARs):** Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm). Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

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

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

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

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

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the

direct benefit or use of the Federal Government.

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

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

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http://www.cdc.gov/stltpublichealth/GrantsFunding/direct\\_assistance.html](http://www.cdc.gov/stltpublichealth/GrantsFunding/direct_assistance.html).

**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

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

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

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

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

**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The

definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

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

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

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

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

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

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

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

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

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

application.

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

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

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

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

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

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

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

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

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

set of objectives.

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

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

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

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

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

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

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

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

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

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