Centers for Disease Control and Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis
CDC-RFA-PS17-1702
Application Due Date: 08/02/2016

Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

CDC-RFA-PS17-1702

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS17-1702. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Funding Opportunity Title:

Improving Hepatitis B and C Care Cascades; Focus on Increased Testing and Diagnosis

C. Announcement Type: New - Type 1

This announcement is only for non-research 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-PS17-1702

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

93.270

F. Dates:

1. Due Date for Letter of Intent (LOI): **N/A**

2. Due Date for Applications: **08/02/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

June 15, 2016, 11:30am (EDT) to 1:00pm (EDT), Join by phone

(404) 553-8912 (Atlanta Dial-in Conference Region) English (United States)

(855) 348-8390 (Atlanta Dial-in Conference Region) English (United States)

Conference ID: 1000716

Join Skype Meeting

This is an online meeting for Skype for Business, the professional meetings and communications app formerly known as Lync.

G. Executive Summary:

1. Summary Paragraph:

During FYs 2017-2020, CDC will fund state and local health departments (HD) to work with external partners and stakeholders to:

1) conduct situational analyses (SAs) to describe a) jurisdiction-wide disease burden, epidemiologic trends, and laws/policies impacting testing, care, and treatment of HBV and HCV infection b) identify high prevalence areas, and c) settings where testing should be conducted, as recommended by CDC/USPSTF;

2) work with partners serving populations with greatest HBV and/or HCV prevalence to implement intervention(s) to a) increase HBV and/or HCV testing and detection, b) develop plan and materials to educate providers in partner settings about interventions, and c) monitor and evaluate interventions and their outcomes;

3) educate the public, partners and stakeholders on policies including state-mandated HBV and HCV reporting and public/private insurance reimbursement for recommended testing & treatment;

4) work with state agencies to improve HBV and HCV testing and treatment in all settings and integrate HBV and/or HCV testing in CDC supported HD programs; and,

5) monitor and evaluate policy impacts.

The goals of this FOA are derived from the 2014 HHS Viral Hepatitis Action Plan (VHAP) and reflect the Healthy People 2020 immunization and infectious diseases objectives. Measurable outcomes of the program will be in alignment with the following performance goal:

- an increase in the proportion of persons who are aware of their hepatitis B and/or C virus infection

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	54
d. Total Project Period Funding:	$22,800,000
e. Average One Year Award Amount:	$94,500
f. Total Project Period Length:	4
g. Estimated Award Date:	10/28/2016
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Approximately 5 Million Americans are living with hepatitis B virus (HBV) or hepatitis C virus (HCV) infections in United States. HBV and HCV are leading infectious causes of morbidity/mortality and disproportionately affect the foreign-born, racial/ethnic minorities, persons born during 1945-1965 (Birth Cohort), and medically underserved/underinsured populations. Despite new therapies that can cure >90% of persons with chronic HCV, only 50% of those living with HCV are aware of their infection and most have not received recommended care and treatment (1). Similarly, only 60% of the estimated 1 million persons living with HBV in the US have been tested (2,3). CDC/ and USPSTF recommend HBV and HCV testing in persons at high risk for infection as well as one-time HCV testing in persons in the Birth Cohort. HCV and HBV testing, when linked to care and treatment, is cost effective and improves health outcomes; CDC estimates HCV testing of the Birth Cohort can avert >320,000 HCV-related deaths. The HHS Viral Hepatitis Action Plan (VHAP) highlights the role of state/local HDs as critical in adopting prevention strategies and implementing activities to increase identification of persons living with HCV and/or HBV infection in their jurisdictions (4). Also, the Affordable Care Act provides many opportunities to support implementation of the VHAP by improving access to health care coverage and services. CDC's intends to help state/local health departments (HDs) collaborate with external partners and stakeholders to 1) conduct situational analyses to describe a) jurisdiction-wide disease burden, epidemiologic trends, and laws/policies

impacting testing, care, and treatment of HBV and HCV infection; b) geographic areas with high HBV and HCV prevalence, and c) settings where HBV and HCV testing should be conducted; 2) work with settings in highest burden areas to implement intervention(s) to a) increase HBV and HCV testing and detection, b) develop strategies to educate providers in partner settings, and c) monitor/evaluate interventions and their outcomes; 3) educate the public, partners and stakeholders on state-mandated HBV and HCV reporting and public/private insurance reimbursement for recommended testing and treatment; 4) work with state agencies to improve testing and treatment in all settings where HBV and HCV testing should be done (particularly federally qualified health centers and other community health centers (FQHCs/CHCs) and integrate HBV and HCV testing in CDC supported HD programs; and 5) monitor/evaluate policy impacts.

References:

1. Holmberg SD, Spradling PR, Moorman AC, Denniston MM. Hepatitis C in the United States. NEJM 2013 368 (20). 1859-61. Available at http://www.natap.org/2013/HCV/nejmp1302973.pdf

2. Cohen C, Homberg SD, McMahon BJ et al. Is chronic hepatitis B being undertreated in the United States? Journal of Viral Hepatitis 2011, 18: 377-383. Available at http://webdoc.nyumc.org/hepatitis/files/hepatitisstg/u26/VH_Undertreatment_published_article_dec_2010.pdf

3. Hu DJ, Xing J, Tohme RA et al. Hepatitis B testing and access to care among racial and ethnic minorities in selected communities across the United States, 2009-2010. Hepatology 2013; 58: 856-862. Available at http://onlinelibrary.wiley.com/doi/10.1002/hep.26286/full

4. US DHHS. Combating the silent epidemic of viral hepatitis: Action plan for the prevention, care, and treatment of viral hepatitis. Washington, DC: US DHHS; 2014. Available at hhtp://aids.gov/pdf/viral-hepatitis-action-plan.pdf

b. Statutory Authorities

This program is authorized under Sections 301(a), 317N, and 318 of the Public Health Service Act (42 U.S.C. Sections 241(a), 247b -15, and 247c), as amended

c. Healthy People 2020

This FOA addresses the "Healthy People 2020" focus area(s) of Immunization and Infectious Diseases:

- IID-1.3 - Reduce, eliminate, or maintain elimination of new hepatitis B cases among persons 2 to 18 years;
- IID-25.1 - Reduce hepatitis B infections in adults aged 19 and older;
- IID-25.2 - Reduce hepatitis B infections among high risk populations – injection drug users;
- IID-25.3 - Reduce hepatitis B infections among high risk populations – men who have sex with men;
- IID-26 - Reduce new hepatitis C infections; and,
- IID-27 - Increase the percentage of persons aware they have hepatitis C infection

(http://www.healthypeople.gov/2020/topicsobjectives2020/objectives)

d. Other National Public Health Priorities and Strategies

FOA activities address two of the six topic areas outlined in the 2014 HHS Viral Hepatitis Action Plan:

(http://aids.gov/pdf/viral-hepatitis-action-plan.pdf)

- Improving Testing, Care and Treatment to Prevent Liver Disease and Cancer
- Educating Providers and Communities to Reduce Health Disparities

This FOA supports the goals of NCHHSTP to decrease incidence of infection, decrease morbidity and mortality, and decrease health disparities associated with HIV, viral hepatitis, STDs and TB by implementing programs, policies and research that are guided by the principle of high impact prevention. Additional information about the goals and strategies of NCHHSTP is available: http://www.cdc.gov/nchhstp

e. Relevant Work

This FOA builds upon previous or current HBV and HCV prevention programs, projects and technical efforts including:

- CDC-RFA-PS13-1303 - Viral Hepatitis: Prevention and Surveillance
- CDC-RFA-PS13-1313 - Viral Hepatitis Networking, Capacity Building and Training
- CDC-RFA-PS12-1209 - Viral Hepatitis Testing and Linkage to Care
- CDC-RFA-PS14-1413 - Community-based Programs to Test and Cure Hepatitis
- CDC-RFA-PS14-1414 - Collaborations to Improve Identification and Care for Chronic Hepatitis B Virus (HBV) Infection among Persons in the United States who were Born in Countries with Intermediate-High (=2%) HBV Prevalence
- CDC-RFA-PS14-004 - Reduce Hepatitis Infections by Treatment and Integrated Prevention Services (Hepatitis-TIPS) among Non-urban Young Persons Who Inject Drugs

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

The following Logic Model is a high-level visual depiction of the program approach and relationships between strategies and activities, and outcomes.

Logic Model

Strategy and Activities	Short Term Outcomes(YR 1-4)	Long Term Outcomes
Situational Analysis (SA) Conduct jurisdiction-wide situational analysis to describe: • HBV and HCV disease burden and trends, overall and by geographic areas state laws and policies impacting testing, care and treatment of HBV and/or HCV infection • settings in high prevalence areas where HBV and/or HCV testing should be conducted ***Intervention Partnerships*** Based on the SA, prioritize partners serving populations with greatest prevalence of HBV and/or HCV infection to work with and implement an intervention(s) to increase	***Intervention Partnerships*** • **Increased HBV and/or HCV testing and detection of current infection at selected partner setting (or organization within the setting)** • **Increased number of sites, organizations, or settings that participate in the implementation of intervention(s) to increase HBV and/or HCV testing and detection** • **Increased ability to**	Effective policies implemented to maximize HBV and/or HCV testing and care in the jurisdiction Reduced HBV and/or HCV-associated morbidity and mortality Increase the percentage of persons with chronic HCV infection who

testing and diagnosis

- Develop work plan including staff education about intervention(s) to increase testing and detection
- Develop scale-up plan to increase the number of sites, organizations, or settings that will implement interventions to increase testing and detection in the jurisdiction
- Monitor and evaluate interventions and outcomes

Policy

Educate partners and stakeholders on:

- state-mandated HBV and HCV reporting according to current CSTE definitions
- public and private insurance reimbursement for recommended testing & treatment
- CDC's educational materials for providers and the public jurisdiction-wide

Work with state agencies to:

- improve testing and treatment in all settings where HBV and HCV should be identified
- integrate HBV and/or HCV testing in CDC supported health department programs

Monitor and develop annual reports of:

- **Within state agencies, adoption of effective HBV and HCV testing and treatment policies**
- **Increased educational outreach about effective policies**
- **Impact of policies**

link newly diagnosed patients with HBV and /or HCV to appropriate medical care, including counseling services

- Increased treatment among those diagnosed at selected partner setting(s) (or organization(s) within the setting)

Policy

- **Increased monitoring of effective policies implemented to maximize HBV and/or HCV testing and care in the jurisdiction**

are aware of their status

i. Purpose

The purpose of this FOA is to support the goals of the HHS Action plan for the prevention, care, and treatment of viral hepatitis (available at hhtp://aids.gov/pdf/viral-hepatitis-action-plan.pdf) by increasing the number of persons living with HBV and/or HCV infection that are tested for these infections and made aware of their infection status so as to facilitate linkage to recommended care and treatment services.

ii. Outcomes

During the 4-year project period, awardees must show measurable progress toward bolded project period outcomes depicted in the logic model.

Short-term outcomes (Years 1 - 4)

Outcome 1:

Increased HBV and/or HCV testing and detection of current infection at selected partner setting(s) or organization(s).

Outcome 2:

Increased number of sites, organizations, or settings that participate in the implementation of intervention (s) to increase HBV and/or HCV testing and detection.

Outcome 3:

Increased ability to link newly diagnosed patients with HBV and/or HCV to appropriate medical care, including counseling services.

Outcome 4:

Increased monitoring of effective policies implemented to maximize HBV and/or HCV testing and care in the jurisdiction.

iii. Strategies and Activities

The applicant must have staffing capacity to coordinate and/or conduct the activities below and to achieve the objectives of this FOA. The project necessitates staff with training and/or professional experience in one or more of the following areas: health education; epidemiology and surveillance; program development and evaluation; community planning and assessment; data collection and analysis; and, communication skills.

For the purpose of this FOA, the following apply:

- To estimate prevalence, jurisdictions with mandated reporting by law or regulation for past or present HCV and/or chronic HBV, should use surveillance data. Other jurisdictions should apply national prevalence estimates by demographic (racial/ethnic subgroups, age groups, place of birth) to jurisdiction census data to determine relative higher prevalence areas. The "high" prevalence area selected for the SA to be completed in Year 1 should represent > 30% of the estimated chronic HBV and/or HCV cases in the jurisdiction. Additional high prevalence areas evaluated in years 2-4 combined should represent an additional 40% of the estimated chronic HBV and/or HCV cases in the jurisdiction (By the end of the project period, high burden areas evaluated should represent approximately 70% of the total jurisdiction burden)
- "Site" refers to a single clinical or other facility that can provide HBV and HCV testing with linkages to care and treatment. An "organization" refers to one or more sites that serve a defined catchment area (e.g., one FQHC may have one or more sites). A "setting" represents and is inclusive of all sites or organizations that share a common designation or category. For example, a "clinical setting" may refer to all sites or organizations in the entire jurisdiction that are designated primary care clinics affiliated with public or other safety-net hospitals, Federally Qualified Health Centers (FQHCs), and Community Health Centers (CHCs). Another type of "clinical setting" may be emergency departments. Other settings (not necessarily "clinical") may include all correctional facilities/jails, all substance abuse treatment centers, etc. in the entire jurisdiction.
- Testing for hepatitis B is defined as hepatitis B surface antigen (HBsAg); testing for hepatitis C is defined as hepatitis C antibody (anti-HCV), and if positive, a positive confirmatory HCV RNA.
- Awardees are not expected to implement intervention(s) themselves but should provide technical assistance and encourage partners to implement strategies/interventions.
- Awardees should not use funds to purchase HBV or HCV tests.

The following is a detailed description of the three strategies and their related activities:

1) **Situational Analysis (SA)**

During Year 1, SA reports should be conducted in one high prevalence area serving populations with HBV and/or HCV-related health and healthcare disparities. In the first 6 months, assessment should be done in FQHCs/CHCs followed by safety-net hospitals and affiliated clinics. SAs for other settings (e.g., correctional facilities, substance abuse treatment centers) in the same high burden area should be completed by the end of Year 1.

Subsequent assessments in Years 2-4 will include relevant settings in other high prevalence areas in the jurisdiction.

Awardees will conduct a jurisdiction-wide situational analysis as follows:

a. Describe HBV and HCV burden by geographic regions to include:

1. Summary of surveillance data for most recent reporting year (if available)

- numbers/rates of acute HBV
- numbers/rates of acute HCV
- numbers/rates of chronic HBV
- numbers/rates of past or current HCV

2. Trends for HBV and HCV associated deaths in the state/jurisdiction (Mortality data - deaths with

most current data available)

3. Demographic data showing racial/ethnic, age and foreign-born populations at increased risk for HCV and HBV infection

b. Describe existing state laws and policies impacting HBV and HCV testing, care and treatment such as mandated reporting; state Medicaid and other payer reimbursement; mandated testing; laboratory reporting of all test results; reflex testing; and any other policy that impacts testing, care and treatment. Other assessments should include laws/policies related to testing and treatment in corrections settings or syringe exchange programs.

c. Select a high prevalence area in which to enumerate and describe settings where recommended CDC/USPSTF HBV and/or HCV testing should be conducted, beginning with FQHC/CHCs followed by safety-net hospitals and affiliated primary care clinics, correctional facilities, and substance abuse treatment centers. Within the first 6 months of the award, awardees should complete SAs on FQHCs/CHCs followed by safety-net hospitals and affiliated clinics in the selected high burden area. By the end of Year 1, SAs for other relevant settings including correctional facilities and substance abuse treatment centers in the same geographic area should be completed. During years 2-4, awardees should select other high burden areas in which to conduct additional SAs in relevant settings.

The following information should be collected for a setting:

a. Patient population characteristics including demographics and estimated HBV and/or HCV
b. Capacity to deliver clinical services (e.g., number and types of providers, phlebotomist, nurses, pharmacists, counselors and social worker).
c. HBV and HCV testing practices
d. Lab testing protocols (e.g., type of test, a protocol to test for anti-HCV and, if positive, "reflex" testing for HCV RNA on the same specimen?)
e. Existing strategies or practices to increase testing and linkage to care (e.g., clinical decision tools, opt-out testing, etc.) and assessment of strategies used if available.
f. Data collection and management systems (name of electronic medical record [e.g., EPIC], feasibility of implementing clinical decision tools, description of data hub or network, if applicable).
g. HBV and/or HCV-related performance measures and other data systematically collected and reported and note whether the data/reports are/can be shared with the jurisdiction. If not, what are the barriers to sharing the data?
h. Compliance with state Viral Hepatitis reporting requirements

The situational analysis will help to inform and direct the awardee to select partners for the purpose of implementing interventions to increase testing at the partner site/organization (see "Intervention Partnerships" under strategies and activities in the logic model and next section below).

2) **Intervention Partnerships**

Applicant shall determine whether the focus of their efforts will be HBV, HCV or both HBV and HCV. The selected partner(s) should also have the ability to provide HBV and HCV-related care or have documented plans for coordination of linkage to HBV and HCV care services for newly diagnosed patients.

a. Partnership development – During the first year of award, awardees will use findings from the SAs to prioritize at least three (3) potential partner sites or at least one organization within a setting (e.g., all clinics associated with a single organization such as HealthPoint Family Care) to work with and implement an intervention(s) to increase HBV and/or HCV testing and detection of current infection. These partners should be providing services for populations with HBV and/or HCV related health disparities, and with limited access to health care (e.g., Medicaid coverage or no health insurance).

Awardees are expected to educate staff at selected sites about potential interventions that can increase testing and diagnosis. The selected partner sites must also be able to link to or provide patients with HBV and/or HCV care and treatment. Also, awardees should prioritize sites/organizations where they believe testing is lagging (learned through the SA). In addition, during the course of the cooperative agreement, awardees are encouraged to select up to two additional settings in high prevalence areas (where linkage to care is provided) to implement interventions to increase testing and diagnosis.

Notes:

- Free standing disease specific clinics must be excluded.
- For HCV testing, the selected sites must be able to confirm current HCV infection (HCV RNA) for patients with positive anti-HCV antibody results as indicated in the current CDC algorithm for HCV testing (http://www.cdc.gov/hepatitis/hcv/pdfs/hcv_flow.pdf).

b. Implementation of intervention –The awardee shall work with partner(s) to identify and implement at least one intervention(s) with demonstrated success for increasing HBV and HCV testing. Partners and stakeholders should be involved in selecting and adopting interventions and protocols.

Interventions and best practices that may be considered for implementation are:

1. Incorporation of Reflex testing for HCV
2. Patient and provider education
3. Use of Clinical Decision Tools (e.g., electronic reminder)
4. Policy for routine testing
5. Policy for use as performance measure

Other interventions may be considered that have demonstrated effectiveness for increasing the uptake of preventive healthcare measures such as cervical, breast or colon cancer screening, or STD/HIV testing and adapted for increasing HBV and HCV testing (see examples below).

An awardee may choose to promote the implementation of an innovative intervention (not previously demonstrated to increase testing) with clear justification and rationale and demonstrate success of the new intervention as part of this agreement.

Examples of interventions:

- Smith BD, et al. Effectiveness of Hepatitis C Virus (HCV) Testing for Persons Born during 1945-1965 – Summary Results from Three Randomized Controlled Trials. Hepatology 2014; 60(Suppl):295A [Abstract #194] Available at: http://onlinelibrary.wiley.com/doi/10.1002/hep.27480/full
- Baron RC, et al. Intervention to increase recommendation and delivery of screening for breast, cervical, and colorectal cancers by healthcare providers: a systematic review of provider reminders. Am J Prev Med 2010;38(1):110-7.; Community Preventive Services Task Force. Clinical decision support systems recommended to prevent cardiovascular disease. American Journal of Preventive Medicine 2015;49(5):796-9. • http://www.viralhepatitisaction.org/sites/default/files/hcvsummit_061814_graham.pdf
- Haukoos JS, et al. Design and implementation of a controlled clinical trial to evaluate the effectiveness and efficiency of routine opt-out rapid human immunodeficiency virus screening in the emergency department. Academic Emergency Medicine. Aug; 2009 16(8): 808
- Galbraith JE. Unrecognized chronic hepatitis C virus infection among baby boomers in the emergency department. Hepatology, 61 (3): 776-782
- Rongey CA et al. (2009). Viral RNA testing in hepatitis C antibody-positive veterans. American

Journal of Preventive Medicine, 36(3): 235-8.;

• Turner BJ. Implementing hospital-based baby boomer hepatitis c virus screening and linkage to care: strategies, results, and costs. Journal of Hospital Medicine, 10 (8): 510-516.

• Sabatino SA, et.al, Community Preventive Services Task Force. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for The Guide to Community Preventive Services. Am J Prev Med 2012;43(1):765-86.

• Goetz MB, et al. A System-wide Intervention to Improve HIV Testing in the Veterans Health Administration The QUERI-HIV/Hepatitis Program - J Gen Intern Med 23(8):1200–7

• Hopkins DP. Clinical decision support systems recommended to prevent cardiovascular disease Am J Prev Med. 2015 Nov;49(5):796-9.

• Njie GJ, Clinical decision support systems and prevention: a Community Guide Cardiovascular Disease Systematic Review. Am J Prev Med. 2015 Nov;49 (5):784-95.

• Wall HK, Wright JS. The role of clinical decision support systems in preventing cardiovascular disease Am J Prev Med. 2015 Nov;49(5):e83-4.

• Reed JL, et al. Improving Sexually Transmitted Infection Results Notification via Mobile Phone Technology. J Adolesc Health. 2014, May; 1-8.

• Baron RC, et al. Client-directed interventions to increase community demand for breast, cervical, and colorectal cancer screening: a systematic review. Am J Prev Med 2008;35(1S): S34-55.

c. Monitoring and Evaluation - To facilitate monitoring and evaluation, the partner(s) must have the ability to provide data to estimate the proportion of persons recommended for HBV or HCV testing attending the care sites who have been tested and of those, the proportion who have been diagnosed with HBV/HCV prior to any intervention. Sites with centralized electronic medical records (EMRs) should be prioritized as they will facilitate the ability to monitor changes in testing practices and calculate rates of HBV or HCV testing in the setting population.

3) **Policy**

One of the strategies of this FOA is to focus awardee's attention and efforts into maximizing opportunities to accomplish systemic changes in the health care environment. As such, awardees are encouraged to establish partnerships with healthcare and community-based organizations, educate the public, providers, and key stakeholders on the potential or proven impacts of policies aimed at identifying persons living with HBV and/or HCV and linking these people to care and treatment.

Awardees should promote the use of scientific knowledge base in decision-making. With the implementation of the Affordable Care Act, millions of individuals are expected to gravitate to primary care settings. This means incorporating HBV and HCV testing and diagnosis into primary care visits is critical to increasing the number of people who are aware of their infection status and can obtain needed care and treatment.

Awardees should address these **priority policy** activities:

a. Monitor and evaluate impact of relevant laws and policies, particularly:

1. mandated HBV and HCV reporting

2. testing and treatment reimbursement policies

b. Educate public, providers and key stakeholders on impacts of policies and CDC's educational materials for providers and the public

c. Work with state agencies to improve testing and treatment in all care settings where HBV and HCV testing should be conducted and integrate HBV and HCV testing into CDC supported health department programs.

Awardees are expected to produce the following outputs resulting from their activities:

Output 1: Comprehensive SA report including description of:

- HBV and HCV disease burden and epidemiologic trends
- laws and policies impacting testing, care and treatment of HBV and/or HCV
- settings in one high prevalence area in which HBV and/or HCV testing is or should be conducted, beginning with FQHC/CHCs
- testing practices and activities to increase testing and detection within each setting

Output 2: Developed partnerships to implement intervention(s) to increase HBV and/or HCV testing and detection in up to three sites/organizations serving populations in the high prevalence area evaluated in Year 1.

Output 3: Developed plan to monitor and evaluate interventions and their outcomes

Output 4: Written report describing policy activities

Output 5: Developed plan to monitor and evaluate impact of policies

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Optional - Awardees are encouraged to identify and collaborate with CDC-funded programs (laboratories, HBV perinatal coordinators, refugee programs, Prescription Drug Overdose prevention coordinators, etc.) within their jurisdiction to meet the goals of the project.

b. With organizations not funded by CDC:

Awardees shall establish, build, and/or maintain other collaborative relationships (e.g., laboratories, public/private partnerships, state Medicaid/Medicare programs) that will support the development of the partnership. Memoranda of Agreements (MOA), Memorandum of Understanding (MOU), Letters of commitment, or service agreements, indicating commitment to formally document proposed and current partnership, and provide data or technical assistance, should be included in the application.

2. Target Populations

- Persons with HCV-related health and healthcare disparities [e.g. racial/ethnic minorities and persons born during 1945-1965 particularly those who medically uninsured or underinsured) (MMWR 2012), and persons who inject drugs (PWID) (MMWR 1998)]; and,
- Persons with HBV-related health and healthcare disparities (e.g. persons who were born in a country estimated to have a prevalence of ≥2%, who have not been screened for HBsAg and PWID).

References:

http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm;

http://www.uspreventiveservicestaskforce.org/uspstf12/hepc/hepcfinalrs.htm;

http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/hepatitis-b-virus-infection-screening-2014; and,

http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/hepatitis-b-in-pregnant

-women-screening.

a. Inclusion

All applicants should develop program intervention and activities so that they are accessible and available to health care professionals and members of priority populations regardless of age, sex, race/ethnicity, sexual orientation, gender identity, or socio-economic status.

Grantees should have to have a plan in place to address underserved populations (e.g., tribal, disabled, and English Speakers of Other Languages populations)

Funded programs consider including people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.). Where appropriate, applicants are encouraged to also include: tribal organizations; rural populations; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; and people with limited health literacy. For additional information about disability inclusion, go to http://www.cdc.gov/ncbddd/disabilityandhealth /disability-inclusion.html.

iv. Funding Strategy

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Throughout the 4 year FOA period, CDC will use process and outcome evaluation to assess whether funded activities are leading to intended outcomes. CDC will use a number of performance measures for program evaluation (see Evaluation and Performance Measures Matrix below). Awardees will manage performance measures and provide annual progress reports and other written reports to CDC as specified in the FOA.

CDC, in partnership with awardee(s), will conduct site visits and develop qualitative reports for performance monitoring and quality improvement and will report key outcome data results at the end of the FOA period.

CDC will work with the awardees to develop and refine plans for obtaining qualitative and quantitative data for completing the situational analysis and assist with developing plans to obtain relevant data from selected sites/organizations and/or settings to enable evaluation of the impact of the promoted intervention on testing practices.

CDC will be summarizing indicators reported by grantees in Annual Feedback Reports that will be shared with grantees. These Annual Feedback Report will provide grantees feedback on their performance of the indicators compared with their peers. The Annual Feedback Reports will include the indicators defined below:

Process measures

Output 1: Comprehensive SA report which is submitted annually.

Indicator: Completed SA report by the end of Year 1(yes/no). Reports will be considered complete only if they contain all of the following information:

- disease burden and epidemiologic trends in the jurisdiction, by geographic area
- Identification of high prevalence areas, e.g. represent > 30% of the estimated chronic HBV and/or HCV cases in the jurisdiction
- laws and policies impacting testing, care and treatment of HBV and/or HCV
- settings (in one high burden area) in which HBV and/or HCV testing is or should be conducted

- testing practices and activities to increase testing and detection within each setting

Output 2: Developed partnerships to implement intervention(s) to increase HBV and/or HCV testing and detection in up to three sites/organizations serving populations in high prevalence areas.

Indicators: 1) Letter of support from partner indicating willingness and ability to implement an intervention to share data on testing, diagnosis and treatment (if provided). 2) Report describing type of intervention(s) at selected sites/organization(s), number of sites/organizations and/or settings implementing the intervention(s), detailed implementation plan including educational activities, resources required to implement, data collection and management methods and quantifiable indicators, etc. In years 2-4, submit a written plan for scale up of successful interventions for each type of setting in high prevalence areas throughout the jurisdiction

Output 3: Developed plan to monitor and evaluate interventions and their outcomes.

Indicator: Written plan including data collection and management methods and quantifiable indicators that will be measured at baseline (ideally 1 year prior to intervention) and after implementation of intervention to monitor the impact of interventions on testing, diagnosis, and linkage to care (if applicable). Measure to be included: #/% of providers trained on intervention; annual # of patients eligible for screening(i.e., # of birth cohort patients that attended the site(s); annual #/% of eligible patients who are screened ; annual #/% of screened patients who are diagnosed with chronic HCV.

Output 4: Written report describing policy activities.

Indicator: Report describing all activities related to educating the partners and stakeholders and working with state agencies to improve and integrate testing and treatment in applicable settings and in CDC-funded programs.

Output 5: Developed plan to monitor and evaluate impact of policies.

Indicator: Written plan for monitoring changes to, and impact of, policies such as mandated HBV and HCV reporting (i,e.,impact might be that more staff hired to enter reported cases into data reporting system) testing and treatment insurance reimbursement policies (i.e., policies changed from restricting who gets treated to anyone with HCV infection will be treated), educational activities and materials to inform public, providers and stakeholders on reducing the burden of HBV and HCV morbidity and mortality. Annual report on current policies in the jurisdiction.

Short-term Outcomes

Outcome 1^: Increased HBV and/or HCV testing and detection of current infection at selected partner sites (or organization within the setting)

Indicator: Numbers and proportions of eligible persons tested and diagnosed in the partner setting(s) where interventions were implemented. By the end of the cooperative agreement, at least 60% of the site/setting population will have been tested /diagnosed (Antibody and RNA for HCV)

Outcome 2: Increase number of sites, organizations or settings that participate in the implementation of interventions to increase HBV and/or HCV testing and detection throughout the jurisdiction

Indicator: # of additional sites that have implemented interventions

Outcome 3: Increased ability to link newly diagnosed patients with HBV and /or HCV to HBV/HCV medical care, including counseling services.

Indicator: Programmatic efforts (e.g., staff identifying a provider and scheduling the first appointment, patient navigators used to facilitate linkage) to link patients diagnosed with HBV and/or HCV to receive appropriate counseling and medical care at selected partner settings

Outcome 4: Increased monitoring of effective policies implemented to maximize HBV and/or HCV

testing and care in the jurisdiction

Indicator: # of policies that were changed

^ If one partner site/organization is unable to provide data, a written report describing the reasons must be provided. The report must also include the steps taken by the awardee to make necessary changes in order to capture required data. Awardees are encouraged to develop partnerships where data are accessible.

Evaluation and Performance Measures Matrix					
Evaluation Questions	**Activities and Outputs**	**Performance Indicators**	**Required Updates**	**Annual Progress Report**	**Dissemination and use**
SITUATIONAL ANALYSIS (SA)					
To what extent was the awardee able to describe: • Laws and policies impacting testing, care and treatment of HBV and/or HCV in the jurisdiction? • Summary of Surveillance Data? (most recent reporting year) • High burden areas in the jurisdiction? • Settings in which HBV and/or HCV testing is and should be conducted? • Current testing practices and activities to	**Year 1: Completed initial SA report** of FQHC/ CHCs programs followed by safety net hospitals and affiliated clinics in one high prevalence area (within 6 months) Additional SA report on other settings in the selected high prevalence areas in the jurisdiction (at the end of YR1) **Years 2-4: Updated SA report** including: • assessments done in setting(s) in other high burden areas • status of RFR indicators	Description of laws and policies Description of Surveillance data; # and rates of: • Acute HBV and HCV • Chronic HBV • Past or current HCV Identification of high burden areas Identification and description of settings in which HBV and/or HCV is and should be conducted Description of testing practices and activities to increase detection Identification and description of gaps and barriers to testing and linkage to care	Law and policy (ies) New settings identified Intervention implemented Barriers addressed	Initial **SA** due in the first 6 month of YR1 budget period and completed final SA at end of YR1 Updated **SA** including settings in other high burden areas not previously identified due every year on APR	Educate stake holders, partners, and CDC leadership

increase detection of current HBV and/or HCV infection?					
* - Annual Progress Report (APR) is due in conjunction with Continuation Application					
Evaluation Questions	**Outputs**	**Performance Indicators**	**Required Updates**	**Annual Progress Report**	**Dissemination and use**
INTERVENTIONS PARTNERSHIPS					
To what extent was awardee able to establish partnerships and identify and implement interventions to increase HBV and/or HCV testing?	**Established partnership(s)** with sites/ organization(s) to implement intervention(s) to increase HBV and/or HCV testing and detection in underserved populations **Developed plan and materials to educate providers/staff** about intervention(s) to increase the recommended HBV and/or HCV testing within the partner sites/ organization(s) Developed **plan to monitor and evaluate interventions and outcomes**	# of sites, organizations, or settings that participate in the partnership Letter of support from partners Type of intervention(s) implemented with each setting Description of challenges, opportunities, and required resources Description of trainings for providers and staff Description of data collection and management methods and quantifiable indicators	Status of current partnerships New partnerships Status of intervention New intervention(s) implemented in partnership settings # and % of eligible persons tested and diagnosed in the partner setting(s) where interventions were implemented	Due on Jan 31 each year YR1 (established partnerships) YR1-4 (implemented interventions) YR1-5 (evaluated interventions)	Educate stakeholders, partners, and CDC leadership

POLICY					
To what extent was awardee able to maximize opportunities for policy improvement to increase testing and diagnosis?	Educated public, providers and key stakeholders on impacts of policies and CDC's educational materials for providers and the public Worked with state agencies to improve testing and treatment in all care settings where HBV and HCV testing should be conducted and integrate HBV and HCV testing into CDC supported health department programs. Monitored and evaluated impact of relevant policies, particularly: • mandated HBV and HCV reporting • testing and treatment reimbursement	Existing policies that mandate: • HBV and HCV reporting • testing and treatment reimbursement	N/A	Due on Jan 31 each year	Educate stakeholders, partners, and CDC leadership

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

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

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

Applicants must provide an evaluation and performance measurement plan that demonstrates how the applicant will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA.

At a minimum, the plan must describe:

- How quantitative data specified in the strategies and activities will be collected.
- The process implemented as well as challenges and barriers and facilitators of implementation.
- How selected clinical partner settings will participate in the evaluation and performance measurement planning processes.
- The type of evaluations (i.e., process, outcome, or both) to be conducted.
- Key evaluation questions.
- Other information (e.g., performance measures to be developed by the applicant).
- How evaluation findings will be used for continuous program quality improvement.
- How evaluation and performance measurement will contribute to developing an evidence base for programs that employ strategies lacking a strong effectiveness evidence base.

c. Organizational Capacity of Awardees to Implement the Approach

All applicants must provide evidence of their existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet program objectives.

Applicants will address infrastructure (the applicant organization's physical space and equipment), workforce capacity and competence, expertise and experience related to all program focus areas, information and data systems, and electronic information and communication systems to implement the award.

Applicant must describe capability in personnel management including the authority and ability to hire or contract in a timely fashion and maintain adequate personnel resources with applicable skills and expertise, budget management and financial reporting including the management of travel requirements and full capability, accountability and expertise to meet deadlines, track funds, submit reports and manage the required procurement efforts including the ability to write and award contracts in accordance with 45 CFR (or 74) in a timely fashion.

The following organizational capacity is needed to successfully accomplish the goals of this FOA:

- Ability to conduct and update situational analyses report(s) of available health care services, gaps and limitations in providing HCV and/or HBV testing and care/treatment and assess current activities employed by health care settings to increase HBV and/or HCV testing in the jurisdiction.
- Ability to assess data from partner settings to establish a baseline prevalence of HBV and/or HCV, identification of geographical high burden areas and testing practices and gap/barriers.
- Available staff who are capable and experienced in conducting data analyses.

Ability to collaborate with selected partners and provide HBV and/or HCV testing and care expertise.

d. Work Plan

Applicants are expected to provide a work plan that describes how they will implement activities to meet the outcomes of the FOA. Applicants must prepare a **detailed work plan for the first year** of the award and a high-level outline for subsequent years. CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award. The components of the work plan need to be clearly linked to the strategies and activities, outcomes, and evaluation and performance measures as presented in the logic model and the narrative of the FOA. An example format is provided in the following table:

Project Period Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** ***[from Evaluation and Performance*** *Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance* *Measurement section]*	**Responsible** **Position /Party**	**Completion Date**
1.			
2.			
3. (etc.)			

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)

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program will be primarily focused on providing technical assistance, guidance, consultation, and training. This includes but is not limited to:

- Providing jurisdiction-specific data from national data sources as available
- Providing guidance on conducting analyses of data from several sources
- Providing assistance in estimating HBV and /or HCV prevalence and where the burden is the greatest
- Sharing best practices learned from other CDC projects
- Providing subject matter expertise
    - DVH Education and Training Team support to coordinate National Educational Campaign effort with award recipients (grantees)
    - DVH support to work with other federal agencies, stakeholders and partners to facilitate and assist with strategies for adoption and implementation of CDC/USPSTF recommendations.
- Assist jurisdictions with planning and executing the FOA
- Review and approve grantee's annual work plan and detailed budget.
- Review and approve the grantee's monitoring and evaluation plan.
- Provide consultation, technical assistance, and financial assistance (when feasible) for outbreaks, including site support of investigations when requested by health departments

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism: U-51

Infectious Disease Assessment of Prevention, Control & Elimination

3. Fiscal Year: 2017

4. Approximate Total Fiscal Year Funding: $5,700,000

5. Approximate Project Period Funding: $22,800,000

This amount is subject to the availability of funds.

Estimated Total Funding: $22,800,000

6. Total Project Period Length: 4 year(s)

7. Expected Number of Awards: 54

8. Approximate Average Award: $94,500 Per Budget Period

9. Award Ceiling: $150,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $40,000 Per Budget Period

11. Estimated Award Date: 10/28/2016

12. Budget Period Length: 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: State governments
City or township governments

Additional Eligibility Category:

Government Organizations:

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

2. Additional Information on Eligibility

The award ceiling for this FOA is $150,000 per year. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review.

3. Justification for Less than Maximum Competition

The current ***2014 US DHHS Action Plan for the Prevention, Care and Treatment of Viral Hepatitis, Combating the Silent Epidemic of Viral Hepatitis*** identifies improving hepatitis B virus (HBV) and hepatitis C virus (HCV) testing, care and treatment as a major priority area to prevent liver disease and cancer in priority populations that are significantly affected by HBV and HCV. The HHS Action Plan, set prevention goals, established program priorities, and assigned responsibilities for actions to meet priorities for HHS operating divisions, including CDC. To implement activities outlined in the Viral Hepatitis Action plan, CDC has funded state and local health departments for the last 4 years to implement and/or maintain prevention and surveillance activities.

The existing Funding Opportunity Announcements (FOA) PS13-1303, "Viral Hepatitis – Prevention and Surveillance" funded 52 grantees in 48 states, the District of Columbia and three large cities (Los Angeles, CA, New York City, NY, and Philadelphia, PA) to support and improve prevention and care services for HBV and HCV since 2012. Each grantee has developed programs to improve HBV and HCV testing and linkage to care for hard-to-reach and high risk populations by working in collaboration with other public health programs, partners and/or stakeholders.

Competition is limited to state and local health departments because they are the only organizations within the broader field of viral hepatitis prevention and control that have coordinated jurisdictional wide viral hepatitis strategic planning, developed education and training for health care providers; implemented policies and protocols locally; integrated viral hepatitis prevention services into health care settings and public health programs (e.g., STD, HIV, correctional health, substance abuse treatment, syringe exchange, diabetes care and prevention, and vaccination of susceptible household and sexual contacts) that serve adults at risk for viral hepatitis; and, implemented viral hepatitis testing and linkage to care for key populations impacted by viral hepatitis. FOA PS17-1702 is intended to continue and expand the work that these grantees are currently engaged in for their jurisdiction. Under this FOA, grantees will implement and maintain viral hepatitis prevention efforts by identifying ways to integrate viral hepatitis prevention, vaccination, testing and linkage to care into existing public health, clinical care and community settings.

Grantees will evaluate local data to drive and tailor viral hepatitis prevention activities for their jurisdiction and seek local partnerships and resources to implement viral hepatitis activities where they are most needed.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of Effort (MOE) is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must

provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):
The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov*.**

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option atwww.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CRR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified	Same day but can take 8 weeks to be fully registered and approved	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	

2. Request Application Package

Applicants may access the application package at 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. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@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. Office of Grants Services (OGS) 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 OGS.

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

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **08/02/2016** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

June 15, 2016, 11:30am (EDT) to 1:00pm (EDT), Join by phone

(404) 553-8912 (Atlanta Dial-in Conference Region) English (United States)

(855) 348-8390 (Atlanta Dial-in Conference Region) English (United States)

Conference ID: 1000716

Join Skype Meeting

This is an online meeting for Skype for Business, the professional meetings and communications app formerly known as Lync.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ 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.

7. Letter of Intent

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

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page 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.

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. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. The 20 page limit includes the work plan.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. 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. Failure to follow the guidance and format may negatively impact scoring of the application.

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 public health 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, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

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 the Strategies and Activities section of the CDC Project Description.

1. Collaborations

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

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 Target Population section in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. See Section E (pages 4 and 5) at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf . For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed

to:

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

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

d. Organizational Capacity of Applicants to Implement the Approach

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

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.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Implement 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).

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http:// www.cdc.gov /grants /interested in applying /application resources.html .

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal

governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect 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.

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 Pro-Children Act of 2001, 20 U.S.C. Sections 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).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

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

14. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.
Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

15. 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.

16. Intergovernmental Review

Executive Order 12372 does not apply to this program.

17. 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 Code of Federal Regulations (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.

18. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly

encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

19. 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 except as allowed by law.
- 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 generally is not allowed, unless the CDC provides written approval to the awardee.
- 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.

20. Data Release Plan

Applications involving release and sharing of data must include a copy of the applicants Data Release Plan. The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the CDC data sharing agreement will be released in a timely manner, completely, and as accurately as possible, to facilitate the broader community, and developed in accordance with CDC policy on Releasing and Sharing Data.

21. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information

Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide. http:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below 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, OGS 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 initially reviewed for completeness by CDC OGS staff. Complete applications will be reviewed for responsiveness by the CDC. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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.

i. Approach	Maximum Points:40

The extent to which the applicant:

- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Describes strategies and activities that are achievable and appropriate to the outcomes of the project.
    - Demonstrates that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

ii. Evaluation and Performance Measurement	Maximum Points:25

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.

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:35

The extent to which the applicant addresses the items below:

- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles.
    - Applicant must have staffing capacity to coordinate and/or conduct the activities and achieve the objectives of this FOA.
    - Staff must have adequate training and/or professional experience in one or more of the following areas:
        - health education;
        - epidemiology and surveillance;
        - program development and evaluation;
        - community planning and assessment;
        - data collection and analysis; and,
        - communication skills.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides an organizational chart.
- Describes prior knowledge and experience providing support and technical assistance to public health partners in the area of Viral Hepatitis prevention and control, to include Viral Hepatitis integration and collaboration guidance, staff education and training, policy and program development, and planning.

Budget

c. Phase III Review

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this funding opportunity announcement.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

The following factors may affect the funding decision:

1. State health departments and Washington, DC will receive preference over other jurisdictions applying.
2. the presence of state law/rules or governing mandating reporting of all chronic HBV and HCV.
3. the presence of state laws/rule/ mandate for HBV and/or HCV testing in support of CDC/USPSTF recommendations.
4. Jurisdictions (other than State Health Departments and Washington, D.C.) with the greatest number of persons born during1945-1965 as demonstrated in the application.
5. Desire to maintain geographic diversity.
6. Desire to maintain racial/ethnic diversity.
7. If two or more applications have the same score overall, then the application scoring the highest under the approach section will be selected.

2. Announcement and Anticipated Award Dates

Estimated award date: October 28, 2016

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. 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 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html

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.

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate 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. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Awardee Evaluation and Performance Measurement Plan (required):This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving FOA goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov no later than 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 awardees must submit the Annual Performance Report via 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 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
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)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place

providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. grantee name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The grantee must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Gilberto Ramirez, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Telephone: (404) 718-8535
Email: GHR0@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:
Erica Stewart, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
Grants Management Specialist
Office of Grants Services
Infectious Disease Services Branch
Office of Financial Resources
Centers for Disease Control and Prevention
2920 Brandywine Road (MS- E15)
Atlanta, GA 30341
EStewart1@cdc.gov (E)
770-488-2769 (O)

Telephone: (770) 488-2769
Email: EStewart1@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

For international FOAs:

- SF424
- SF424A
- Letters of Support
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Indirect Cost Rate, if applicable
- 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 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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/.

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 educations, 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 activites; 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: Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain

Writing Act is available at www.plainlanguage.gov.

Program Strategies: 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 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.

FOA-specific Glossary and Acronyms