

## **Attachment A. Original NPHII Funding Opportunity Announcement**

### **AMENDMENT II (Dated 7/23/10):**

- 1) Added further instructions on identifying application submissions and Component II sample to Section V. “Application Content.” See page 25.*
- 2) Corrected application submission time zone under Explanation of Deadlines. See page 32.*
- 3) Inserted new language regarding supplanting funds under Funding Restrictions. See page 35.*
- 4) Amended list of panel review staff under Application Review Process. See page 36.*
- 5) Corrected website for a transcript and recording of each Pre-Application Technical Assistance Information Session. See page 47.*

### **AMENDMENT I (Dated 7/15/10):**

- 1) Details on Pre-Application Technical Assistance Information Sessions added. See page 46.*

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

**Strengthening Public Health Infrastructure for Improved Health Outcomes**

## **I. AUTHORIZATION AND INTENT**

**Announcement Type:** New – Type 1

**Funding Opportunity Number:** CDC-RFA-CD10-1011

**Catalog of Federal Domestic Assistance Number:** 93.507

### **Key Dates:**

**Application Deadline Date:** August 9, 2010 (See Section V, “Application Submission.”)

**Authority:** This program is authorized under sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund) for expanded and sustained national investment in prevention and public health programs.

### **Background**

The Mission of the Centers for Disease Control and Prevention (CDC) is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC accomplishes this mission through scientific excellence, requiring well-trained public health practitioners, and leaders dedicated to high standards of quality and ethical practice.

On March 23, 2010, President Obama signed into law the Affordable Care Act (ACA) (PL 111-148). This landmark legislation established a Prevention and Public Health Fund (Title IV, Section 4002) *to provide for expanded and sustained national investment in*

*prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. ACA and the Prevention and Public Health Fund make improving public health a priority with investments to improve public health services, establish meaningful and measurable health indicators, and achieve long-term improvement in health outcomes.*

The goal of the “Strengthening Public Health Infrastructure for Improved Health Outcomes” program is to systematically increase the performance management capacity of public health departments in order to ensure that public health goals are effectively and efficiently met. This program will increase the capacity and ability of health departments to meet national public health standards, such as those of the National Public Health Performance Standards Program (<http://www.cdc.gov/od/ocphp/nphpsp/index.htm>), Public Health Accreditation Board (<http://www.phaboard.org/>), and National Quality Forum (<http://www.qualityforum.org/>).

### **Definition, Description, and Importance of Public Health Infrastructure**

In public health, a strong infrastructure provides the capacity to prepare for and respond to both acute and chronic threats to the Nation’s health, whether they are bioterrorism attacks, emerging infections, disparities in health status, or high rates of chronic disease and injury. Such an infrastructure serves as the foundation for planning, delivering, and evaluating public health programs. The Nation’s public health infrastructure is the foundation needed to deliver the 10 Essential Public Health Services and critical programs to every community (<http://www.cdc.gov/od/ocphp/nphpsp/essentialphservices.htm>).

In this era of health reform, the public health services delivery systems will be transformed, especially as individuals gain access to health plans that support behavioral and clinical changes to improve health. Public health service delivery systems in State, Tribal, Local and Territorial (STLT) governmental health departments must transform too in order to meet the new challenges and opportunities presented by health reform.

### **Terminology**

- “Core public health infrastructure” includes continuous performance measurement and quality improvement capacity to assure that the systems supporting public health services and programs are robust and efficient; workforce capacity and competency; laboratory systems; health information and systems, and health information analysis for decision making; communications; legal authorities; financing; other relevant components of organizational capacity; and other related activities.
- “Core capacities” that support the full implementation of health reform ideas range from hiring critical expertise, regulation, and policy development, public health law, IT and data systems support, best practices sharing, optimal business practice development, improved recruitment and hiring practices, workforce training, program planning, communications, meaningful data use and translation, technical assistance, evaluation, assessments, and localized research for practice.
- “Public health systems transformation” is defined as building or reengineering of infrastructure to improve networking, coordination, standardization, and cross-jurisdictional cooperation for the efficient delivery of public health services (e.g., resource sharing) to effectively and efficiently implement the innovations found in the ACA; which will lead to advances in the key areas for infrastructure investments (defined in bullet below); as well as addressing the leading causes of

death, and when available, *National Prevention and Health Promotion Strategy* priorities and objectives.

- “Key areas” for infrastructure investments to create more efficient and effective public health service delivery include, but are not limited to improvements in the following:

A. Health Promotion and Disease Prevention

1. food- and water-borne disease identification and prevention
2. prevention of healthcare-associated infections
3. leading causes of death and, once available, National Prevention and Health Promotion Strategy priorities

B. Public Health Policy and Public Health Law

1. capacity to support structural and environmental changes in the community to promote health
2. capacity to assist in changing or enforcing policies, laws, ordinances, regulations or national standards that provide for more effective public health practice, including increased linkage to the health care system

C. Health IT and Communications Infrastructure

1. the vital statistics system (e.g., electronic birth and death registration and certificates) to describe the health of populations as well as individuals
2. electronic health record/IT systems to improve quality, safety, decision-making and population-based care
3. communications systems and processes (e.g., information syndication and social media capacity) to make populations

aware of health promoting behaviors and clinical interventions

D. Workforce and Systems Development

1. Broad-based public health workforce training to support health reform (e.g., e-learning and other training, fellowship programs)
2. Laboratory and epidemiologic capacity to enhance the behavioral, clinical and environmental changes brought about by health reform
3. Public health program and public health system transformation (e.g., changes to how the health department is organized and functioning to provide for more effective and efficient use of resources and more effective public health practice, including increased linkage to the health care system).

**Purpose**

The 5-year “Strengthening Public Health Infrastructure for Improved Health Outcomes” cooperative agreement program is designed to support innovative changes in key areas that improve the quality, effectiveness and efficiency of the public health infrastructure that will support the delivery of public health services and programs as specified within ACA. The program goal is to systematically increase the performance management capacity of public health departments in order to ensure that public health goals are effectively and efficiently met.

In FY2010, funding is available to advance any or all of the **key areas** for infrastructure investment. This announcement has two components:

**Component I** – Graduated Base Funding for Public Health Transformation (Non-competitive)

**Component II** – Enhanced Funding for Public Health Transformation (Competitive)

Applicants must provide a proposal for Component I in order to provide a proposal for Component II.

This program supports the *Healthy People 2010* focus area #23 (Public Health Infrastructure). It encourages cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations for greater reach and potential impact of limited resources and improved efficiency, and building on other health reform efforts/projects to maximize use of resources and impact.

## **II. PROGRAM IMPLEMENTATION**

### **Recipient Activities:**

Successful recipients will demonstrate the ability to implement systems changes that reach across and improve the **key areas** for infrastructure investments and include the full engagement of STLT leadership in championing core capacity improvements for addressing the leading causes of death and supporting *National Prevention and Health Promotion Strategy* objectives once available.

**Component I (Graduated Base Funding for Public Health Transformation):** All applicants must submit a proposal focusing on performance management that (1) addresses and supports the key areas, (2) leads to a positive and measurable impact on the public health system, and (3) aligns with the *Performance Management Category* as described below. Component I grantees are expected to designate or hire a full-time equivalent Performance Improvement Manager and to participate in a national network of performance improvement professionals, which will include participation in at least one annual meeting in Atlanta, Georgia.

**Component II (Enhanced Funding for Public Health Transformation):** Applicants may submit an additional proposal for one or more of the key areas and recommend measurable improvements in health indicators through infrastructure investments and activities specifically utilizing *at least two of the following four categories of core public health infrastructure* **(1) Performance Management, (2) Policy and Workforce Development, (3) Public Health System Development/Redevelopment, and (4) Best Practice Implementation.**

If an applicant chooses to propose Performance Management activities under Component II, then the applicant should distinguish between the Performance Management activities conducted under Component I versus those that will be addressed under Component II.

NOTE: Some overlap of performance management activities between components I and II may occur, and is allowed, **provided** the proposal clearly shows how the activities are supportive and are not redundant. A roadmap for how the elements of the FOA fit together and application examples are available in Appendix A.



**PROGRAM GOAL**—Systematically increase the performance management capacity of public health departments in order to ensure that public health goals are effectively and efficiently met.

Progress towards the program goal will be measured collectively across all grantees in terms of progress made in the following categories. The following provides a description of each category and examples of activities that support achievement of the category sub-goals:

**(1) Performance Management Category**

This category supports building, institutionalizing, and implementing performance management capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources that advance and support the **key areas** and have a positive impact on the public’s health.

- Program Sub-Goal: Increase in the health department’s (or equivalent’s) capacity to routinely evaluate and improve the effectiveness of their organizations, practices, partnerships, programs (i.e., **key areas**) use of resources, and the impact the systems improvements had on the public’s health.
- Measurable Program Indicator: Established sustainable new or expanded continuous performance improvement efforts, as evidenced by dedicated staff, regularly monitored systems, and routine performance reporting for organizational performance and public health outcomes

Applicants will submit proposals that include what actions they will take to contribute to achievement of the category sub-goal and how they will measure and report their individual progress, including baselines for the specific activities they will undertake.

All activities should build in a continuous monitoring and improvement system. Component I grantees are expected to designate or hire a full-time equivalent Performance Improvement Manager and to participate in a national network of performance improvement professionals, which will include participation in at least one annual meeting in Atlanta, Georgia. This meeting will provide other professional development opportunities; sharing best practices, tools and materials; participating in ongoing communication activities and capacity building peer exchanges. Examples of activities that support the sub-goal for this category include the following:

- Establishing and implementing dedicated staff and systems for performance accountability (e.g., a Performance Management Office) and performance tracking; and establishment of performance measures (including collection of baseline and ongoing performance data)
- Increasing the number of staff and/or programs dedicated to performance management (i.e., hired performance management staff and/or established performance management programs and/or offices)
- Increasing the number of health department staff trained in performance management working within or across multiple **key areas**

- Conducting economic, Return On Investment (ROI), and other impact reviews. (Applicant will describe how ROI is defined based on their criteria – see performance plan section.)
- Increasing the controls to ensure subgrantee/contractual relationships are consistent with the program purpose
- Increasing program interactions to address efficiency of use/leveraging of grant funds to review obligation and expenditure patterns, budget redirection processes, carry-forward balances, and the amount of state and local dollars that are dedicated to achieving complementary program goals
- Other activities that support continuous performance improvement using national public health performance standards and tools (National Public Health Performance Standards Program standards (<http://www.cdc.gov/od/ocphp/nphpsp/index.htm>), Public Health Accreditation Board standards <http://www.phaboard.org/>, or National Quality Forum <http://www.qualityforum.org/> or any other standards that meet the intent of this category), as chosen by the grantee, specific to proposed activities and the **key areas**.

## **(2) Policy and Workforce Development Category**

This category supports the expansion and the training of public health staff and community leaders, to conduct policy activities especially in **key area** investments and other priority public health concerns to facilitate improvements in system efficiency.

- Program Sub-goal: Increase in health department's (or equivalent's) capacity to use public health policy and law as a public health tool

- Program Measureable Indicator: Increase in the number of evidence-based policies, laws, or regulations developed or implemented in key areas

Applicants will submit proposals that include what actions they will take to contribute to achievement of the category sub-goal and how they will measure and report their individual progress, including baselines for the specific activities they will undertake.

Examples of activities that support the sub-goal for this category include the following:

- Increasing staff capacity including training and competencies among staff to apply policy and laws to priority health issues
- Increasing policy and legal best practices, models, and other tools developed and implemented for addressing the **key areas** and other priority health issues
- Increasing evaluations of laws and enforcement activities for consistency with evidence-based and/or promising practices for achieving compliance and public health impact
- Increasing communication to decision makers about needed updates to policies and laws, and science-based recommendations for action
- Increasing cross-jurisdictional and/or cross-community input and collaboration in developing, reviewing, and improving health policies and laws. Resources and examples of this work include the Protocol for Assessing Community Excellence [PACE] and Mobilizing for Action through Planning and Partnerships [MAPP]
- Supporting increased use, and skill in the use of, data and information systems that support adoption, implementation, enforcement, and/or evaluation of public health legislation, codes, rules, regulations, ordinances, and policies
- Other activities that support increasing the capacity of public health departments, or their equivalents, to use public health policy and law as a public health tool, as

chosen by the grantee, as specific to proposed activities and the **key areas**.

Applicants are encouraged to consider applicable national standards and tools in planning any additional activities (National Public Health Performance Standards Program standards (<http://www.cdc.gov/od/ocphp/nphpsp/index.htm>), Public Health Accreditation Board standards <http://www.phaboard.org/>; or National Quality Forum <http://www.qualityforum.org/> or any other standards that meet the intent of this category).

### **(3) Public Health System Development/Redevelopment Category**

This category focuses on building or reengineering of infrastructure to improve networking, coordination, standardization, and cross-jurisdictional cooperation for the efficient delivery of public health services across or within the **key areas** to effectively and efficiently address resource sharing and improve priority health indicators.

- Program Sub-goal: Increase in the health department's (or equivalent's) ability to use resources efficiently across or within the key areas
- Program Measureable Indicator: Improvement in organizational and program efficiencies, as evidenced by decrease in costs, decrease in time to achieve specific actions necessary for effective public health service delivery, and/or improvements in staff and other resource distribution in the delivery of public health services.

Applicants will submit proposals that include what actions they will take to contribute to achievement of the category sub-goal and how they will measure and report their

individual progress, including baselines for the specific activities they will undertake.

Examples of activities that support the sub-goal for this category include the following:

- Increasing the number of cross-jurisdictional programs and services delivered
- Investing in the implementation of regional or cross-jurisdictional public health management and technical assistance approaches or models across or within the **key areas** to improve a targeted public health capacity per capita (including shared skill sets and technical assistance)
- Increasing the number of new cross-jurisdictional agreements
- Increasing the number of new resource options for public health services (e.g., Medicaid health plans)
- Increasing the linkage of systems, processes, collaborations, or resource sharing among public health departments and the health care system
- Integrating public health departments with Health Information Exchanges, providers, Medicaid/Medicare, and hospitals
- Developing and sharing best and promising practices for increasing linkages among system partners
- Obtaining or providing technical assistance for integrating information systems, including electronic health records
- Collaboratively developing and implementing shared approaches for providing public health/health services, especially for underserved and at-risk populations
- Improving fiscal performance (e.g., timely, effective and accountable allocation and dispensation of funds and other resources)
- Decreasing the amount of time to allocate/dispense resources (e.g., through use of fiscal intermediaries)

- Other indicators of program resource use improvement as outlined in national public health standards (National Public Health Performance Standards Program standards (<http://www.cdc.gov/od/ocphp/nphpsp/index.htm>), Public Health Accreditation Board standards <http://www.phaboard.org/>, or National Quality Forum <http://www.qualityforum.org/> or any other standards that meet the intent of this category), as chosen by the grantee specific to proposed activities and **key areas**.

#### **(4) Best Practices Implementation**

This category supports dissemination, implementation, and evaluation of public health best and promising practices, in health department organizational, strategic, and fiscal practices that advance any or all of the **key areas**. Such best practices include *The Guide to Community Preventive Services* recommendations (<http://www.thecommunityguide.org/index.html>) and other documented best practices, or “promising practices” as provided by national public health associations with concurrence and approval by CDC. Promising practices are grassroots efforts that have been successful and provide tools that are tangible and transferable to other jurisdictions.

- Program Sub-goal: Increase in health department’s (or equivalent’s) access to and adoption of public health best and promising practices to improve system efficiency
- Program Measureable Indicator: Adoption of at least one new documented best practice recognized by national public health associations and with concurrence and approval by CDC

Applicants will submit proposals that include what actions they will take to contribute to achievement of the category sub-goal and how they will measure and report their individual progress, including baselines for the specific activities they will undertake.

Examples of activities that support the sub-goal for this category include the following:

- Implementing pilot projects for potential promising practices and evaluating their efficacy to help determine if these potential promising practices can be considered promising practices
- Adapting existing best or promising practices for use in new settings and evaluating their efficacy to help determine if they are best or promising practices for the new setting
- Adopting existing promising practices and evaluating their efficacy to help determine if these promising practices are best practices
- Adopting existing best practices
- Partnering with other jurisdictions to help them implement best or promising practices

Each grantee will contribute performance and progress information through interim and annual progress reports and participate with CDC in overall program evaluation efforts as described under “CDC Activities” below.

**CDC Activities:**

In a cooperative agreement, CDC staff is expected to be substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:



- With grantees develop public performance and progress reports that initially include the measurable indicator for each sub-goal as well as the grantee-specific measures of their activities in each core category. Over time, the reports will capture grantee progress against grantee-specific baselines for each measure, as well as aggregate performance across all grantees. Progress during the course of the cooperative agreement will be reported based on the mid-year and annual grantee progress reports that will be submitted to CDC.
- Measure the collective impact under the four categories as follows:

#### **Performance Management Category**

- Program Sub-Goal: Increase the capacity of health departments to routinely evaluate and improve the effectiveness of their organizations, practices, partnerships, programs (i.e., **key areas**) use of resources, and the impact the systems improvements had on the public's health.
- Measurable Program Indicator: % of grantees who have established sustainable new or expanded continuous performance improvement efforts, as evidenced by dedicated staff, systems, and routine performance reporting for organizational performance and public health outcomes

#### **Policy and Workforce Development Category**

- Program Sub-goal: Increase the capacity of public health departments, or their equivalents, to use public health policy and law as a public health tool
- Program Measureable Indicator: % of funded recipients who have increased the number of evidence-based policies, laws, or regulations developed or implemented in key areas

#### **Public Health System Development/Redevelopment Category**

- Program Sub-goal: Increase the ability of public health departments, or their equivalents, to use resources efficiently across or within the key areas
- Program Measureable Indicator: % of funded recipients whose activities have resulted in improved efficiencies, as evidenced by decrease in costs, decrease in time to achieve specific actions necessary for effective public health service delivery, and improvements in staff and other resource distribution in the delivery of public health services.

**Best Practices Implementation Category**

- Program Sub-goal: % of grantees who increase access to and adoption of public health best and promising practices to improve system efficiency
  - Program Measureable Indicator: Number of new documented best practices recognized by national public health associations and with concurrence and approval by CDC adopted by health departments or their equivalents
- Lead efforts to evaluate the program overall, including assessing grantee success factors, challenge areas, and solutions, and disseminating lessons learned to grantees and non-grantees to spur adoption of best practices and lessons learned.
  - Foster ongoing opportunities (i.e., net conferences, meetings) to network, communicate, coordinate, and collaborate, especially among groups that would not normally interact.
  - Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.
  - Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives, and in establishing measurement and accountability

systems for documenting outcomes such as increased health impact and increased health equity.

- Collaborate, as appropriate, in the development and maintenance of information and communication networks, and provide methods for integrating the networks and measuring their effectiveness.
- CDC and grantees will jointly determine whether new practices meet the criteria that will be established for “best” or promising designations.
- CDC will organize and promote opportunities in at least one annual onsite meeting for key program staff, including the performance improvement managers, to exchange information and performance improvement tools, receive training and professional development, and share in capacity building and technical assistance peer exchanges.

### **III. AWARD INFORMATION**

**Type of Award:** Cooperative Agreement. CDC substantial involvement in this program appears in the Activities Section above. State, Local Governments, Tribes and Territories are required to comply with OMB Circular A-87, 45 CFR 92.20 and the appropriation and activities under which other and previous Federal dollars were awarded.

**Award Mechanism:** U58

**Fiscal Year Funds:** 2010

**Approximate Current Fiscal Year Funding:** \$42.5M

**Approximate Total Funding:**

Component I: In FY 2010, approximately \$15.5 million. CDC proposes to fund 75 grantees with a graduated base funding as determined by population:

- Below 1.5 million = \$100,000
- 1.5 million - 5 million = \$200,000
- 5 million - 8 million = \$300,000
- Above 8 million = \$400,000.

Assuming adequate performance and availability of resources, this level of base funding will continue through all years of the cooperative agreement.

Component II: In FY2010, approximately \$27M. CDC estimates funding 10 to 27 awards ranging from approximately \$1M to \$2.7M each, according to rank and funding preferences as stated in the FOA.

**Approximate Total Project Period Funding:**

An estimated \$212.5M for the 5-year cooperative agreement, which is subject to availability of funds.

**Approximate Number of Awards:**

Component I: 75

Component II: Up to 27 awards

**Approximate Average Award:**

Component I: This amount is for the first 12-month budget period, includes indirect costs, and is based on population:

- Below 1.5 million = \$100,000
- 1.5 million - 5 million = \$200,000
- 5 million - 8 million = \$300,000
- Above 8 million = \$400,000.

Component II: \$1M - \$2.7M. This amount is for the first 12-month budget period, and includes indirect costs.

**Floor of Individual Award Range:**

Component I: \$100,000

Component II: \$1M

**Ceiling of Individual Award Range:**

Component I: \$400,000. This ceiling is for the first 12-month budget period, and includes indirect costs.

Component II: \$2.7M

**Anticipated Award Date:** September 30, 2010

**Budget Period Length:** 12 months

**Project Period Length:** 5 years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

**IV. ELIGIBILITY**

Eligible applicants include all 50 states, Washington, D.C., 9 large local health departments supporting cities with populations of 1 million or more inhabitants (Chicago, Illinois; Dallas, Texas; Houston, Texas; Los Angeles, California; New York City, New York; Philadelphia, Pennsylvania; Phoenix, Arizona; San Antonio, Texas; San Diego, California), 5 U.S. Territories, 3 U.S. Affiliated Pacific Islands and up to 7 federally-recognized tribes with an established public health department structure (or their

equivalent) that provide public health services to their tribal members, or bona fide agents of any of the eligible entities.

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state or large city application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required (see Special Requirements section below).

**Funding Preferences:**

**Component II:** CDC may fund proposals out of rank order to ensure the geographic dispersion of funded projects across the United States. Geographic dispersion is defined as providing at a minimum 1 award in each region of the ten standard HHS Regions. CDC will provide justification for any decision to fund out of rank order.

(<http://www.hhs.gov/about/regionmap.html>).

**SPECIAL ELIGIBILITY CRITERIA:**

**Licensing/Credential/Permits**

Licensing/Credential/Permits are not required for this program.

**Cost Sharing or Matching**

Cost sharing or matching funds are not required for this program.

**Maintenance of Effort**

Maintenance of Effort is not required for this program.

**Special Requirements:**

If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements.

- A. Late applications will be considered non-responsive. See section “IV.3. Submission Dates and Times” for more information on deadlines.
- B. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with “Other Attachment Forms” when submitting via [www.grants.gov](http://www.grants.gov) and label the letter “Bona Fide Agent Status.”

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

## **V. APPLICATION CONTENT**

**Applicants must submit separate applications for Component I and Component II.**

**Applicants must also indicate the Component for which they are applying in both the 1) "Application Filing Name" item of the application package cover page and in 2) Item #15 "Descriptive Title of Applicant's Project" of the SF-424 form. *Failure to identify applications as instructed will result in receipt as a Component I submission only and/or receipt as a duplicated submission.*** See the samples below (samples not meant for verbatim use):

1.) Sample Submission to **Component I:**

➤ **Application Filing Name:**

Component I – [INSERT APPLICANT NAME HERE]

➤ **SF-424, Item #15, Descriptive Title of Applicant's Project:**

"Component I – Proposal for Base Funding for Public Health Transformation."

2.) Sample Submission to **Component II:**

➤ **Application Filing Name:**

Component II – [INSERT APPLICANT NAME HERE]

➤ **Sample – SF-424, Item #15, Descriptive Title of Applicant's Project:**

"Component II – Proposal for Investment in Infrastructure Categories."

This announcement requires submission of the following information:

### **Table of Contents**

**A Project Abstract** must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.



**A Project Narrative** must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 15. If an applicant's narrative exceeds the page limit, only the first pages that are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

- A. Summary of Funding Request - State whether requesting funding for Component I only or Component I and II. If requesting funding for Component II, state level of funding requested and which of the key areas and four categories are being addressed in the proposal.
- B. Background – Need for and goal(s)/objective(s) of the infrastructure investments; how those investments support and are linked to improvement of the public health organization, system, practice, program, use of resources, and improvement in health outcomes (including any reductions in private or public sector health care costs).
- C. Activity Plan – should contain a description of the following elements:
  1. The specific infrastructure investment(s)
  2. Methods and activities related to those investments

3. Key partners
  4. Cross-jurisdictional relationships - States should address specifically efforts to engage and collaborate cross-jurisdictionally with local health departments and with any tribes in the state. Similarly, tribes should describe cross-jurisdictional relationships with state and/or local health departments.
  5. Staffing - identify staff and staff roles, activities, experience, and time commitments
  6. Project Management - address how progress will be tracked and issues resolved to ensure success.
- D. Performance Plan – List which of the inventory of potential improvements under the key areas and four categories will be used to measure and report results. Remember that Component I funding is limited to Category 1, “Performance Management.” Describe the methodology for measuring progress, including data source(s), timeline, and progress milestones. Whenever possible, link infrastructure improvements to national and community public health indicators and report progress on those elements as well. If needed and upon consultation with CDC, measurement plans may be refined.
- E. Additional information should be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:
- Budget and Justification – A separate line item budget and justification must be submitted for each category. Applicants are encouraged to follow recommended guidance for completing a detailed justified budget found on the CDC Web site at <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

- Curriculum Vitae/Resumes for key staff (Principle Investigators and operational leads)
- Organizational Charts
- Letters of Support especially to demonstrate strong cross-jurisdiction working relationships
- Other Documentation of Local Health Department or Tribal Engagement (if applicable and applicant wants to include)
- Indirect cost rate agreement

Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named as indicated above.

No more than 20 attachments should be uploaded per application.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

## **APPLICATION SUBMISSION**

Registering your organization through [www.Grants.gov](http://www.Grants.gov), the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of [www.Grants.gov](http://www.Grants.gov). Please visit [www.Grants.gov](http://www.Grants.gov) at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

Submit the application electronically by using the forms and instructions posted for this funding opportunity on [www.Grants.gov](http://www.Grants.gov). If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

***Note: Application submission is not concluded until successful completion of the validation process.***

***After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.***

***In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.***

### **Other Submission Requirements**

Letter of Intent (LOI):

A letter of intent is not applicable to this funding opportunity announcement.

### **Dun and Bradstreet Universal Number (DUNS)**

The applicant is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) identifier to apply for grants or cooperative agreements from the Federal government. The DUNS is a nine-digit number which uniquely identifies business entities. There is no charge associated with obtaining a DUNS number. Applicants may

obtain a DUNS number by accessing the [Dun and Bradstreet website](#) or by calling 1-866-705-5711.

**Electronic Submission of Application:**

Applications must be submitted electronically at [www.Grants.gov](http://www.Grants.gov). The application package can be downloaded from [www.Grants.gov](http://www.Grants.gov). Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves as a receipt of submission.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at [support@grants.gov](mailto:support@grants.gov). Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

*Organizations that encounter technical difficulties in using [www.Grants.gov](http://www.Grants.gov) to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, [support@grants.gov](mailto:support@grants.gov)). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the application deadline.*

#### **Submission Dates and Times**

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

**Application Deadline Date:** August 9, 2010

**Explanation of Deadlines:** Application must be successfully submitted to Grants.gov by 5:00pm Eastern Daylight Savings Time on the deadline date.

#### **VI. APPLICATION REVIEW INFORMATION**

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified recipient activities of the cooperative agreement **CDC-RFA-CD10-1011**.

### **Evaluation Criteria**

Measures of effectiveness must relate to the performance goals/improvements stated in the “Purpose” and “Program Implementation” sections of this announcement. Measures must be objective and quantitative and must measure the intended outcome. The measures of effectiveness must be submitted with the application and will be an element of evaluation. The measures should include a baseline measure of performance and out year targets.

Proposals for **Component II** will be reviewed for compliance with the following evaluation criteria and other requirements as described in the FOA:

- **Activity Plan (30 Points).** The extent to which the activity plan is complete (contains all of the elements specified), sound, practical, and feasible. Extent to which cross-jurisdictional activities (including special requirements about cross-jurisdictional relationships, if applicable) are described and addressed.
- **Performance Plan (30 points).** The extent to which the performance plan is complete (contains all of the elements specified), sound, practical, and feasible for the specific category or categories addressed. Extent to which the **key areas** that are chosen by the applicant for infrastructure investments are linked to measurable improvements in public health capacity, practice, or performance, and improvements in national and community public health indicators. Extent to

which the measures are objective, quantitative, and measure the intended outcome.

- **Justification for and Description of the Infrastructure Investment(s) (20 points).** The extent to which the applicant demonstrates an understanding of (a) the public health system and public health need, (b) the infrastructure investments needed to address those needs, (c) how the investments will improve the capacity and performance of the **key areas** and improve related health indicators, and (d) how the investment will support health reform specifically.
- **Staffing and Management Plan (20 Points).** The extent to which proposed staff have appropriate experience, roles and staff time commitments are clearly defined and appropriate, and the staffing plan as a whole is sufficient to accomplish proposal goals. Extent to which a sound and feasible management plan is proposed to track progress, resolve issues, and ensure success.
- **Budget:** The budget will not be scored. Budget (SF 424A) and Budget Narrative (reviewed, but not scored). Although the budget is not scored applicants should consider the following in development of their budget. The itemized budget for conducting the project and justification should be reasonable and consistent. If the applicants requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov. The budget should also address other resources that are currently allocated for these purposes. The budget must include plans to staff up for appropriate work described in this FOA and ensure job description and



appropriate salary and compensation for one full-time equivalent Performance Improvement Manager.

CDC may require applicants selected through the objective review process for funding to submit a revised work plan based on panel comments before funds are provided.

### Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may supplement, but not supplant existing State and or Federal funds for activities described in the spend plan.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.

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

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

## Direct Assistance (DA)

In recognition of the need for additional personnel at the state and local levels to assist in advancing the key areas for infrastructure investment, DA is authorized in this cooperative agreement to be used to assist Component I and Component II awardees. If requested, consideration will be given to assigning federal personnel in lieu of a portion of your financial assistance.

## **Application Review Process**

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by Office for State, Tribal, Local and Territorial Support (OSTLTS) and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria.” CDC staff will conduct a technical review only (not rating or ranking) of Component I proposals and provide technical feedback to applicants. Staff from OSTLTS, other CDC centers, institutes, and offices, and or HHS will conduct a panel review for Component II proposals. The panel will rank proposals individually against the evaluation criteria.

## **Applications Selection Process**

Applications for Component II will be funded in order by score and rank determined by the review panel. In addition, the following factors may affect the funding decision for Component II: CDC may fund proposals out of rank order to ensure the geographic dispersion of funded projects across the United States. Geographic dispersion is defined as providing at a minimum 1 award in each region of the 10 HHS Regions (<http://www.hhs.gov/about/regionmap.html>). CDC will provide justification for any decision to fund out of rank order.

## **VII. AWARD ADMINISTRATION INFORMATION**

### **Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

### **Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4                      HIV/AIDS Confidentiality Provisions

- AR-5 HIV Program Review Panel Requirements
- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control

#### Activities

- AR-14 Accounting System Requirements
- AR-16 Security Clearance Requirement
- AR-20 Conference Support
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act

#### Requirements

- AR-25 Release and Sharing of Data
- AR-26 National Historic Preservation Act of 1966  
(Public Law 89-665, 80 Stat. 915)
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Federal Leadership on Reducing Texting While Driving

Additional information on the requirements can be found on the CDC Web site at the following Internet address: [http://www.cdc.gov/od/pgo/funding/Addtl\\_Reqmnts.htm](http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm).

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

## **TERMS AND CONDITIONS**

### Reporting Requirements

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via [www.grants.gov](http://www.grants.gov):

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
  - a. Standard Form (“SF”) 424S Form.
  - b. SF-424A Budget Information-Non-Construction Programs.
  - c. Budget Narrative.
  - d. Indirect Cost Rate Agreement.
  - e. Project Narrative, including progress on past activities and plans for upcoming activities (including products produced, services delivered, investments made, and status of evaluation or progress on performance measures in relation to the indicators and baselines outlined in the activity plan )

Additionally, funded applicants must provide CDC with an electronic copy of the

following reports:

- A. Annual progress report, due 90 days after the end of the budget period. This report should include information on progress made in accomplishing project objectives and activities (including products produced, services delivered, investments made, and progress on performance measures in relation to the indicators and baselines outlined in the activity plan); any barriers to accomplishing objectives and recommendations or solutions to the identified barriers; and any potentially transferable success factors, lessons learned, trends, best or promising practices identified, or tools and other resources that resulted from the project.
- B. Financial Status Report (SF 269) no more than 90 days after the end of the budget period.
- C. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled “Agency Contacts.”

### **VIII. AGENCY CONTACTS**

CDC encourages inquiries concerning this announcement. If you have specific questions about the FOA, email them to CDC at [OSTLTSfunding@cdc.gov](mailto:OSTLTSfunding@cdc.gov).

For updates about the FOA, Frequently Asked Questions, and responses to questions that have been submitted by potential applicants, visit the Office for State, Tribal, Local and Territorial Support’s website at <http://www.cdc.gov/ostlts/>.

For **programmatic technical assistance**, contact:

Kristin Brusuelas, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Road, MS K86

Atlanta, GA 30333

Telephone: (770) 488-1624

Email: [KBrusuelas@cdc.gov](mailto:KBrusuelas@cdc.gov)

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

Annie Harrison-Camacho, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: (770) 488-2098

E-mail: [ADHarrisonCamacho@cdc.gov](mailto:ADHarrisonCamacho@cdc.gov)

For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: [pgotim@cdc.gov](mailto:pgotim@cdc.gov)

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.

### **Other Information**

- Patient Protection and Affordable Care Act (PL 111-148; copy from Government Printing Office site): [http://frwebgate.access.gpo.gov/cgi-in/getdoc.cgi?dbname=111\\_cong\\_bills&docid=f:h3590enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-in/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf)
- CDC Office for State, Tribal, Local and Territorial Support (OSTLTS)  
<http://www.cdc.gov/ostlts/>



## Appendix A – FOA Roadmap and Application Examples

**Table 1: Roadmap for Strengthening Public Health Infrastructure for Improved Health Outcomes**

<b>Core Categories—<i>Funded recipients will do activities in these four areas...</i></b>	<b>Sub-Goal---<i>Leading to increase in capacity of health departments to do this...</i></b>	<b>Goal—<i>Leading to an increase in...</i></b>
<p>Grantee activities—Performance management →</p> <p>Grantee activities—Policy and workforce development →</p> <p>Grantee activities—PH system (re)development →</p> <p>Grantee activities—Best practice implementation →</p>	<p>routinely evaluate and improve the effectiveness of their organizations, practices, partnerships, programs, use of resources</p> <p>use public health policy and law as a public health tool</p> <p>use resources efficiently across or within the key areas</p> <p>access and adopt public health best/promising practices to improve system efficiency</p>	<p>Performance management capacity of public health departments:  <i>[in key areas:            Strong IT/communication            Supportive policy and regulatory environment            Strong workforce            Strong systems]</i></p> <p style="text-align: center;">↓</p> <p>ensuring that public health goals <i>[in key areas of health promotion and disease prevention]</i> are effectively and efficiently met.</p>

## **Application Examples**

These examples illustrate the relationship between key areas and infrastructure categories only; they are not directive in terms of what applicants should or should not propose.

### **Component I**

The number of activities that will be conducted with funds under Component I may vary by applicant, depending on level of effort that will be required for each proposed activity. The following examples illustrate the range of activities that could be conducted across the key areas. Applicants should consider the level of resources that will be required to demonstrate measurable impact when choosing and scoping activities.

Example 1: Health Department X proposes to improve performance measurement across the four key areas holistically by establishing a Performance Management Office and establishing and implementing a standardized and ongoing performance measurement process and reporting across all of its programs

Example 2: Health Department X proposes to improve performance measurement in the four key areas by developing and implementing a model return-on-investment impact review process for the department's programs

Example 3: Health Department X proposes to hire performance management/evaluation staff or consultants to provide guidance, tools, and training to program staff in systematic program performance planning, measurement, and reporting among and across the four key areas

### **Component II**

The approach to Component II is the same as for Component I. However, applicants are expected to propose investments in *two of the four* infrastructure categories: Performance Management, Policy and Workforce Development, Public Health System Development/Redevelopment, and Best Practice Implementation.

All applicants will propose investments in the Performance Management category under Component I. Applicants may also propose ENHANCED investments in Performance Measurement under Component II if they wish. Applicants choose whether they want to apply cross-cutting approaches or focus on a key area or areas through the infrastructure category investment.

As stated before, under Component II, applicants must make investments in two of the four infrastructure categories, however, they have a range of choices for HOW to apply those investments to the key areas, for example, applicants may apply the infrastructure investments to

- A single key area
- Multiple, but specified key areas
- Efforts that cut across all key areas (e.g., improving business services)

It is also permissible to apply one infrastructure category of investment to one key area (or areas) and the other chosen infrastructure category investment to other key areas (i.e., mixing and matching is allowed)—as long as investments are sufficiently resourced to produce measurable impact for each investment.

## **PRE-APPLICATION TECHNICAL ASSISTANCE INFORMATION SESSIONS**

### **BACKGROUND**

As part of a renewed commitment to investing in the prevention of disease and the promotion of health, the Affordable Care Act (ACA) created a new Prevention and Public Health Fund (PPHF). Monies from the PPHF were allocated to CDC to support a funding opportunity announcement (FOA) "Strengthening Public Health Infrastructure for Improved Health Outcomes," designed to support innovative changes that improve the quality, effectiveness and efficiency of health departments to deliver public health services and programs. The due date for applications (via Grants.gov) is August 9, 2010.

### **PURPOSE**

To assist eligible applicants with any administrative or technical questions they may have regarding this FOA, CDC will conduct three pre-application information teleconferences. The three teleconference opportunities are set to accommodate differences in time zones of potential applicants; however, any potential applicant is welcome to participate in any or all of the three calls.

### **Calls will be held on July 20-21, 2010 as listed below:**

**Session 1: Tuesday, July 20, 2010; 10 AM EDST/9 AM CDST/7AM PDST**

**Session 2: Tuesday, July 20, 2010; 3 PM EDST/2 PM CDST/Noon PDST/9 am local time Hawaiian Time Zone**

**Session 3: Tuesday, July 20, 2010; 7 PM EDST/6 PM CDST/4 PM PDST/noon American Samoa. Due to the International Dateline the third session's call will occur locally on Wednesday, July 21, 2010 9 AM local time for Palau/ 10 AM Guam, Northern Mariana Islands, Marshall Islands/ and 11 AM Federated States of Micronesia**

### **The bridge numbers for the calls are as follows:**

Domestic: (800) 369-2117

International: (210) 234-0076

Participant code: 87851

A transcript and recording of each phone call will be posted on the OSTLTS website at [www.cdc.gov/OSTLTS](http://www.cdc.gov/OSTLTS).

Please note: Callers are encouraged to use only 1 phone line per organization to ensure there are sufficient lines for all interested parties.