Attachment D. Continuation Guidance for Year 3 of NPHII

Centers for Disease Control and Prevention (CDC)
Procurement and Grants Office

Instructions for Preparing an Interim Progress Report (formerly "Continuation Application")
Catalog of Federal Domestic Assistance (CFDA) Number: **93.507 CONT**
Funding Opportunity Announcement (FOA) Number: CDC-RFA-CD10-101103CONT12

PPHF 2012: National Public Health Improvement Initiative (NPHII) – Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance financed in part by 2012 Prevention and Public Health Funds

Eligibility:

This award will be a continuation of funds intended only for grantees previously awarded under CDC-RFA-CD10-1011 Also known as "Strengthening Public Health Infrastructure for Improved Health Outcomes".

Application Submission:

The CDC is required by the Department of Health and Human Services (HHS) to begin receiving applications through www.Grants.gov. CDC strongly encourages Grantees to submit progress reports through www.Grants.gov. If you encounter any difficulties submitting your progress report through www.Grants.gov , please contact CDC's Technical Information Management Section at (770) 488-2700 prior to the submission deadline. If you need further information regarding the application process, please contact Ms. Tracey Coleman, Grants Management Officer at (770) 488- 2074. For programmatic information, please contact Ms. Bobbie Erlwein, Project Officer at 404-915-4484.

Reports must be submitted by MONTH DAY YEAR. Late or incomplete applications may result in an enforcement action such as a delay in the award/or a reduction in funds. CDC will only accept requests for a deadline extension on rare occasions; after adequate justification has been provided.

General Application Packet Tips:

- Properly label each item of the application packet
- Each section should use 1.5 spacing with one-inch margins
- Number all narrative pages only
- Do not exceed _15__ pages including appendices, excluding budget and support)
- Use a 12 point font
- Where the instructions on the forms conflict with these instructions, follow these instructions

1. CDC requires the use of PDF format for ALL attachments.
2. Use of file formats other than PDF may result in the file being unreadable by CDC staff.

3. Directions for creating PDF files can be found on www.Grants.gov.

Checklist of required contents of application packet:

1. Application for Federal Domestic Assistance-Short Organizational Form
2. SF-424A Budget Information-Non-Construction Programs
3. Budget Justification
4. Indirect Cost Rate Agreement
5. Project Narrative
6. Checklist
7. Certifications
8. Assurances

Instructions for accessing and completing required contents of the application package:

a) Go to: www.Grants.gov
b) Select: "Apply for Grants"
c) Select: "Step 1: Download a Grant Application"
d) Insert the Funding Announcement Number only, formatted as: CDC-RFA-CD10-101103CONT12
e) Download application package and complete all sections.

1. Application for Federal Domestic Assistance-Short Organizational Form:

A. Complete all sections.
   i. In addition to inserting the legal name of your organization in Block #5a, insert the CDC Award Number provided in the CDC Notice of Award. Failure to provide your award number could cause delay in processing your application.
   ii. Please insert your organization's Business Official information in Block #8.

SPECIAL NOTE: Items 2, 3, and 4 should be attached to the application through the "Mandatory Documents" section of the "Grant Application" page. Select "Other Attachments Form" and attach as a PDF file.

2. SF424A Budget Information and Justification:

A. Download the form from www.grants.gov.
B. Complete all applicable sections.
C. Estimated Un-obligated
   1. Provide an estimate of anticipated un-obligated funds at the end of the current budget period.
   2. If use of estimated un-obligated funds is requested in addition to funding for the next year, complete all columns in Section A of 424A and submit an interim Financial Status Report (FSR), Standard Form-269, available on the

CDC internet
at http://grants.nih.gov/grants/forms.htm#closeout.

D. The estimated un-obligated balance should be realistic in order to be consistent with the annual FSR to be submitted following the end of the budget period.
E. Based on the current rate of obligation, if it appears there will be un-obligated funds at the end of the current budget period, provide detailed actions that will be taken to obligate this amount.
F. If it appears there will be insufficient funds, (1) provide detailed justification of the shortfall; and (2) list the actions taken to bring the obligations in line with the authorized funding level.
G. The proposed budget should be based on the federal funding level stated in the letter from CDC.
H. In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested to support the activities to be carried out with those funds. Attach in the "Mandatory Documents" box under "Budget Narrative Attachment Form". Document needs to be in the PDF format.
I. The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Guidance. The sample budget guidance is provided on CDC's internet at: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.
J. For any new proposed subcontracts provide the information specified in the Budget Guidance.
K. When non-federal matching is required, provide a line-item list of non-Federal contributions including source, amount, and/or value of third party contributions proposed to meet a matching requirement. (Note: match is not required for NPHII.)

3. **Indirect Cost Rate Agreement: (This is not applicable to grantees subject to OMB Guidance A-21 – Educational Institutions. The rates stay the same as the first year award.)**

A. If indirect costs are requested, include a copy of the current negotiated Federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan.
B. Clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the Indirect Cost Rate Agreement.
C. To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.
D. If an Indirect Cost Rate Agreement is not in effect, indirect costs may be charged as direct if (1) this practice is consist with the grantee's/applicant's approved accounting practices; and (2) if the costs are adequately supported and justified. Please see the Budget Guidelines (http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm) for additional information.
E. If applicable, attach in the "Mandatory Documents" box under "Other Attachments Form". Name document "Indirect Cost Rate".

4. **Project Narrative**

See program guidance section. Two templates are provided for grantee use one to describe progress in the current budget period (the Interim Progress Report Template), the second to describe Objectives and activities for the subsequent budget year (year 3), the Project Plan template. Both of these documents must be submitted via grants.gov.

5. Program Guidance

Two templates will be provided via email for grantee use; one to describe progress in the current budget period, the second to describe objectives and activities for the subsequent budget year (NPHII year 3). Grantees are to complete both templates and submit as attachments via grants.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 (saving time/money) of program services and/or operations,
2) Increased effectiveness (e.g., use of evidence-based policies and practices, improved health outcome, improved quality of service, reach for a given target population, customer satisfaction are all indicators of effectiveness) 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/.

Recipient Activities

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

1. Implementation of relevant and essential activities to accelerate the agency's accreditation readiness. This includes but is not limited to actually applying for and achieving national accreditation. Awardees that have not already done so in the past 5 years shall select at least one or more of the following activities:
   - Progress toward and/or development of a state/tribal/community health assessment*;

- Progress toward and/or development of a collaborative state/tribal/community health improvement plan with system partners; or implementation of a state/tribal/community health improvement plan.*
- Progress toward and/or development of an Agency-wide strategic plan*.

2. In addition, grantees will complete an organizational self-assessment to identify gaps in meeting and/or conformity with the national Public Health Accreditation Board (PHAB) standards** and one or more of the following activities:

- Planning for accreditation, including assistance with developing timeline and "roadmap" to agency's application to PHAB's accreditation program.
- 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. . Use of other standards sets, such as the NPHPSP or Baldrige, may aid in readiness activities or addressing needs related to particular domains.
- 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) standards and measures for a description and definition of these activities (http://www.phaboard.org/). Note activities listed above are pre-requisites for an accreditation application, as well as strongly present in the standards and measures.*

***National public health standards, examples include but are not limit to 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.*

To meet this expectation, Grantees that represent or provide services to groups of states, tribes, local or territorial entities may initiate activities as outlined above but may also initiate activities that help the groups they represent prepare for accreditation. Examples of activities that might be appropriate include but are not limited to the following:

- Providing training on a particular accreditation standard/domain
- Facilitating completion of one or more of the key activities noted above by one or more agency represented by the grantee.

3. Identification and implementation of one or more performance improvement (systems performance improvement) or quality improvement (See definitions of these and the related term of performance management below.) initiatives within the applicant's agency that increase efficiency and or effectiveness. Efficiency is doing something well with the least amount of waste (saving time/money). Effectiveness is accomplishing a purpose such as improving health outcomes. For example initiatives might result in**:**

Improvement initiatives to increase efficiency should address one of the following outcomes:

- Time saved, for example:
  - Decreased time to award contracts (budget readiness),
  - Decreased wait time for clinic services,
- Money saved, for example:
  - Decrease cost for delivery of service,
- Reduced steps in a process,
- Reduced staff time required for a process/service,
- Additional funds leveraged.

Improvement initiatives to increase effectiveness should address one of the following outcomes for example:

- Increased customer satisfaction
  - Customers could be clinic/program clients or internal staff depending on focus of initiative
- Increased reach of service, such as:
  - Increased number of individuals served (e.g., increase in immunization rates),
  - Increased adherence to services (e.g., proportion of children fully vaccinated),
  - Increased number of client encounters (e.g., through streamlined services).
- Implementation of promising practices
  - Could be implementation of evidence-based interventions (e.g., Guide for Community Preventive Services), other promising practices, as well as data-driven decision making.
- Quality enhancement, such as:
  - Improved accuracy of a data or registration system.
- Increased ability to meet legal/regulatory obligations,
- Increase in preventive behaviors,
- Decreased incidence/prevalence.

Improvements that impact both efficiency and effectiveness such as: enabling an agency's ability to develop, adopt, and implement high-efficiency models of operation that provide on-going protection for the public's health and for patient care. Models to be targeted will aim at cost-savings and cost-avoidance for example:

- Regionalization and consolidation of services
- Privatization
- Joint purchasing
- Generation of new revenue streams from fees and health care insurance reimbursement
- Integration of networks
- Adoption of electronic informatics applications, e.g., reporting, inventory,
- Pilot testing of creative new innovations for higher efficiency, etc.
- Prioritize activities, practices and programs for maximum impact/eliminate activities, practices and programs with limited or no public health impact.

Grantees that represent groups of states, tribes, local or territorial entities may conduct activities outlined above or may initiate activities that help the groups they represent identify, conduct, and/or report on quality improvement activities. Examples of activities that might be appropriate include but are not limited to the following:

- Providing training on quality improvement
- Facilitate completion of a quality improvement initiative by one or more constituents.

Definitions:

- Quality improvement in public health is the use of a deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community. (Source: Riley et al, "Defining Quality Improvement in Public Health", JPHMP, 2010, 16(10), 5-7.)
- Systems performance improvement (sometimes called performance improvement) is defined as positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. Performance improvement can occur system-wide as well as with individual organizations that are part of the public health system. It involves strategic changes to address public health system (or organizational) weaknesses and the use of evidence to inform decision making. (Source: National Public Health Performance Standards Program)
- Performance management is the practice of actively using performance data to improve the public's health. This involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. Ideally, these practices should be integrated into core operations, and can occur at multiple levels, including the program, organization or system level. (Source: Turning Point Performance Management Collaborative, 2003.)

  A Performance Management System is the continuous use of performance standards, performance measures, reporting of progress and quality improvement so that they are integrated into a public health department's core operation.

4. Continue performance management activities as outlined in the original FOA by completing one or more of the following activities (see examples below):

- Establishing and implementing dedicated staff and systems for performance accountability and performance tracking (e.g., a Performance Management Office); 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;
- Conducting economic, Return On Investment (ROI), and other impact reviews;
- 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;

- Develop or support the use of an agency-wide Performance Management System which includes the following components:
  - Performance standards,
  - Performance measures,
  - Routine performance reporting,
  - Quality Improvement,
- Other activities that support continuous performance improvement using national public health performance standards and tools (National Public Health Performance Standard 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.

These and other recipient activity responsibilities must be compatible with those outlined in Funding Opportunity Number **CDC-RFA-CD10-101103CONT12**. Specifically Awardees are to:

- Continue to have a full time equivalent (FTE) Performance Improvement Manager (PIM).
- Participate (at least the PIM) in the National Performance Management Network, and
- Attend at least one CDC grantee 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, and,
- Engagement in cross-jurisdictional partnerships with other health department(s) so as to advance and improve vertical or horizontal integration and more effective and efficient delivery of public health services. Examples of activities and models include but are not limited to the following:
  - Review, analysis and/or implementation of optimal partnership or delivery of services through opportunities such as regionalization, consolidation of services or development of partnerships or relationships through legally-binding agreements such as memoranda of understanding (MOUs).
  - Increase the number of cross-jurisdictional/community partners that support the implementation of evidence-based policies, regulations and/or laws.

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 as outlined in the original FOA. This will include the completion of the annual assessment, submission of stories, and/or participation in case studies.

Prevention and Public Health Fund

FY2012 Appropriations Provision: HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.

This award requires the recipient to complete projects or activities which are funded under the 2012 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1- June 30 and July1- December 31, and email such reports to pphfsio@cdc.gov no later than 20 calendar days after the end of each reporting period (i.e., July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

Responsibilities for Reporting on Sub-recipients:

- Recipients agree to separately identify each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2012 PPHF purposes and the amount of PPHF funds
- Recipients agree to separately identify each sub-recipient, and document at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2012 PPHF purposes and the amount of PPHF funds. When a recipient awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2012 PPHF funds from regular sub-awards under the existing program.

The reporting cycle deadlines are provided in the table below:

Reporting Period	Due Date to CDC	Due Date to HHS/ASPS	Date Posted to Web
January 1 – June 30	July 20	July 25	July 30
July 1 – December 31	January 20	January 25	January 30

Funding restrictions

Salary Cap

None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II ($179,000).

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

AR-12: Publicity and Propaganda (Lobbying)

No part of any appropriation may be used for:

- Publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation, designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself
- Paying the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government
- Any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including, but not limited to the advocacy or promotion of gun control.

Gun Control Prohibition:

SEC.21. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.