Centers for Disease Control and Prevention

National Center for Injury Prevention and Control

Prescription Drug Overdose Prevention for States Program Supplement
CDC-RFA-CE15-15010201SUPP16
Application Due Date: 06/27/2016

Prescription Drug Overdose Prevention for States Program Supplement
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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title:

Prescription Drug Overdose Prevention for States Program Supplement

Announcement Type:

Revision - Type 3

Agency Funding Opportunity Number:

CDC-RFA-CE15-15010201SUPP16

Catalog of Federal Domestic Assistance Number:

93.136

Key Dates:

Due Date for Application: 06/27/2016

Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Additional Overview Content:

State health departments currently funded for the Prescription Drug Overdose Prevention for States (PfS) CE15-1501 are eligible to apply.

Executive Summary:

The purpose of this supplement is to support a state health department to initiate, expand, or enhance any of the four strategies identified in the original FOA to prevent either prescription or illicit opioid overdose.

The targeted outcomes of each strategy will vary and may include process or programmatic outcomes, as well as changes in behaviors thought to be linked to drug overdose morbidity or mortality. Awardees will be expected to implement robust evaluations of their program activities using timely data from a variety of sources.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the NCIPC:
This FOA aligns with and supports the National Prevention Strategy (NPS) in several ways: 1) addresses one of the seven priorities designated in the NPS, i.e., Injury and Violence Free Living; 2) emphasizes engaging partners across disciplines, sectors, and institutions as an important factor in significantly improving well-being; 3) supports state governments to facilitate collaboration among diverse sectors when making decisions to have a significant effect on health; and 4) supports the NPS priority of Preventing Drug Abuse and Excessive Alcohol Use, which includes a recommendation to reduce inappropriate access to and use of prescription drugs.

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

Section I. Funding Opportunity Description

Statutory Authority

Section 301 (a) [42 U.S.C. 241a)] of the Public Health Service Act, and Section 391 (a) [42 U.S.C. 280 b (a)] of the Public Health Service Act

Background

N/A

Purpose

All state health departments funded through the Prescription Drug Overdose Prevention for States (CDC-RFA-CE15-1501) are implementing prevention strategies to improve safe prescribing practices and prevent prescription drug overuse, misuse, abuse, and overdose. The funding has four priority strategies that states can advance; two of these strategies are required, two are optional. The two required strategies are:

1) Enhance and maximize a state Prescription Drug Monitoring Program (PDMP) and

2) Implement community or insurer/health system interventions aimed at preventing prescription drug overdose and abuse.

The two optional strategies are:

3) Conduct policy evaluations and/or

4) Develop and implement Rapid Response Projects.

The purpose of this supplement is to support a state health department to initiate, expand, or enhance any of the four strategies identified in the original FOA to prevent either prescription or illicit opioid overdose.

The targeted outcomes of each strategy will vary and may include process or programmatic outcomes, as well as changes in behaviors thought to be linked to drug overdose morbidity or mortality. Awardees will be expected to implement robust evaluations of their program activities using timely data from a variety of sources.

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.

Program Implementation

Recipient Activities

Recipient Activities NOTE: all of the examples provided in this section are meant to be **illustrative**, not **suggestive**.

All 29 states funded under PfS may apply for additional support under the PfS Supplement. States may use supplemental funds to initiate, expand, or enhance any of the four strategies identified in the original FOA, which are listed below. Funds may be directed toward any opioid prevention efforts, to include prescription or illicit opioids, such as heroin and fentanyl.

1. Enhancing and Maximizing PDMPs:

PDMPs are foundational programs for reversing the epidemic, but many PfS states face considerable challenges in their current capacity to expand, manage, and make PDMP data available for clinical practices

and public health surveillance purposes. The PDMP priority strategy is designed to advance five major PDMP activities that can help reduce the overuse and misuse of prescription opioids:

- **Universal registration and use**: PDMPs should be reviewed by clinicians before writing prescriptions for opioids and other key controlled substances.
- **Improve use and access**: PDMP use and access varies greatly between states. Making PDMPs easier to use and access is essential to all other PDMP activities.
- **Real time**: The PDMP captures up-to-the-minute- dispensing and provides near real-time data to clinicians and public health officials working to prevent inappropriate prescribing
- **Proactive reporting**: Proactive reporting triggers a PDMP to send unsolicited reports to prescribers, pharmacists, law enforcement, and licensing boards to alert them of suspicious behavior such as multiple provider episodes or illicit prescribing.
- **Public health surveillance**: PDMP data should be used as a public health surveillance system to inform and evaluate interventions (e.g., improve PDMP infrastructure of information systems to support PDMP use as a surveillance system, link PDMP data to health outcomes data like Medicaid, Workers Compensation, mortality, morbidity, analyze PDMP data and disseminate reports to state and county stakeholders).

All PfS states are required to implement at least two major activities related to enhancing and maximizing PDMPs. In the course of executing various strategies, a common barrier has emerged – many states lack adequate data infrastructure for even basic management of PDMP data. Without adequate data infrastructure, routine analyses of these data can be slow and laborious while more complex tasks, especially those linking different data sources (e.g., linking Medicaid, mortality, and PDMP data to identify patterns putting the lives of patients at risk) can be nearly out of reach. Another important area to advance is linking PDMP data to electronic health records (EHRs) in hospitals or clinics. Through data use agreements or MOUs, states are encouraged to share PDMP data with border states and other states. This component of the PfS supplement provides funded PfS states with additional resources to improve their data and information systems capabilities to meet the demands of the programs data-driven approach. Applicants must take care to demonstrate that proposed data infrastructure improvements enhance or maximize their ability to accomplish at least one of the major activities as outlined above. That is, data infrastructure improvements cannot be proposed for their own sake; they must be employed only as a means to enhance states' capacity to enhance and maximize their PDMP.

2. Implementing Community or Insurer/Health System Interventions:

This strategy involves implementing community or insurer/health system improvements designed to reduce overdose risk. States may apply for enhanced support for interventions already underway, such as guidelines implementation activities, academic detailing, or replicating ongoing efforts proposed in their original application. If a state does not have a current guideline or is in the early stages of guideline development, the preference is for a state to align efforts with recommendations contained in the CDC Guideline for Prescribing Opioids for Chronic Pain. In addition to the traditional community and insurer mechanism strategies already underway, states may also propose systems-level efforts related to improved data accuracy and consistency. An example of such work would involve efforts aimed at systems-level changes for improved toxicology/drug specificity testing and reporting. Issues affecting the quality and timeliness of mortality data influence every aspect of our opioid overdose prevention efforts and must be addressed at the systems level. An additional example could involve coordinating with High Intensity Drug Trafficking Areas to examine the value added of law enforcement/seizure data for hot spot identification (i.e. do these data confirm or expand upon hot spots identified with public health data, and are they more readily available and more timely), and use these data to allocate prevention resources in targeted areas.

3. Policy Evaluation:

For many PfS states, the current level of funding does not allow for rigorous evaluation of existing laws, policies, or regulations impacting opioid misuse, abuse, and overdose. In addition, new policies or legislation

may have emerged since the initial application was submitted that warrant evaluation (e.g. guideline implementation and/or impact). This supplement may provide the funds needed for states to examine the impact of existing policy on both prescription opioid and illicit opioid overdose deaths. One such policy shift that has occurred across states is the transition from ICD-9-CM codes to ICD-10-CM codes for emergency department and hospital discharge data. The impact of this shift on opioid overdose morbidity and mortality indicators is unknown. Case validation of ICD-10-CM coded ED and hospital discharge data would offer essential insight for performance monitoring and for enlightening the data we use to define burden and therefore drive allocation of opioid overdose prevention resources. States may also propose cost-effectiveness evaluation associated with specific policy actions or with their overall implementation of Prevention for States.

4. Rapid Response Project Supplement:

Current Rapid Response Projects (RRPs) limits states to assign up to 10% of their current budgets to fund new and innovative prevention interventions. This level of funding may not be sufficient to lift truly innovative approaches off the ground and requires the states to take funds away from their other interventions. The Rapid Response Project component of the PfS supplement would provide a deeper pool of funds for state to fund these important innovative approaches. With the need for effective new approaches to both prescription opioid and illicit opioid overdose deaths as urgent as ever, this component would give states the support and direction they need to advance new avenues and approaches to prevention. States may propose RRPs for up to $200,000. Awardees are required to submit, and receive approval for, a concept clearance prior to beginning this work.

Potential RRP projects:

- Existing RRPs listed in PfS (e.g., new syndromic surveillance system; test a communication campaign; or facilitate intradepartmental data sharing, review and analysis to address opioid overdoses)
- Enhancing prevention in tribal communities (e.g. exploring ways to provide greater access to prescribers in tribal communities to PDMP data to inform decision making).
- Establish Overdose Fatality Review teams (e.g., the approach underway in Maryland) in which local public safety, public health and treatment representatives review medical examiner data as well as other information to identify overdose risk factors and missed opportunities for prevention/intervention, and to make recommendations to prevent future deaths.
- Coordinate the sharing of public health and public safety information.
- Coordinate with High Intensity Drug Trafficking Areas (HIDTAs) for real time identification of emerging hot spots and deployment of prevention resources.
- Map data on overdose and share with law enforcement for public health and safety interventions.
- Advance efforts to connect overdose survivors to treatment and prevention services.
- Enhance interventions to prevent overdose in vulnerable populations, especially those re-entering communities from prisons and jails, providing them with linkage to treatment and naloxone. Note that the intervention cannot be direct provision of treatment or naloxone, but could be a health systems strategy focused on matching vulnerable populations with available treatment resources.

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

CDC Activities

- Providing training and technical assistance to awardees to support implementation and evaluation of funded strategies and activities, including training and technical assistance on supplement activities
- Individual and group technical assistance will be provided on a regular, on-going basis
- Reviewing evaluation plans in order to provide technical assistance
- Supporting topic specific learning collaboratives (i.e. Communities of Practice)
- Providing site visits, awardee meetings, and other learning opportunities
- Consultative support on the selection and tracking of indicators
- Documenting best practices and lessons learned from supplement awardees
- Coordinating calls, webinars, and other events to connect awardees and share experiences

Section II. Award Information

Type of Award: Cooperative Agreement

CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: U17

Fiscal Year Funds: 2016

Approximate Total Supplemental Funding: $10,000,000

This amount is subject to availability of funds. Includes direct and indirect costs.

Approximate Number of Awards: $20

Approximate Average Award: $500,000

This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range: $200,000

Ceiling of Individual Award Range: $1,000,000

This ceiling is for a 12-month budget period.

Anticipated Award Date: 09/01/2016

Budget Period Length: 12 month(s)

Project Period Length: 3 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category: State governments

State health departments currently funded for the Prescription Drug Overdose Prevention for States (PfS) CE15-1501 are eligible to apply.

Required Registrations

System for Award Management and Universal Identifier Requirements
An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.
a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.
b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option atwww.grants.gov. All applicant organizations must register with www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

Cost Sharing or Matching

Cost Sharing / Matching Requirement:	No

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 recipient will be notified that the application did not meet the eligibility requirements.

Special Requirements
Eligible applicants must demonstrate the following:
A minimum level of current or planned staffing commensurate with the proposed supplemental activities. Staffing support may include, but is not limited to, surveillance, epidemiology, monitoring and evaluation, project management, or coalition building.
Commitment to acquire new staff or contractors as warranted by the proposed supplemental activities within the first six months of award as demonstrated by letters of support indicating open positions or FTE lines.

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.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable 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 is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, 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:

A Table of Contents is not required as part of the application.

A Budget including a narrative justification is required that is reasonable and consistent with the purpose, outcomes, goals and objectives outlined in the Project Narrative. The budget and budget justification will be included as a separate attachment, not to be counted in the Project Narrative page limit.

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.

The Project Abstract should be no more than one page.

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: 10. 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 Work plan is part of the Project Narrative and is included in the 10 page limit.

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

Background and Understanding

- Describe the program's current activities, only as they relate to the proposed supplemental activities.
- Describe how the proposed supplemental activities will meet the primary project purpose of this supplemental funding.

Overall Goals and Evaluation Objectives

- State the overall goal(s) and specific evaluation objectives.

Methods/Approach

- For each evaluation objective specific to supplemental activities:
    - Describe the methods/approach
    - Describe the data sources and approach to collecting data from each of these sources
    - Include key indicators and data sources for each
    - Discuss any limitations of the proposed approaches

Management and Staffing

- Briefly identify and describe positions and capabilities of current program staff and identify roles and percent of time each is committing to the project.
- Briefly describe any new staffing that will be required as part of this supplement (e.g., graduate student researchers) and plans to acquire such staffing within the project timeline.

Work plan (part of project narrative page count)

- Provide a work plan for the 1 year project that includes objectives, activities, measurement, and timeline (Use SMART objectives)

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

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

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

- Resumes or Curriculum Vitas for key personnel
- Letter(s) of support from collaborating partners
- Indirect cost rate agreement (if applicable)
- Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:
    - Resumes_CV
    - LOS
    - Indirect cost rate agreement (if applicable)

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

No more than 5 electronic attachments should be uploaded per application.

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

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

basis at http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.
This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.
If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Application Deadline Date

Due Date for Applications: **06/27/2016**

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Intergovernmental Review

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/.

Pilot Program for Enhancement of Employee Whistleblower Protections

All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C 4712.

Copyright Interest Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are

responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

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

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http:// frwebgate.access.gpo.gov /cgi-bin/getdoc.cgi ?dbname= 109_cong_bills&docid= f:s2590enr.txt.pdf;
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- http:// www.hhs.gov/asfr /ogapa/aboutog /Grants%20Management %20Information /ffata_guidelines.html.

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 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.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees

Please note: Program funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs, or directly funding or expanding substance abuse treatment programs.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms on-line, contact the HHS/CDC Office of Grants Services (OGS) Technical Information Management Section (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, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients 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, recipients 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. 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. Recipients can complete the application package off-line, and then upload and submit the application via the Grants.gov website. The recipient 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 website. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients 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. 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 to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, 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 the Grants Management Specialist/Officer 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 Grants Management Specialist/Officer 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 recipient will receive instructions from OGS TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-CE15-15010201SUPP16**. 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 recipients will be evaluated against the following criteria:

Purpose, Outcomes and Strategies and Activities	Maximum Points: 20

- Outcomes: Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain) and must align with the outcomes advanced by the Prevention for States logic model (see original FOA). (10 points)
- Strategies and Activities: Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. (10 points)

Work Plan	Maximum Points: 20

Applicants will be scored on their preparation of a work plan consistent with this FOA's "Work Plan" section. It must include a detailed first-year work plan and a high-level plan for subsequent years. This is the applicant's opportunity to clearly show what it will do with the additional funding and how the work will lead to the intended outcomes. After reading the work plan, reviewers should be able to understand how the applicant plans to carry out achieving the project period outcomes, strategies, and activities.

- Are the data goals and objectives SMART (Specific, Measurable, Achievable, Relevant, Time-framed)? (10 points)
- Does the applicant outline the data activities necessary to accomplish the purpose of the proposal? (7 points)
- Does the applicant provide a reasonable and complete timeline for implementing and completing all data activities and objectives? (3 points)

Collaborations	Maximum Points: 15

- Applicants must describe existing or new MOAs/MOUs/LOSs demonstrating strategic partnerships and collaborations with organizations that have a role in achieving the FOA outcomes and proposed activities by strategy selected, (enhancing PDMPs, community/insurer health systems, policy evaluation and RRPs). (15 points)

Overall Goals and Evaluation Objectives	Maximum Points: 20

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. (8 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of current and future project activities. (8 points)
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement. (4 points)

Applicants Organizational Capacity to Implement the Approach	Maximum Points: 15

- Proven ability to collect data for the proposed outcomes and the ability to use data to demonstrate impact. (8 points)
- Provides project management structure with skilled staff sufficient to achieve the project outcomes that clearly defines staff roles and sufficient workload for the additional strategies selected. (7 points)

Burden	Maximum Points: 10

- Applicants will be scored according to age-adjusted drug overdose death rate in their state. CDC will calculate the points assigned to applicants under this section using 2014 National Vital Statistics System drug overdose mortality by state – applicants do not need to provide any documentation or materials in support of this criterion. Applicants among the states with the 10 highest age-adjusted drug overdose death rates will receive 10 points. Applicants among the states with the 11th—19th highest age-adjusted drug overdose death rates will receive points according to the following table:

Ranking, age-adjusted drug overdose death rate	Points under this criterion
11	9
12	8
13	7
14	6
15	5
16	4
17	3
18	2
19	1
20 and below	0

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by **NCIPC** and PGO. Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

Selection

- Applications will be funded in order by score and rank determined by the review panel.

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

Anticipated Announcement and Award Dates

Successful applicants will not receive notices of funding until September 1, 2016, which is the anticipated award date.

Section VI. Award Administration Information

Award Notices

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

Administrative and National Policy Requirements

Successful recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) 2 Part 215 or Part 92, as appropriate. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

Applicants should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including States, are subject to PRA requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public. For cooperative agreements PRA applicability will depend on the level of CDC involvement with the development, collection, dissemination, and management of information/data.

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), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the

law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http:// frwebgate. access. gpo.gov /cgi-bin /getdoc.cgi ?dbname= 109_cong_bills &docid= f:s2590enr .txt.pdf
- https://www.fsrs.gov /documents /ffata_legislation_ 110_252.pdf

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

Eric Gross, Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention

4770 Buford Hwy NE

Mailstop F62

Atlanta, GA 30341

Telephone: (770) 488-4398

Email: euw9@cdc.gov

For **financial, grants management, budget assistance and general inquiries**, contact:

Darryl Mitchell, Grants Management Specialist

Department of Health and Human Services
CDC Procurement and Grants Office

2920 Brandywine Road

MS E-01

Atlanta, GA 30341

Telephone: 770.488.2747

Email: DVMitchell@cdc.gov

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

Section VIII. Other Information

Other CDC funding opportunity announcements can be found at www.grants.gov.