

**Attachment C. Continuation Guidance for Year 2 of NPHII**

**PART 1. OVERVIEW INFORMATION**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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

**Funding Opportunity Title:** Public Prevention Health Fund: Strengthening Public Health Infrastructure for Improved Health Outcomes AKA “National Public Health Improvement Initiative”

**Announcement Type:** New – Type 3 (Supplement)

**Agency Funding Opportunity Number:** CDC-RFA-CD10-101101PPHF11 Supplement

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

**Key Dates:**

Application Deadline Date: May 2, 2011, 5:00pm Eastern Standard Time

***Additional Overview Content: not applicable***

**Executive Summary:** not applicable.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the Office for State, Tribal, Local and Territorial Support:

- 1) Increased efficiencies of program operations,
- 2) Increased use of evidence-based policies and practices, and,
- 3) Increased readiness for applying to and achieving accreditation by the Public Health Accreditation Board (PHAB).

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

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

## **PART 2. FULL TEXT**

### **I. FUNDING OPPORTUNITY DESCRIPTION**

## **Statutory Authority**

This supplement 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 Centers for Disease Control and Prevention (CDC), Office for State, Tribal, Local and Territorial Support, awarded \$42.5M dollars in FY2010 in support of a National Public Health Improvement Initiative (NPHII) to systematically increase the capacity of public health departments in order to detect and respond to events requiring highly coordinated interventions to improve and/or sustain the performance (effectiveness) of interdependent public health organizations, systems, practices and essential services. This is a supplement to that award to allow Awardees to focus their efforts on accreditation readiness and related activities.

NPHII will increase the capacity and ability of health departments to meet national public health standards, such as those of the National Public Health Performance Standard Program ((<http://www.cdc.gov/nphpsp>), Public Health Accreditation Board (<http://www.phaboard.org/>), and/or Baldrige Criteria for Performance Excellence <http://www.baldrige.nist.gov>).

## **Purpose**

The purpose of the program is to provide support for accelerating public health accreditation readiness activities; to provide additional support for performance management and improvement practices; and, for the development, identification and dissemination of evidence-based policies and practices (i.e., best and promising practices.).

This program supports the *Healthy People 2020* focus area of addressing Public Health Infrastructure (<http://www.healthypeople.gov/hp2020/>). Cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations are encouraged to increase the impact of limited resources, improve efficiency, and to leverage other related health reform efforts/projects.

Measurable outcomes of the program align with the following performance goals:

- 1) Increased efficiencies of program operations,
- 2) Increased use of evidence-based policies and practices, and,
- 3) Increased readiness for applying to and achieving accreditation by the Public Health Accreditation Board PHAB. (More information on accreditation activities can be found on the PHAB web site at <http://www.phaboard.org/>).

## **Program Implementation**

### **Recipient Activities**

Awardees are to complete work that continues their ongoing quality improvement activities and fosters readiness for accreditation in the following areas:

1. Implementation of relevant and essential activities to accelerate the agency's readiness to apply; and in actually applying for and achieving national accreditation. Awardees shall select at least one or more of the following activities:
  - a. Development of a state/tribal/community health assessment.\*
  - b. Progress toward collaborative state/tribal/community health improvement planning with system partners; development of a state/tribal/community health improvement plan.\*
  - c. Agency-wide strategic planning and development of a strategic plan\*
  - d. Planning for accreditation, including assistance with developing timeline and "roadmap" to agency's application to PHAB's accreditation program.
  - e. Organizing the agency workforce and documentation for accreditation; including identification of essential staff roles, team charters, ensuring leadership support, assessment and examples of simple changes in daily work culture to help prepare for evidence collection and documentation in meeting PHAB standards.
  - f. Engaging in quality improvement activities tied to addressing a deficiency that relates to a specified PHAB standard or measure.

*\* See the Public Health Accreditation Board (PHAB) draft standards and measures for a description and definition of these activities*

[\(http://www.phaboard.org/\)](http://www.phaboard.org/). Note activities 1a, 1b, and 1c above are pre-requisites for an accreditation application, as well as strongly present in the draft standards and measures.

2. Identification and implementation of a performance or quality improvement initiative within the applicants agency that addresses one or more of the

following outcomes:

- a. Decrease time to award contracts (budget readiness),
- b. Decrease time to deliver services,
- c. Decrease cost for delivery of service,
- d. Decrease staff allocation to deliver services,
- e. Increase the effectiveness of services offered,
- f. Prioritize activities, practices and programs for maximum impact, and
- g. Eliminate activities, practices and programs with limited or no public health impact.

3. Engagement in cross-jurisdictional partnerships with one or more local health department(s) that have a proven record of performance improvement

adoption and/or implementation of public health policies and laws to:

- a. Increase number of staff skilled in the development and use of evidence-based policies and laws (e.g., Community Guide),
- b. Increase the number of cross-jurisdictional / community partners that support the implementation of evidence-based policies, regulations and laws, and,

- c. Increase the number of initiatives to implement evidence-based policies, regulations and laws.

4. Identification and implementation of promising and best practices to:

Increase the number of practices identified and submitted to CDC as potential promising and best practices, or, increase the number of promising and best practices implemented within the Awardee's jurisdiction.

Other recipient activity responsibilities should be compatible with those outlined in Funding Opportunity Number **CDC-RFA-CD10-101101PPHF11**. Specifically they are to:

- Continue to have a full time equivalent (FTE) Performance Improvement Manager (PIM).
- The PIM will participate in the National Performance Management Network, and
- The Awardee will attend at least one CDC annual meeting in Atlanta, Georgia for key program staff including the performance improvement managers. The meeting will promote the exchange of information, provision of training, enable professional development, and, allow peer to peer exchanges that advance capacity building.

Each Awardee will report performance measure data and program progress information to CDC through interim and annual progress reporting as well as other data collection and

reporting requirements specified as part of the overall program evaluation efforts as described under “CDC Activities” below.

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

### **CDC Activities**

CDC activities for this supplement will include:

- Providing consultation and technical assistance as needed in general operations for performance management/improvement activities.
- Assisting in developing collaborative relationships and facilitating multi-jurisdiction collaboration as needed to support a successful program.
- Providing national coordination of activities where appropriate, including the sustained coordination of the Performance Improvement Managers Network.
- Assisting in monitoring and evaluating accomplishments and progress in achieving the purpose of this initiative. Develop based on data reported by the Awardees mid-year and annual performance and progress reports that include the Awardee-specific measures of their activities.
- Coordinating the completion of an overall program evaluation including: assessing Awardee successes, challenges, and solutions.



- Reporting publically on the progress of the Awardees against program and Awardee-specific objectives based on mid-year and annual Awardee reports.
- Disseminating lessons learned from the program evaluation to Awardees and non-Awardees to promote adoption.
- Fostering ongoing opportunities (i.e., net conferences, meetings) to network, communicate, coordinate, and collaborate, especially among Awardees that would not normally interact.
- Collaborating, as appropriate, in the development and maintenance of information and communication networks, and provide methods for integrating the networks and measuring their effectiveness.
- Evaluating, with Awardees, new practices to determine if they meet best or promising practice criteria.
- Collaborating in the compiling and publishing of accomplishments, best practices, performance criteria, and lessons learned during the project period.
- Organizing 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.

## **II. AWARD INFORMATION**

**Type of Award:** Cooperative Agreement

**Award Mechanism:** U58

**Fiscal Year Funds:** 2011

**Approximate Current Fiscal Year Funding:** \$34.17M

**Approximate Total Project Period Funding:** \$34.17 M, for this 1-year supplemental is subject to availability of funds. This includes direct and indirect costs.

In FY 2011, approximately \$34.17 million in supplemental funding will be awarded.

Base funding will be graduated by population:

- Awardees with populations below 1.5 million = \$250,000
- Awardees with populations greater than 1.5 million - 5 million = \$300,000
- Awardees with populations greater than 5 million - 8 million = \$400,000
- Awardees with populations greater than 8 million = \$500,000.
- Remaining funds will be proportionately divided among Awardees with ongoing component II activities. Each will receive additional funding equal to approximately 35% of their FY10 component II awards.

See funding chart attached.

**Approximate Number of Awards:** 76

**Approximate Average Award:** \$449,605 This amount is for the budget period and includes both direct and indirect costs.

**Floor of Individual Award Range:** \$250,000 total cost

**Ceiling of Individual Award Range:** \$1,093,164

This ceiling is for the budget period and includes total costs.

**Anticipated Award Date:** May 31, 2011

**Budget Period Length:** 4 months

**Project Period Length:** 4 months

This supplement is one time funding. Funding awarded under this supplement should be spent by September 29, 2011.

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.

### **III. ELIGIBILITY INFORMATION**

#### **Eligible Applicants**

Eligible applicants that can apply for this funding opportunity are the 76 official public health agencies that are current recipients of project grants for Strengthening Public Health Infrastructure for Improved Health Outcomes under **Funding Opportunity**

**Number: CDC-RFA-CD10-1011.** These applicants have the necessary infrastructure in place to perform the activities required and have the experience needed to successfully complete the required functions.

#### **Required Registrations**

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). The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR.

### **Central Contractor Registration and Universal Identifier Requirements**

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

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of

business as a recipient. Additional information about registration procedures may be found at the CCR internet site at **[www.ccr.gov](http://www.ccr.gov)**.

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

### **Cost Sharing or Matching**

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

### **Other**

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

- 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. Late applications will be considered non-responsive. See Section entitled “Application Submission” for more information on deadlines.
- Tribes 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.

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.

#### Maintenance of Effort

Maintenance of Effort is not required for this program

### **IV. Application and Submission Information**

#### **Address to Request Application Package**

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from [Grants.gov](https://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. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

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, with the exception of all Federal Holidays. 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.

### **Content and Form of Application Submission**

Unless specifically indicated, this announcement requires submission of the following information:

- One application per Awardee
- Project Abstract
- Project Narrative
- Project Budget and Budget Justification
- Appendices

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>

### **Letter of Intent (LOI):**

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

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: 5 pages. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.
- The project narrative must be uploaded in a PDF file format when submitting via Grants.gov.

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

- Summary of Funding Request – Brief overview of the project(s). Background – Need for and goal(s)/objective(s) of the activities 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) and how the activities contribute to accreditation readiness.

- Background – Need for and goal(s)/objective(s) of the activities 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) and how the activities contribute to accreditation readiness.
- Activity Plan – Should contain a description of the following elements:
  1. The desired outcome of each specific infrastructure investment(s)
  2. Identification of key methods and activities that will be implemented to advance those outcomes
  3. Identify the timeline for completing key activities
  4. Identification of key partners and cross-jurisdictional relationships – All Awardees should describe cross-jurisdictional relationships. States should address specifically their efforts to engage, collaborate, and resource any local or tribal health jurisdictions.
  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.
- Performance/Work Plan – Describe the methodology for measuring progress, including: specific quantifiable performance measures, data source(s), timeline for conducting performance assessment, and progress/interim milestones.

Performance measures should include both process and outcome measures.

Applicants must 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.

Note the project narrative may include tables and charts if the applicant feels that format best conveys the information being presented. Whether or not tables or charts are included, the narrative must still comply with the overall format guidelines as outlined above.

The budget and budget justification will be included as a separate attachment, not to be counted in the narrative page limit.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. Additional information Awardees may opt to submit includes:

- Curriculum Vitas/Resumes for key staff (Principle Investigators, Performance Improvement Managers, and operational leads)
- Organizational Charts
- Indirect cost rate agreement (if it has been modified since September 2010).
- Strategic Plans

- Performance Improvement training and implementation plans and timelines
- Other information that supports funded performance improvement activities

Additional information (attachments) submitted via Grants.gov should be uploaded in a PDF file format, and should be named to reflect their content. For example, an attachment with resumes for key staff might be named “Key staff” or “Resumes”.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information; subsection entitled “Administrative and National Policy Requirements.” No more than 10 electronic attachments should be uploaded per application. Total pages should not exceed 20 pages. Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information; subsection entitled “Administrative and National Policy Requirements.”

### **Submission Dates and Times**

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This announcement is the definitive guide on LOI and 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:** May 2, 2011 on Grants. Gov, 5:00 pm Eastern Standard Time.

### **Intergovernmental Review**

Executive Order 12372 does not apply to this program.

### **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.

## **Other Submission Requirements**

### **Application Submission**

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.***

## **Electronic Submission of Application**

Applications must be submitted electronically at [www.Grants.gov](http://www.Grants.gov). Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. 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 Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

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, with the exception of all Federal Holidays. 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 GMO/GMS 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 the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.***

*If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.*

## **V. Application Review Information**

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-CD10-101101PPHF11**. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

### **Criteria**

Eligible applications will be evaluated against the following criteria:

Applications will be reviewed to assess their technical merit. Technical Review Summaries that include a description of strengths and weaknesses of each proposal will be provided to each applicant. Applicants will be required to prepare written responses to the weaknesses identified.

### **Review and Selection Process**



## **Review**

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 the Office for State, Tribal, Local and Territorial Support 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.

## **Selection**

All eligible applicants will be funded.

## **VI. 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.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

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 2020
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements
- AR-16 Security Clearance Requirement
- AR-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 Compliance with E.O. 13513 Federal Leadership on Reducing  
Text Messaging While Driving, October 1, 2009.
- 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>

## **Reporting**

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law  
109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended  
(FFATA), requires full disclosure of all entities and organizations receiving Federal funds  
including grants, contracts, loans and other assistance and payments through a single  
publicly accessible Web site, [USASpending.gov](http://USASpending.gov). The Web site includes information on  
each Federal financial assistance award and contract over \$25,000, including such  
information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?  
dbname=109\\_cong\\_bills&docid=f:s2590enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf)

Reporting requirements are governed by the terms and conditions of CDC-RFA-CD10-101101PPHF11: Strengthening Public Health Infrastructure for Improved Health Outcomes AKA “National Public Health Improvement Initiative”

## **VII. Agency Contacts**

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Bobbie Erlwein, NPHII Team Lead

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Road, MS K86

Atlanta, GA 30333

Telephone: (404) 915-4484

Email: [Rxe5@cdc.gov](mailto:Rxe5@cdc.gov)

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

Ebony Holt, 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) 488-5672)

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

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **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 1-888-232-6348

## **VIII. Other Information**

CDC Office for State, Tribal, Local and Territorial Support (OSTLTS)

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

- 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).
- Applicants are also encouraged to contact their respective Senior Public Health Advisors. 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/>.
- 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)

For additional information on reporting requirements, visit the CDC website at:

[http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm).

Other CDC funding opportunity announcements can be found at [www.grants.gov](http://www.grants.gov).

## Funding Chart

FY2011 Funding Summary \$34.17M			
Grantee	Base	Proportional allotment (approximately 35.7% of Component II)	Total
Alaska Department of Health and Social Services, State of	\$250,000	\$0	\$250,000
Alaska Native Tribal Health Consortium	\$250,000	\$0	\$250,000
American Samoa Government Department of Health	\$250,000	\$0	\$250,000
Commonwealth of Northern Mariana Islands Department of Public Health	\$250,000	\$0	\$250,000
Dallas County Health and Human Services	\$250,000	\$0	\$250,000
Delaware Health and Social Services	\$250,000	\$0	\$250,000
District of Columbia Department of Health	\$250,000	\$0	\$250,000
Federated States of Micronesia	\$250,000	\$0	\$250,000
Gila River Indian Community	\$250,000	\$0	\$250,000
Guam Department of Public Health and Social Services	\$250,000	\$0	\$250,000
Mille Lacs Band of Ojibwe	\$250,000	\$0	\$250,000
Montana, State of	\$250,000	\$0	\$250,000
Montana-Wyoming Tribal Leaders Council	\$250,000	\$0	\$250,000
Navajo Nation Tribal Government, The	\$250,000	\$0	\$250,000
New Hampshire Division of Public Health Services	\$250,000	\$0	\$250,000
North Dakota Department of Health	\$250,000	\$0	\$250,000
Northwest Portland Area Indian Health Board	\$250,000	\$0	\$250,000
Republic of Palau Ministry of Health	\$250,000	\$0	\$250,000
Republic of the Marshall Islands, Ministry of Health	\$250,000	\$0	\$250,000
Rhode Island Department of Health	\$250,000	\$0	\$250,000
San Antonio Metropolitan Health District, City of	\$250,000	\$0	\$250,000
San Diego, County of	\$250,000	\$0	\$250,000
SouthEast Alaska Regional Health Consortium	\$250,000	\$0	\$250,000

United States Virgin Islands Department of Health	\$250,000	\$0	\$250,000
Wyoming Department of Health	\$250,000	\$0	\$250,000
Alabama Department of Public Health	\$300,000	\$0	\$300,000
Arkansas Department of Health	\$300,000	\$0	\$300,000
Chicago, City of	\$300,000	\$0	\$300,000
Connecticut Department of Public Health, State of	\$300,000	\$0	\$300,000
<b>FY2011 Funding Summary \$34.17M</b>			
<b>Grantee</b>	<b>Base</b>	<b>Proportional allotment (approximately 35.7% of Component II)</b>	<b>Total</b>
Houston Department of Health and Human Services	\$300,000	\$0	\$300,000
Idaho Department of Health and Welfare	\$300,000	\$0	\$300,000
Iowa Department of Public Health	\$300,000	\$0	\$300,000
Kansas Department of Health and Environment	\$300,000	\$0	\$300,000
Kentucky Cabinet for Health and Family Services	\$300,000	\$0	\$300,000
Louisiana Department of Health and Hospitals	\$300,000	\$0	\$300,000
Maricopa County	\$300,000	\$0	\$300,000
Mississippi, State of	\$300,000	\$0	\$300,000
Nevada Department of Health and Human Services/Health Division	\$300,000	\$0	\$300,000
New Mexico Department of Health	\$300,000	\$0	\$300,000
Oklahoma State Department of Health	\$300,000	\$0	\$300,000
Puerto Rico Department of Health	\$300,000	\$0	\$300,000
South Carolina Department of Health and Environmental Control	\$300,000	\$0	\$300,000
Utah Department of Health	\$300,000	\$0	\$300,000
Arizona Department of Health Services	\$400,000	\$0	\$400,000
Colorado Department of Public Health and Environment	\$400,000	\$0	\$400,000
Indiana State Department of Health	\$400,000	\$0	\$400,000
Maryland Department of Health and Mental Hygiene	\$400,000	\$0	\$400,000
Missouri, State of	\$400,000	\$0	\$400,000
Virginia Department of Health	\$400,000	\$0	\$400,000
Washington State Department of Health	\$400,000	\$0	\$400,000
Georgia Department of Community Health	\$500,000	\$0	\$500,000
Illinois Department of Public Health	\$500,000	\$0	\$500,000
Michigan Department of Community Health	\$500,000	\$0	\$500,000
New York State Department of Health	\$500,000	\$0	\$500,000
Ohio Department of Health, State of	\$500,000	\$0	\$500,000
Pennsylvania Department of Health	\$500,000	\$0	\$500,000
Texas Department of State Health	\$500,000	\$0	\$500,000



Services			
Hawaii Department of Health	\$250,000	\$357,600	\$607,600
Vermont Department of Health	\$250,000	\$357,600	\$607,600
Philadelphia Department of Public Health	\$250,000	\$364,213	\$614,213
Nebraska Department of Health and Human Services	\$300,000	\$357,600	\$657,600
<b>FY2011 Funding Summary \$34.17M</b>			
<b>Grantee</b>	<b>Base</b>	<b>Proportional allotment (approximately 35.73% of Component II)</b>	<b>Total</b>
West Virginia Department of Health and Human Resources	\$300,000	\$357,600	\$657,600
Tennessee Department of Health	\$400,000	\$357,600	\$757,600
Pacific Island Health Officers Association	\$0	\$593,662	\$593,662
New Jersey Department of Health and Senior Services	\$500,000	\$450,791	\$950,791
Maine Department of Health and Human Services, State of	\$250,000	\$593,182	\$843,182
Cherokee Nation	\$250,000	\$593,662	\$843,662
Los Angeles Department of Public Health, County of	\$300,000	\$593,598	\$893,598
Oregon Department of Human Services	\$300,000	\$593,662	\$893,662
North Carolina Department of Health and Human Services	\$500,000	\$537,779	\$1,037,779
Massachusetts Department of Public Health	\$400,000	\$593,662	\$993,662
Minnesota Department of Health State Treasurer	\$400,000	\$593,662	\$993,662
Wisconsin Department of Health Services	\$400,000	\$593,662	\$993,662
California Department of Public Health	\$500,000	\$593,662	\$1,093,662
Florida Department of Health	\$500,000	\$593,662	\$1,093,662
New York City Department of Health and Mental Hygiene	\$500,000	\$593,662	\$1,093,662