

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

American Recovery and Reinvestment Act (ARRA)

Supplemental for Innovative Projects to Improve Reimbursement in Public Health

Department Clinics

Announcement Type: Type 3

Funding Opportunity Number: CDC-RFA-IP08-80302ARRA09

Catalog of Federal Domestic Assistance Number: 93.712 – ARRA Immunization

Key Dates:

Application Deadline: July 2, 2009

I. Funding Opportunity Description

Authority: This program is authorized under section 317 of the Public Health Service Act, [42 U.S.C. section 247b], as amended, and the American Recovery and Reinvestment Act of 2009 (ARRA) [Pub. Law 111-5].

Background: The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law February 17, 2009. ARRA is designed to stimulate economic recovery in various ways, including strengthening the Nation's healthcare infrastructure and reducing healthcare costs through prevention activities.

The U.S. immunization system is collaboration between the private sector and the public sector. Approximately half of U.S. children are covered by private health insurance that includes coverage for vaccines, and most of these children receive their immunizations in private provider offices that serve as a medical home for comprehensive primary care. Private providers who participate in government programs such as the Vaccines for Children program are able to use both government purchased vaccine and private purchase vaccine to immunize children in their practice as appropriate for their insurance category. Private providers are able to bill health insurance plans for the delivery of immunizations to insured individuals.

State and local health department clinics provide immunizations to uninsured and other children who are eligible for the Vaccines for Children program. However, fully insured children who are not VFC-eligible may be brought to a health department clinic for immunization with 317 or state-purchased vaccines, but most health department clinics do not bill private health insurance for immunization services provided to health plan members. A 2001 study showed that 70% of health department clinics do not bill health plans for immunization services that they provide (1).

There are several reasons why some fully insured children are brought to a health department clinic for vaccination, including lack of access to a private provider, lack of access to a provider who administers all recommended vaccines, or difficulty obtaining an appointment during a busy time such as the back-to-school rush. A major lesson from the measles resurgence in 1989 to 1991 was that opportunities to vaccinate should not be

missed because children may not have another vaccination opportunity prior to exposure to a vaccine preventable disease. Therefore, it is important that children brought in for immunization should be vaccinated if at all possible, and not turned away.

The cost of vaccinating children has been increasing with the addition of new vaccines and expanded recommendations for existing vaccines. Vaccinating a fully insured child but not billing for vaccine and vaccination services incurs a cost to the government that could be avoided if the insurance plan could be billed for the services. However, setting up billing relations with health care plans requires careful planning with key stakeholders that include state and local health departments, insurance plans, and private providers.

The National Vaccine Advisory Committee (NVAC) has been studying the financing of child and adolescent vaccinations in the U.S. Among a set of comprehensive recommendations, NVAC recently recommended that “states and localities develop mechanisms for billing insured children and adolescents served in the public sector. NVAC also recommends that CDC provide support to states and localities by disseminating best practices and providing technical assistance to develop these billing mechanisms. Further, NVAC urges states and localities to reinvest reimbursements from public and private payers back into immunization programs.” This recommendation and the other NVAC vaccine financing recommendations are at <http://www.dhhs.gov/nvpo/nvac/minutes200809.html>.

Vaccinating insured individuals in local health department clinics and billing the third-party payer can allow immunization programs to more efficiently manage their funding and thereby, reach additional populations or provide additional vaccines that might not be feasible with existing funds. Through the American Recovery and Reinvestment Act (ARRA) supplemental funding will be provided to aid selected applicants to develop action plans to bill for vaccine administered to fully-insured individuals who are vaccinated in state and local health department clinics. This will enable immunization programs to develop a plan for a billing system that could result in savings of program revenue. These savings would enable the immunization program to reach additional populations, provide recommended vaccines that are not currently offered with the current program and budget, and might allow a program to take on new initiatives to address immunization of special under-vaccinated populations with reduced access to vaccination services, such as certain groups of health care providers, racial and ethnic minority populations, adults, and adolescents. The State of Oregon has shown positive results of such a billing program. For example, the innovative initiative in Oregon yielded additional resources that were used to purchase additional routine 317 coverage for: Hepatitis A for children, Hepatitis A & B for many high-risk adults, and Tdap for adolescents and adults. In addition, this new system allowed Oregon to create new special projects for PPV23 & Flu, hospital standing orders, Hepatitis B, hospital birth dose, and Hep A and B Planned Parenthood. An overview of this can be found at http://cdc.confex.com/recording/cdc/nic2006/ppt/free/4db77adf5df9fff0d3caf5cafe28f496/paper11725_1.ppt

Purpose: Funds are available from the 2009 American Recovery and Reinvestment Act for Financial Assistance to current Section 317 immunization program grantees. The purpose of this funding opportunity is to enable Section 317 grantees to develop the capacity for billing health insurance plans for services provided to health plan members by state and local health department clinics. This program addresses the “Healthy People 2010” focus area of Immunization and Infectious Diseases. Funding can be used to support strategic planning, including original data collection if needed. The outcome of this project will be a strategic plan that can lead to the implementation of health department billing for immunization services rendered to fully insured individuals.

This program addresses CDC’s Health Protection Goals:

- Healthy People in Every Stage of Life

Measurable outcomes of the program will be in alignment with the following performance goals for the National Center for Immunization and Respiratory Diseases:

- Ensure that two-year olds are appropriately vaccinated.
- Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

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/regs/hrpp/researchDefinition.htm>.

Activities:

Awardee activities for this program are as follows:

Successful applicants will develop a public health action plan that will describe activities, protocols, and procedures needed to pilot, initiate, and sustain a successful billing effort within the immunization program, including but not limited to:

1. Developing an executive summary of the proposed action plan.
2. Working with stakeholders to gain strong active support that will be necessary for the development of a successful billing program.
3. Providing a timeline with milestones that must be reached to develop a viable action plan.
4. Identifying key program staff responsible for conducting this planning effort.
5. Collecting original data, if needed, to determine the scope of the billing plan and the expected programmatic benefits. The original data may include information such as the approximate number or percent of vaccination services provided to fully insured individuals, the health plans whose members are being serviced in health department clinics, and the primary care providers whose patients are being serviced.
6. Describing existing resources (financial, IIS, personnel, communications, etc.) that can support a billing program and discuss anticipated resources that will be necessary to implement and sustain the billing program.
7. Describing any anticipated barriers or resistance and how they will be addressed.

8. Providing a final plan that includes a description of appropriate mechanisms to bill private health insurance for immunization services provided to plan members. The plan must include the public health, financial, and other convincing arguments for taking on this program within your state.

References:

(1) Santoli JM, Barker LE, Lyons BH, Gandhi NB, Philips C, Rodewald LE. Health department clinics as pediatric immunization providers. *Am J Prev Med* 2001;20:266-271.

II. Award Information

Type of Award: Grant

Award Mechanism: H23

Fiscal Year Funds: 2009, 2010

Approximate Current Fiscal Year Funding: \$5,000,000

Approximate Total Project Period Funding: \$5,000,000 (This amount is an estimate, and is subject to availability of funds.) This includes direct and indirect costs.

Approximate Number of Awards: Up to 15

Approximate Average Award: \$350,000 (This amount includes both direct and indirect costs.)

Floor of Individual Award Range: None

Ceiling of Individual Award Range: \$800,000. This includes direct and indirect costs.

Anticipated Award Date: September 1, 2009

Budget Period Length: 28 months

Project Period Length: 28 months

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

III.1. Eligible Applicants

Only the current 64 grantees currently funded under RFP-IP08-803 are eligible applicants for supplemental funding because they have the necessary infrastructure in place to perform the activities required and have the experience needed to successfully complete the required functions.

III.2. Cost Sharing or Matching

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

III.3. Other

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 if the application did not meet submission requirements.

- Late applications will be considered non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.

- 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.

If a funding 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 submission requirements.

IV. Application and Submission Information

Special Guidance for Technical Assistance:

Technical assistance will be available for potential applicants via a one-hour conference call. This conference call will help potential applicants understand a) the scope and intent of this FOA and the ARRA funding and b) the Public Health Service policies and procedures for application, review, and funding under this FOA.

Two calls will be conducted, one morning and one afternoon, to accommodate varying schedules and time zones. These calls will be conducted very soon after this FOA is published. Specific dates, times, and call-in instructions will be sent to all eligible applicants in a separate communication from CDC.

Participation in this conference call is not required for funding consideration.

IV.1. Address to Request Application Package

To apply for this funding opportunity use the application forms package posted in Grants.gov.

Electronic Submission:

The applicant must submit the application electronically by utilizing the forms and instructions posted for this announcement on www.Grants.gov, the official Federal agency wide E-grant Web site.

Registering your organization through www.grants.gov is the first step in submitting applications online. Registration information is located in the “Get Registered” screen of www.Grants.gov.

Please visit www.Grants.gov at least 30 days prior to filing your application to familiarize yourself with the registration and submission processes. Under “Get Registered,” the one-time registration process will take three to five days to complete; however, as part of the Grants.gov registration process, registering your organization with the Central Contractor Registry (CCR) annually, could take an additional one to two days to complete. We suggest submitting electronic applications prior to the closing date so if difficulties are encountered they can be addressed.

If access to the Internet is not available, or if there is difficulty accessing the forms online, contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIMS) staff at 770-488-2700 and the application forms may be considered for submission and acceptance by U.S. Postal Service.

IV.2. Content and Form of Submission

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

Application:

A Project Abstract must be submitted with the application forms. All electronic project abstracts must be uploaded in a PDF file format when submitting via Grants.gov. The abstract must be submitted in the following format:

- Maximum of 2-3 paragraphs.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch

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. All electronic narratives 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: no more than 10 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
- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Printed only on one side of page.
- Number all pages of the application sequentially from page 1 (Application Face Page) to the end of the application, including charts, figures, tables, and appendices.

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

1. Statement of the problem: An overview of the current use of 317 vaccine in public health clinics as it relates to billing, a description of existing resources (financial, IIS, personnel, communications, etc.) and resources that are expected to be needed to implement the plan.

2. Plan: One or more objectives that address the identified problem. Each objective must be specific, measurable, realistic, and achievable within the funding period.

For each objective, provide:

- a. The activity or activities to be undertaken to accomplish each objective
 - b. A staffing plan that demonstrates an understanding of the labor and qualifications needed to accomplish each activity. Identify staff members by name and title.
 - c. The timeline for reaching each objective.
3. Evaluation Plan: The method of assessing the success or progress of each objective
 4. Budget Justification (not counted in the 10 page limit; see section IV.5 of this Announcement): Travel to the 2009 Program Managers' Meeting, the 2010 National Immunization Conference, and other meetings as needed by key staff involved in ARRA-funded projects is required as a condition of funding, and funding for such travel should be included in the application budget. In addition, applicants may include in the application budget staffing and positions to support the increased reporting requirements outlined in Section 1512 of the American Recovery and Reinvestment Act (ARRA) of 2009 (Public Law 111-5).

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit.

- Additional information submitted via Grants.gov should be uploaded in a PDF file format and should be labeled clearly with the name of the document or a clear descriptive title when uploaded into Grants.gov.
- No more than 5 electronic attachments should be uploaded per application.

The agency or organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the [Dun and Bradstreet website](#) or call 1-866-705-5711.

Additional requirements that may request submission of additional documentation with the application are listed in section “VI.2. Administrative and National Policy Requirements.”

IV.3. Submission Dates and Times

Application Deadline Date: July 2, 2009

Explanation of Deadlines: Applications must be received in the CDC Procurement and grants Office by 5:00 p.m. Eastern Time on the deadline date.

Applications must be submitted electronically at www.Grants.gov. Applications completed on-line through Grants.gov are considered formally submitted when the

applicant organization's Authorizing Organization Representative (AOR) electronically submits the application to www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's AOR to Grants.gov on or before the deadline date and time.

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

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline above, it will not be eligible for review. The application face page will be returned by HHS/CDC with a written explanation of the reason for non-acceptance. The applicant will be notified the application did not meet the submission requirements.

IV.4. Intergovernmental Review of Applications

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications

and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list:

<http://www.whitehouse.gov/omb/grants/spoc.html>

IV.5. Funding Restrictions

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

- Project funds may only be used for costs associated with planning, organizing, conducting, and supporting immunization activities directed toward vaccine-preventable diseases. These funds may be used for the preservation of jobs necessary to stabilize state and local health departments in order to minimize and avoid reductions of vaccination services.
- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, to include personnel, travel, equipment, supplies, consultant services. Recipients may elect to use subcontractors for efforts that can not be accomplished with project staff. However, the direct and primary recipient 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 to be a primary recipient.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be pre-approved.
- Pre-award costs will not be reimbursed.

- Funding requests not directly related to immunization activities are outside the scope of this grant program and will not be funded.
- Recipients may not use funds for building purchases, construction, capital improvements.
- Recipients may not use funds for honoraria.
- Recipients may not use funds for advertising costs (conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs).
- Recipients may not use funds for alcoholic beverages.
- Recipients may not use funds for entertainment.
- Recipients may not use funds for land purchase.
- Recipients may not use funds for legislative/lobbying activities.
- Recipients may not use funds for payment of bad debts.
- Recipients may not use funds for the purchase of vehicles.
- Recipients may not use funds for bonding.
- Recipients may not use funds for depreciation on use charges.
- Recipients may not use funds for dry cleaning.
- Recipients may not use funds for fundraising.
- Recipients may not use funds to pay the interest on loans for the acquisition and/or modernization of an existing building.

If requesting 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 recommended guidance for completing a detailed justified budget can be found on the CDC Web site, at the following Internet address:

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

IV.6. Other Submission Requirements

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

The application package can be downloaded from www.Grants.gov. Applicants are able to complete it off-line, and then upload and submit the application via the Grants.gov Web site. E-mail submissions will not be accepted. If the applicant has technical difficulties in Grants.gov, customer service can be reached by E-mail at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that submittal of the application to Grants.gov should be prior to the closing date to resolve any unanticipated difficulties prior to the deadline.

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.

V. Application Review Information

V.1. Criteria

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the grant. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section 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 application will be evaluated against the following criteria:

1. Statement of need (15 points): Has the applicant described the current policy for use of 317 vaccine in public health clinics? Has the applicant described the resources that currently exist and outlined the resource needs required to accomplish this project?
2. Plan description (60 points): Is the plan adequate to fully address each of the required elements listed in Section I of this Announcement including specific and measurable objectives and activities to meet those objectives? Is the plan complete, sound, and practical? Does the plan include a timeline of milestones to be used to track the development of a billing plan? Does it include process measures? Has the applicant provided a description of planning efforts to obtain strong stakeholder

support from those entities that will be instrumental in the implementation of a successful program?

3. Capacity (25 points): Is the staffing plan adequate and does it demonstrate an understanding of the labor needed to accomplish the stated objectives and related activities? Do staff members have appropriate experience? Are the staff roles clearly defined? As described, will staff be sufficient to accomplish the identified program goals? Has experience been demonstrated in establishing working relationships between the immunization program and traditional and non-traditional partners and coalitions? Does the applicant have the capacity to implement a plan once it has been developed?
4. Budget and Justification: Reviewed, but not scored.

V.2. Review and Selection Process

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff, and for responsiveness jointly by NCIRD 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 submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the “V.1. Criteria” section above. The objective review process will follow the policy requirements as stated in the GPD 2.04 at

<http://198.102.218.46/doc/gpd204.doc>. Reviewers will be CDC employees from within the Centers for Disease Control and Prevention.

In addition, the following factors will affect the funding decision:

The National Center for Immunization and Respiratory Diseases will fund out of rank order to ensure geographic, demographic, and/or ethnic diversity among the funded applicants.

CDC will provide justification for any decision to fund out of rank order.

V.3. Anticipated Announcement Award Dates

September 1, 2009

VI. Award Administration Information

VI.1. 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 emailed to the program director and the recipient fiscal officer identified in the application.

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

VI.2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The basic and resulting awards will be subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). The following additional requirements apply to this project:

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-20 Conference Support

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.

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>

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>

VI.3. Reporting Requirements

1. Final report will be submitted no later than 90 days after the supplemental activities' project period/end completion date. This report must be submitted to the attention of the Grants Management Specialist listed in the "VII. Agency Contacts" Section of this announcement.
2. Financial status report, no more than 90 days after the end of the budget period.
3. Monthly phone conferences will be held with the recipient's project officer to discuss progress made on reaching milestones for activities identified in the plan.
4. Quarterly reports describing the progress made on reaching milestones for activities identified in the plan will be submitted no later than the 14th work day after the end of each quarter.
5. Reporting and registration requirements under Section 1512 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5: OMB is currently drafting detailed ARRA reporting requirements and OMB, HHS, and CDC will establish procedures, systems, templates, and other support resources for grantee reporting. The following is based on preliminary OMB draft guidance and although key aspects are expected to remain, the final requirements may differ and require more or less detail. The final OMB-issued reporting requirements and subsequent HHS and CDC procedural guidance will supersede these following draft requirements.

These reports must be submitted to the attention of the Grants Management Specialist listed in the “VII. Agency Contacts” section of this announcement.

VI.4 Terms and Conditions

CDC program staff will assist grantees, as needed, to identify appropriate performance measures and indicators, and, where necessary, “integrate new and existing procedures to streamline data collection and minimize grantee’s burden.” (From OMB Implementation memo). *Appendix A lists the measures on which grantees will be monitored. More guidance on the grantee’s role in collecting and reporting the data on these measures is provided below in the section on Terms and Conditions, under “Additional Reporting Requirements.”*

Terms and Conditions (OMB)

1. Other Standard Terms and Conditions

All other grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements apply unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (ARRA) requirements below. Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

2. ARRA-Specific Reporting Requirements

Recipients of Federal awards from funds authorized under Division A of the ARRA must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act. For purposes of reporting, ARRA recipients must report on ARRA sub-recipient (sub-grantee and sub-contractor) activities as specified below.

Not later than 10 days after the end of each calendar quarter, starting with the quarter ending June 30, 2009 and reporting by July 10, 2009, the recipient must submit quarterly reports to HHS that will be posted to Recovery.gov, containing the following information:

- a. The total amount of ARRA funds under this award;
- b. The amount of ARRA funds received under this award that were obligated and expended to projects or activities;
- c. The amount of unobligated award balances;
- d. A detailed list of all projects or activities for which ARRA funds under this award were obligated and expended, including
 - The name of the project or activity;
 - A description of the project or activity;
 - An evaluation of the completion status of the project or activity;

- An estimate of the number of jobs created and the number of jobs retained by the project or activity; *[additional guidance below on how to measure jobs created and retained forthcoming from OMB]* and
 - For infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and the name of the person to contact at the agency if there are concerns with the infrastructure investment.
- e. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282).

For any sub-award equal to or larger than \$25,000, the following information:

- The name of the entity receiving the sub-award;
 - The amount of the sub-award;
 - The transaction type;
 - The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number;
 - Program source;
 - An award title descriptive of the purpose of each funding action;
 - The location of the entity receiving the award;
 - The primary location of performance under the award, including the city, State, congressional district, and county;
 - A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity;
 - The date the sub-award was issued;
 - The term of the sub-award (start/end dates);
 - The scope/activities of the sub-award;
 - The amount of the total sub-award that has been obligated or disbursed by the sub-recipient; and
 - The amount of the total sub-award that remains unobligated by the sub-recipient.
- f. All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.
- g. Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted.
- h. Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award.

The definition of terms and data elements, as well as any specific instructions for reporting, including required formats, will be provided in subsequent guidance issued by HHS.

3. Buy American - Use of American Iron, Steel, and Manufactured Goods

Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States unless HHS waives the application of this provision. (ARRA Sec. 1605)

4. Wage Rate Requirements

[This term and condition shall not apply to tribal contracts entered into by the Indian Health Service funded with this appropriation. (ARRA Title VII—Interior, Environment, and Related Agencies, Department of Health and Human Services, Indian Health Facilities)]

Subject to further clarification issued by the Office of Management and Budget, and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to this award shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code. (ARRA Sec. 1606)

5. Preference for Quick Start Activities (ARRA)

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit. (ARRA Sec. 1602)

6. Limit on Funds (ARRA)

None of the funds appropriated or otherwise made available in ARRA may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604)

7. Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal

or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>

8. ARRA: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new awardees should be considered one-time funding.

9. Schedule of Expenditures of Federal Awards

Recipients agree to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by Office of Management and Budget Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations.” This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512(c). (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

10. Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to 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 ARRA purposes, and amount of ARRA funds. (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

Additional Reporting Requirements:

- In addition, recipients shall submit quarterly reports that provide the necessary information related to the output and outcome measures appropriate to the activities which they have undertaken (i.e. Activity A, Activity B, and/or Activity C as specified earlier) and presented in Appendix A. As noted, grantees will be monitored on the following output and outcome measures. *[NOTE: While recipients will be monitored on all these measures, not all require specific reporting by the recipient to CDC]*

Output Measures

- Measure: Evidence of recipient access to their budgeted operations funds
- Reporting: Extracted from PMS by PGO or by Program staff/Project Officers (PO). No grantee reporting required.
- Frequency: Compiled monthly, but reported up quarterly

- Measure: % of recipients who are on track with meeting their project-specific milestones
- Reporting: Recipient will develop milestones and checklist based on their proposed project. Recipient will report progress via checklist. PO will collate and calculate measure.
- Frequency: Compiled monthly, but reported up quarterly.

- Measure: Submission of plan to CDC
- Reporting: Recipient will submit completed plan to Project Officer
- Frequency: PO will seek status monthly, but report status quarterly.

Areas of the program that need improvement, based on performance measures, and activities to be conducted to improve in areas identified

Appendix A: Performance Measures

Accountability for public health investments by CDC under the American Recovery and Reinvestment Act of 2009 will be expected to include assessment of short-term impacts in both health and economic domains. The following are the measures on which recipients will be monitored, as well as the data collection method/reporting approach and frequency of reporting. *[NOTE: While recipients will be monitored on all these measures, not all require specific reporting by the recipient to CDC]*

Component and Measure	Data Source	Reporting System	Frequency
Evidence of recipient access to their budgeted operations funds	Payment Management System (PMS)	Extracted from PMS by Program staff/ PO. <u>No grantee reporting required.</u>	Compiled monthly, but reported up quarterly
% of recipients who are on track with meeting their project-specific milestones	Progress reports and recipient - specific milestone checklist	Recipient will develop milestones and checklist based on their proposed project. Recipient will report progress via checklist. PO will collate and calculate measure.	Compiled monthly, but reported up quarterly.
Submission of plan to CDC	Progress report	Recipient will have production of this deliverable as part of their proposal. They will submit completed deliverable, when done, with their progress report.	Grantee reports status monthly; PO reports up quarterly

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For program technical assistance, contact:

Duane Kilgus, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Road NE, MS E-52

Atlanta, GA 30333

Telephone: 404-639-6354

E-mail: DKilgus@cdc.gov

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

Peaches Brown, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2738

E-mail: prb0@cdc.gov

For general 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

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

VIII. Other Information

Other CDC funding opportunity announcements can be found on the CDC Web site,
[Internet address: http://www.cdc.gov/od/pgo/funding/FOAs.htm](http://www.cdc.gov/od/pgo/funding/FOAs.htm).

Applicants may access the application process and other awarding documents using the Electronic Research Administration System (eRA Commons). A one-time registration is required for interested institutions/organizations at
<http://era.nih.gov/ElectronicReceipt/preparing.htm>

Program Directors/Principal Investigators (PD/PIs) should work with their institutions/organizations to make sure they are registered in the eRA Commons.

1. [Organizational/Institutional Registration in the eRA Commons](#)
 - To find out if an organization is already eRA Commons-registered, see the “[List of Grantee Organizations Registered in eRA Commons.](#)”
 - Direct questions regarding the eRA Commons registration to:
eRA Commons Help Desk
Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

Business hours M-F 7:00 a.m. – 8:00 p.m. Eastern Time

Email commons@od.nih.gov

2. Project Director/Principal Investigator (PD/PI) Registration in the eRA Commons:

Refer to the [NIH eRA Commons System \(COM\) Users Guide](#).

- The individual designated as the PD/PI on the application must also be registered in the eRA Commons. It is not necessary for PDs/PIs to register with Grants.gov.
- The PD/PI must hold a PD/PI account in the eRA Commons and must be affiliated with the applicant organization. This account cannot have any other role attached to it other than the PD/PI.
- This registration/affiliation must be done by the Authorized Organization Representative/Signing Official (AOR/SO) or their designee who is already registered in the eRA Commons.
- Both the PD/PI and AOR/SO need separate accounts in the eRA Commons since both hold different roles for authorization and to view the application process.

Note that if a PD/PI is also an HHS peer-reviewer with an Individual DUNS and CCR registration, that particular DUNS number and CCR registration are for the individual reviewer only. These are different than any DUNS number and CCR registration used by an applicant organization. Individual DUNS and CCR registration should be used only for the purposes of personal reimbursement and should not be used on any grant applications submitted to the Federal Government.

Several of the steps of the registration process could take four weeks or more. Therefore, applicants should check with their business official to determine whether their organization/institution is already registered in the eRA [Commons](#). HHS/CDC strongly encourages applicants to register to utilize these helpful on-line tools when applying for funding opportunities.