U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

American Recovery and Reinvestment Act

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

Healthcare-Associated Infections - Building and Sustaining State Programs to Prevent Healthcare-associated Infections

Announcement Type: Revision – Type 3

Funding Opportunity Number: CI07-70402ARRA09

Catalog of Federal Domestic Assistance Number: 93.717 - ARRA Preventing Healthcare – Associated Infections

Key Dates:

Letter of Intent Deadline: May 22, 2009

Application Deadline: June 26, 2009

I. Funding Opportunity Description

Authority: Public Health Service Act Sections 301(a) [42 U.S.C. 241(a)] and 317(k) (2) [42 U.S.C. 247b (k) (2)], as amended and the American Recovery and Reinvestment Act (Recovery Act) of 2009 (Public Law 111-5).

Background:

The American Recovery and Reinvestment Act of 2009, Public Law 111-5 (Recovery Act) was signed into law on February 17, 2009. ARRA is designed to stimulate economic recovery in various ways including strengthening the Nation's healthcare infrastructure and reducing healthcare costs. Towards economic recovery specifically, the Recovery Act requires that expenditures and activities be initiated as quickly as possible consistent with prudent management and oversight so that funds are expeditiously deployed into the community. In meeting the programmatic requirements of this Announcement, recipients of Recovery Act funding must use the funds to maximize job creation, job retention, and overall economic benefit (Recovery Act Sec. 1602).

The Prevention and Wellness Fund section of the Recovery Act provides funding to the Office of the Secretary (OS) of the Department of Health and Human Services (HHS) to be provided to States as an additional amount to carry out activities to reduce healthcare-associated infections. This Funding Opportunity Announcement (FOA) describes opportunities for Recovery Act HAI funding which will be awarded on behalf of the OS through CDC's Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) cooperative agreement.

Healthcare-associated infections (HAIs) are infections that patients acquire while receiving treatment for medical or surgical conditions. HAIs occur in all settings of care, including acute care within hospitals and same day surgical centers, ambulatory

outpatient care in healthcare clinics, and in long-term care facilities, such as nursing homes and rehabilitation facilities. It has been estimated that in 2002, 1.7 million infections and 99,000 associated deaths occurred in hospitals alone. In addition to the substantial human suffering associated with HAIs, the financial burden attributable to these infections is staggering with an annual estimated $33 billion in added healthcare costs (2009[1 2]). Recent research efforts supported by the CDC and the Agency for Healthcare Research and Quality (AHRQ) have shown that implementation of CDC HAI prevention recommendations can reduce HAIs by 70%, and virtually eliminate some types of infections. Broad implementation of these guidelines can result in dramatic reductions in HAIs, which will not only save lives and reduce suffering, but will result in healthcare cost savings, especially in the Medicare and Medicaid programs. A national effort to prevent HAIs will also be an early "win" for healthcare reform, by eliminating waste and reducing costs in the healthcare system while also improving quality for patients.

In January 2009, the Department of Health and Human Services released the HHS Action Plan to Prevent Healthcare-Associated Infections (http://www.hhs.gov/ophs/initiatives/hai). The Action Plan was developed by the HHS Office of Public Health and Science (OPHS), CDC, Centers for Medicare & Medicaid

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[1]Scott, R. Douglas. The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention. March 2009. http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf

[2] Klevens RM, Edwards JR, Richards CL, Horan T, Gaynes R, Pollock D, Cardo D. Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002. *Public Health Rep* 2007;122:160-166.

Services (CMS), AHRQ and other offices and operating divisions of HHS and informed by in-person meetings and conferences with a variety of stakeholders and technical experts. Within the HHS Action Plan, CDC is leading the implementation of recommendations on National Prevention Targets and Metrics and the implementation of prevention recommendations. Three overarching goals have been identified:

- National progress towards national prevention targets. (These targets are identified on page 14 of the HHS Action Plan);
- Use and improve the metrics and supporting systems needed to assess progress towards meeting the targets;
- Prioritization and broad implementation of current evidence-based prevention guideline recommendations.

Purpose:

The purpose of the ELC cooperative agreement program is to assist state public health agencies improve surveillance for, and response to, infectious diseases by (1) strengthening epidemiologic capacity; (2) enhancing laboratory practice; (3) improving information systems; and (4) developing and implementing prevention and control strategies. The focus of the activities is on naturally occurring infectious diseases and drug-resistant infections. ELC aims to enhance the ability of public health agencies to identify and monitor the occurrence of known infectious disease of public health importance; detect new and emerging infectious disease threats, identify and respond to disease outbreaks; and use public health data for priority setting, policy development, and for prevention and control.

The purpose of this Recovery Act HAI supplement is to address the HHS Action Plan by using the existing ELC cooperative agreement to build and sustain state programs to prevent healthcare-associated infections. Through this supplement, CDC will fund and provide technical assistance to state health departments to make critical short-term investments that will provide for a sustainable state infrastructure on HAI prevention and significant progress toward preventing HAIs. State health departments have traditionally had limited funding, or workforce directly targeted to HAI issues. However, in recent years more than 20 states have passed laws requiring reporting of hospital-specific HAI data to state health departments with public disclosure of hospital infection rates. In some states, long-term care facilities and ambulatory surgical clinics have also been included in the reporting requirements. In 19 states thus far, the National Healthcare Safety Network (NHSN) has been identified as the tool for reporting and NHSN participation has grown from 300 hospitals nationally to approximately 2100 hospitals in 2 ½ years. Despite the growing interest in HAI reporting and prevention, most state health departments have had little or no resources to use these data, the NHSN, or to develop healthcare facility interest in HAI prevention or to develop community and statewide prevention efforts.

This supplement aims to build and improve state health department workforce, training, and tools necessary to rapidly scale up to meet this new HAI work. The activities described in this guidance are designed to support states that are just starting on HAI prevention activities or, in states that already have some HAI prevention activities, to expand into new HAI prevention areas. A key activity that this funding will support in all

funded states is the ability for states to submit data on their progress toward the HHS HAI Prevention Targets. With optimal use, this short-term investment will create new state-level competencies and tools that will continue even after Recovery Act funding has expired and therefore leave behind a sustainable infrastructure for reporting on long-term progress toward meeting the HHS HAI Prevention Targets.

This Recovery Act supplement to ELC includes three activities outlined below. Activity A is the basic staffing and coordination to draft the State HAI Prevention Plan and establish the state's capacity to develop an HAI prevention program. In general, Activity A is aimed for state health departments that have little or no current activity or expertise on HAI prevention or reporting. Activity B aims to increase facility participation in NHSN and use NHSN to establish baseline HAI data for the state. Activity C aims to support prevention collaboratives in the state to undertake prevention activities or initiatives.

As part of an HHS-wide initiative to reduce healthcare-associated infections coordinated by the HHS Office of the Secretary, CDC's regular Fiscal Year 2009 appropriations bill includes language that to be eligible for their full allotment under the Preventive Health and Health Services Block Grant, each State must certify that it will submit a State HAI Prevention Plan by January 1, 2010, to the Secretary of Health and Human Services. State plans shall be consistent with the Department of Health and Human Services national Action Plan (referenced in Background, above) for reducing HAIs. The CDC regular appropriations bill also includes additional funding to provide States increased

support for a wide range of public and preventive health activities and States are strongly encouraged to use these increased resources to invest in strategies to reduce HAIs through collaborations with public health departments and healthcare facilities and to begin to develop statewide HAI plans. As states develop these HAI plans, they may apply for Recovery Act funding to complete the activities in this announcement (Activities A, B, and/or C, outlined below). If a State chooses to apply for A and another activity, States must justify in their application their ability to fully complete all requirements described in Activity A in a timely manner so that funds within Category B and C will be fully implemented within the ARRA allotted timeframes. State HAI funds will be competitively awarded based on objective evaluation criteria, including sustainability. If a state applies for more than one activity, the state should describe how work done in each activity must be coordinated and complimentary. States will also need to discuss how funding supplements existing programs and does not supplant existing efforts. Spending under categories A, B, and/or C is contingent upon States ability to sustain activities after Recovery Act funding has ceased.

Activity A: Coordination and Reporting of State HAI Prevention Efforts

The purpose of this activity is to coordinate and implement HAI prevention activities and report on progress toward reductions in two or more HHS Action Plan Targets.

Objectives for this activity include:

At the end of the first year of the program:

- State HAI Plan coordinator identified
- Multidisciplinary group convened
- State HAI Plan drafted and submitted to HHS no later than January 1, 2010
- State Baseline for HHS prevention targets

At the end of the second year of the program:

- State HAI Plan approved by HHS.
- Quarterly reporting on HHS prevention targets

Activity B**:** Detection and Reporting of Healthcare Associated Infection Data (HAI Surveillance)

The purpose of this activity is to develop sustainable state HAI reporting using the NHSN and to evaluate NHSN data. Sustainable reporting from states should increase awareness among healthcare providers, estimate burden, monitor the impact of prevention programs, and report using NHSN metrics for progress toward HHS HAI Prevention Targets. NHSN is a surveillance system that uses a dedicated NHSN web-based application with multiple reporting capacities. Any one of several surveillance activities can be used depending on the needs of the healthcare facility http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html. This includes the potential to report only multidrug-resistant organisms (MDROs) through the NHSN MDRO and *Clostridium difficile*-Associated Disease (CDAD) Module http://www.cdc.gov/ncidod/dhqp/nhsn_MRSA_surveill_overview.html.

Objectives for this activity include:

At the end of the first year of the program:

- Define which facilities will report HAI data to NHSN and type of HAI data to be reported and shared with the state health department (HAI surveillance plan)
- Demonstrate that >80% of facilities in HAI surveillance plan have successfully enrolled, trained, and reported at least one month of data to NHSN
- Participation in monthly NHSN State-Users teleconferences
- Develop, in collaboration with CDC staff, and report state baseline data for two or more HHS Prevention Targets

At the end of the second year of the program:

- All designated facilities have reported data
- State health department has successfully produced and disseminated at least one report of aggregate HAI data relevant to surveillance plan
- Developed, planned and implemented some validation of reported data
- Enabled electronic reporting of laboratory data (e.g., microbiology results) to NHSN from at least 10% of participating facilities
- State report on quarterly basis on two or more HHS HAI Prevention Targets

Activity C: Establishing a Prevention Collaborative

The purpose of this activity is to establish multicenter evidence-based HAI prevention collaboratives among acute care hospitals within the state. The collaboratives should be designed to make measurable progress toward the National Prevention Targets outlined in the HHS Action Plan to Prevent Healthcare-Associated Infections. Applicants are encouraged to use the National Healthcare Safety Network (NSHN) as the mechanism by

which progress toward goals is measured (See Activity B for activities related to NHSN participation). If the state chooses a different reporting mechanism, the data reported should be consistent with NHSN infection definitions and surveillance methods.

Objectives for this activity include:

At the end of the first year of the program:

- Constituted and convened the multidisciplinary advisory group (e.g., state hospital association, state APIC chapter, local healthcare epidemiologists, Medicare QIO, HAI funded initiatives by the Agency for Healthcare Research and Quality (AHRQ)) to choose two or more HHS HAI Prevention Targets that are or will be targeted for prevention initiatives, including a specific prevention goal (i.e., target rate reduction goal for target HAIs).
- Established and demonstrated collaboration with ongoing activities in hospitals or hospital systems or state hospital associations or other groups that are focused on preventing HAIs.
- Defined which facilities will participate in the prevention initiative
- Held at least one face-to-face meeting of representatives from participating facilities.
- Initiated at least one multicenter prevention initiative

At the end of the second year of the program

- Held at least two face-to-face meetings of representatives from participating facilities.

- Completed one or more multicenter prevention initiatives.
- Demonstrated progress toward two or more HHS HAI Prevention Targets. Recipients of ARRA funding in this activity will be expected to make demonstrable progress toward reaching the Targets in the next two years (e.g., at least 10% reduction per year for the selected Targets for the applicant's state). Applicants are encouraged to use the National Healthcare Safety Network (NSHN) as the mechanism by which progress toward goals is measured (See Activity B for activities related to NHSN participation). If the state chooses a different reporting mechanism, the data reported should be consistent with NHSN infection definitions and surveillance methods.

See Appendix A for specific programmatic performance measures (outputs and outcomes) for Activities A, B, and C.

This program addresses the "Healthy People 2010" focus area of Immunization and Infectious Diseases. Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the National Center for Preparedness, Detection and Control of Infectious Diseases: Protect Americans from Infectious 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:

Applicants may submit only one application that addresses Activities A, B, or C, or any combination of the three.

Awardee activities for this program are as follows:

Activity A: Coordination and Reporting of State HAI Prevention Efforts

Specific Activities:

1. Designate a State HAI Plan coordinator
2. Convene a multidisciplinary advisory group to provide guidance on the State HAI Prevention Plan and the state health department's HAI prevention program. The group may include public health and medical professionals, state hospital association or other hospital groups, Medicare Quality Improvement Organization (QIO), state APIC chapters, healthcare epidemiologists, consumers, and other appropriate stakeholders.
3. Develop and submit a plan for reporting to CDC aggregate state data from hospitals on two or more HHS metrics by 2010. A state may use NHSN or a system using NHSN definitions and surveillance methods. If a system other than NHSN is used, the applicant will need to describe the system and its compatibility with NHSN.

4. Develop and submit the State HAI Prevention Plan no later than January 1, 2010. The State HAI Prevention Plan will be modeled on recommendations from the HHS Action Plan to Prevent HAIs and will serve as a blueprint for state HAI reduction activities going forward, including discussion of how activities will be sustained after Recovery Act spending expires. The plan should also address current or planned state legislation for public reporting of HAI data or for prevention initiatives, and how the activities supported by this funding will complement state mandates.
5. Track, measure, and report programmatic and fiscal activity and economic impact as required by this Announcement, the Recovery Act, and the U.S. Office of Management and Budget (OMB). See Section I – Purpose, above for key program goals and objectives, Appendix A for specific performance measures, and Section VI.3., below for details on reporting requirements.

Activity B: Detection and Reporting of Healthcare Associated Infection Data (HAI Surveillance)

Specific Activities:

1. Develop sustainable state HAI reporting using CDC's National Healthcare Safety Network (NHSN). Sustainable HAI reporting should increase awareness among healthcare providers, estimate burden, monitor the impact of prevention programs, and report progress toward HHS Prevention Targets using NHSN metrics. NHSN is a national web-based surveillance system that uses a dedicated NHSN application with multiple reporting capacities. Any one of several surveillance activities can used depending on the needs of the healthcare facility

http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html. This includes the potential to report only Multidrug-Resistant Organisms (MDROs) through the MDRO and *Clostridium difficile*-Associated Disease (CDAD) Module http://www.cdc.gov/ncidod/dhqp/nhsn_MRSA_surveill_overview.html. In collaboration with CDC, specific activities to develop a sustainable infrastructure include:

a) Engage partners (through the multidisciplinary advisory group described in Activity A) to define the demographic make up (e.g., all facilities, acute care only, sentinel facilities, ambulatory care, dialysis) of reporting facilities and the events to be reported. Surveillance activities supported should be relevant to any prevention initiatives supported in activity C, and should reflect the priorities of the applicant and partners. Expansion or inclusion of ambulatory care settings or long-term care should be considered only after infrastructure for HAI reporting within acute-care has been established or demonstrated (e.g., applicants without established acute-care surveillance networks should focus on acute-care facilities initially). The application should clearly articulate how activities will be sustained after Recovery Act funding is completed.

b) Identify current staff with expertise in infection control and NHSN, or train new or current staff to obtain necessary expertise in infection control and NHSN enrollment, recruiting, user training, and group user functionality in NHSN. Staff should also promote uptake and reporting by facilities, including

the resolution of queries, obstacles, and technical issues that arise in the maintenance of a surveillance program in coordination with CDC staff.

c) Acquire/develop expertise in analysis and reporting of aggregate, or if indicated by local mandates, individual facility data.

d) Submit sufficient data through NHSN to determine the state's progress in reducing infections from two or more HHS Action Plan Prevention Target metrics.

e) Coordinate with informatics capacity building activities in your state to allow facilities with planned or existing electronic laboratory reporting to utilize features of NHSN that enable electronic reporting of microbiology results and other data to NHSN.

2. With regional partners and CDC, validate or evaluate NHSN reported data for accuracy and relevance.

    a) Conduct evaluations such as those including case-studies, pre/post test evaluations, or sampling of medical records as a means of assessing data validity.

    b) Evaluate the acceptability of simplified methodology for collecting HAI-related data as a means of simplifying surveillance methods.

    c) Conduct systematic confirmatory testing of select pathogens associated with reported HAIs as a means to validate and supplement local HAI data and detect emerging antimicrobial resistance.

3. Track, measure, and report programmatic and fiscal activity and economic impact as required by this Announcement, the Recovery Act, and the U.S. Office of

Management and Budget (OMB). See Section I – Purpose, above for key program goals and objectives, Appendix A for specific performance measures, and Section VI.3., below for details on reporting requirements.

Activity C: Establishing a Prevention Collaborative

Specific Activities:

1. Develop and implement collaborative, multicenter evidence-based HAI prevention initiatives among acute care hospitals within the state. The prevention initiatives should target one or more of the following healthcare-associated infections: 1) Catheter-associated bloodstream infections, 2) Surgical Site Infection, 3) catheter-associated urinary tract infections, 4) ventilator-associated pneumonia, 5) *Clostridium difficile* infection, or 6) MRSA or other Multidrug-resistant Organism (MDRO) infections. This can be accomplished by the following activities:
    a) Through a multidisciplinary advisory group (the group may include public health and medical professionals, state hospital association or other hospital groups, Medicare Quality Improvement Organization (QIO), healthcare epidemiologists, state APIC chapters, consumers and other appropriate stakeholders) engage partners and stakeholders to define the target HAIs to be addressed.
    b) Coordinate support of surveillance activities described in Activity B such that they directly support the prevention initiative.
    c) Identify current staff with expertise in infection control and NHSN, or train new or current staff to obtain necessary expertise in infection control

d) Ensure that ongoing work in the state compliments and does not duplicate work by other CDC activities (e.g., Prevention EpiCenters) or other HHS programs (e.g., AHRQ).

e) Coordinate and facilitate information sharing activities among participating facilities in order to optimize opportunities for inter-facility prevention collaboration (e.g. web sites, list servs, conference calls, and face-to-face meetings that provide opportunities for exchange of ideas and information).

f) Applicants are encouraged, where appropriate, to coordinate and collaborate with other states that have chosen the same targets for their HAI prevention initiatives.

2. Track, measure, and report programmatic and fiscal activity and economic impact as required by this Announcement, the Recovery Act, and the U.S. Office of Management and Budget (OMB). See Section I – Purpose, above for key program goals and objectives, Appendix A for specific performance measures, and Section VI.3., below for details on reporting requirements.

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

- Manage NHSN enrollment for grantees.

- Provide NHSN training and technical assistance.
- Organize monthly teleconferences, webinars and CDC-hosted meetings for NHSN users.
- Facilitate data analysis and reporting by statistical and epidemiologic consultation as needed through teleconferences and webinars.
- Provide guidance on the State HAI Prevention Plan development through teleconferences, webinars, and site visits as needed. CDC staff will also provide a template for State HAI Prevention Plans to guide development.
- Assist recipients to develop and maintain HAI prevention collaboratives and initiatives, including assistance in fostering stakeholder engagement and innovation, facilitating relationships with related prevention collaboratives funded by other agencies or states, and technical advice on target HAIs, data sharing and analysis. This will be done through teleconferences, webinars and site visits as needed. CDC staff will also act as liaison with AHRQ staff to assist in identifying AHRQ funded projects in each state and to facilitate collaboration at the state level.
- Collaborate with recipients on specific activities to develop a sustainable infrastructure which may include site visits, webinars, and teleconferences.
- Assist grantees with tracking performance measures and indicators (see Appendix A) and where necessary, integrating new and existing procedures to streamline data collection and minimize grantee's burden.

II. Award Information

Type of Award: Cooperative Agreement. CDC's involvement in this program is listed in the Activities Section above.

Award Mechanism: U50

Fiscal Year Funds: Recovery Act funding is two-year funding (FY2009-2010).

Approximate Current Fiscal Year Funding: $35,800,000. This amount is an estimate and is subject to availability of funds. This amount includes direct and indirect costs.

Approximate Total Project Period Funding: Same as Approximate Current Fiscal Year Funding above.

Approximate Number of Awards: 52

Approximate Average Award: Awards will range from approximately $100,000 up to approximately $1,100,000, depending on the combination of Activities (A, B, and/or C) an applicant requests and is approved for. Awards for Activity A only will average approximately $100,000. Awards for Activity B only will average approximately $750,000. Awards for Activity C only will average approximately $350,000. Awards for combinations of multiple activities will range depending on which activities successful applicants are approved for and may be lower than the sum of individual activity award averages above due to expected efficiencies in combining activities.

Floor of Individual Award Range: None

Ceiling of Individual Award Range: $200,000 for Activity A only, $1,000,000 for Activity B only, $500,000 for Activity C only. Ceilings for combinations of multiple activities will range depending on which activities successful applicants are approved for

and may be lower than the sum of individual activity ceilings above due to expected efficiencies in combining activities..

Anticipated Award Date: August 30, 2009

Budget Period Length: Awards will be made as supplements to awardees' current ELC budget period which expires December 31, 2011.

Project Period Length: Current ELC project period expires December 31, 2011.

This Recovery Act funding should be considered one-time funding. An award of Recovery Act funds under this announcement does not constitute a commitment by the U.S. Government to continue funding beyond the funding period of this announcement.

III. Eligibility Information

III.1. Eligible Applicants

Eligibility for these supplemental awards is limited to the following grantees under the ELC cooperative agreement program:

The health departments of the:

- 50 States
- District of Columbia
- Commonwealth of Puerto Rico

The Recovery Act language specific to this HAI funding requires that funding only go to "States."

These 52 eligible applicants are currently funded under the following ELC Funding Opportunity Numbers:

CI04-040:

Alabama, Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Mississippi, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

CI07-701:

Alaska, Arkansas, Commonwealth of Puerto Rico, Delaware, District of Columbia, Idaho, Maryland, Minnesota, Nevada, North Dakota, Oregon, South Carolina.

CI07-702:

New Hampshire

III.2. Cost Sharing or Matching

Cost sharing or matching funds are not required for this program. Awardees may not impose upon subawardees (subcontractors, subgrantees) a match, maintenance of effort, or any other requirement more restrictive than Recovery Act permits. Recipients will

need to assure this funding supplements existing programs and does not supplant existing efforts

III.3. Other

CDC will accept and review applications with budgets greater than the ceiling of the award range.

Special Requirements:

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

- Late applications will be considered non-responsive. See section "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.

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 Recovery Act

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:

For Recovery Act funding, CDC requires applicants to 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, you can submit a hard copy of the application prior to the deadline.

IV.2. Content and Form of Submission

Letter of Intent (LOI):

Prospective applicants are asked to submit a letter of intent that includes the following information:

- Which activity or combination of activities (A, B, or C) applying for.
- Name, address, and telephone number of the Principal Investigator/Project Director.
- Number and title of this funding opportunity.

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. Use the following format for the Project Abstract:

- 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: Activity A, maximum 5; Activity B, maximum 10; Activity C, maximum 10. For combinations of activities, the page limit is the sum of the individual Activity page limits above (e.g, if applying for B and C only, 20 pages; if applying for A and B or for A and C, 15 pages; if applying for A, B, and C, 25 pages). If your narrative exceeds the page limit, only the first pages within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches

- Page margin size: One inch
- Printed only on one side of page.
- Number all narrative pages; not to exceed the maximum number of pages.

Applicants may submit only one application that addresses Activities A, B, or C, or any combination of the three.

Narrative:

Each narrative should address activities to be conducted over the entire funding period (through December 31, 2011) and must include the following items in the order listed:

1. Background and Need
    A. Describe the current level of activity in your state regarding HAI surveillance and prevention. Applicants should describe current HAI prevention initiatives being conducted in the state by other entities (e.g., state hospital association, Medicare QIO, health systems, state APIC chapters) and explain how the state health department will collaborate or link to these efforts to achieve maximum prevention impact. In states where prevention activities are already occurring, applicants should describe how this funding will expand (i.e., more facilities, more HHS Prevention targets addressed) and complement these existing efforts. The work funded in this program should complement but not duplicate ongoing work in the state being funded by other HHS divisions (e.g. AHRQ).
    B. Describe the necessity of creating, expanding, and sustaining a HAI surveillance and prevention program. Spending under categories A, B, and C

2. Accomplishments and Proven Capacity

    A. Describe any current HAI surveillance and prevention activities in your state, including the number of acute healthcare facilities and any coordinated HAI Surveillance activity within the state

    B. Describe experience entering into formal agreements (e.g., subcontracts) with firms with HAI prevention expertise.

    C. Whether requesting funding for Activity A or not, applicants addressing Activities B or C must demonstrate in their application:

        1) Their ability to fully complete all requirements of Activity A (including development of a State HAI Prevention Plan) in a timely manner so that Activities B or C can be fully implemented and funds expended within the timeframe of this supplemental award (i.e., within applicant's current ELC budget and project period that expires December 31, 2011).

        2) How activities under B and/or C will be in alignment with their State HAI Prevention Plan.

        3) Spending under categories A, B, and C is contingent upon States ability to sustain activities after ARRA funding has ceased.

    D. In response to the Recovery Act requirements regarding economic recovery (see Section I - Background, above), describe your ability to quickly initiate the proposed activities, including ability to quickly hire new staff and initiate any contracts and purchases necessary for the project.

3. Project Work Plan

   A. Describe project objectives and activities that are specific, measurable, achievable, relevant, and time-phased. The work plan should be specifically organized around the recipient activities outlined in Section I. Include a clear timetable of all activities addressed.

   B. Describe current staff that will be involved and any new staff that will be hired. Describe how these staff will be involved in this project, their responsibilities, and how they will be trained. List specific positions that due to this funding, will be created (new jobs) or retained (saved jobs – jobs currently threatened and likely to be left vacant or discontinued under applicant's current economic/budget situation).

   C. Describe the limitations of the implementation of a HAI surveillance and prevention program in your State.

   D. Describe the types of summary HAI reports you plan to prepare, how you plan to disseminate these reports, and which audiences will be targeted and why.

   E. Describe the types of any web-based communication tools to be developed.

   F. If NHSN will not be used, describe the alternative surveillance system and how it is compatible with NHSN definitions.

   G. Describe your plan to develop a sustainable infrastructure after Recovery Act funding expires, including engaging partners, dedicating staff, acquiring expertise, data submission to assess progress, and coordination with informatics capacity building to enable automatic reporting of select data elements.

H. Describe how the work funded in this program complements but will not duplicate ongoing work in the state being funded by other HHS divisions (e.g., AHRQ).

4. Performance Measures and Evaluation Plan

   Describe a detailed plan for measuring and evaluating performance that includes meeting the Recovery Act and OMB tracking and reporting requirements (see Section IV.3., below) and tracking/reporting on the specific performance measures in Appendix A.

Budget:

1. Provide a detailed line-item budget for the activities. Include a detailed narrative justification for each line item. The budget should cover the entire funding period (that expires December 31, 2011) and be consistent with stated program objectives and planned activities outlined in the work plan. Refer to the funding availability guidance in Section II – Award Information, above for information on reasonable and appropriate funding levels for each activity or combination of activities. Be sure to consider the following costs when preparing your budgets:

   Activities A, B, & C:

   - Salary for staff (e.g., physician, epidemiologist, infection preventionist, or for C, quality improvement specialist) with experience or knowledge of HAI surveillance, infection control, or hospital epidemiology.
   - Contractual support (e.g., fellows) for supplementing staffing needs.
   - General supply expenses.

- Some printing and communication efforts may also be funded including web-based development work related to enhanced communication and reporting of data within and from surveillance system (e.g., state-based recruitment, training, web-development for surveillance hospitals).
- Intra-state travel for local activities, meetings (kick off meetings), training (site visits, troubleshooting); travel for a CDC meeting.
- Salary for administrative staff to track and report programmatic and fiscal activity with Recovery Act funds per OMB requirements.

Activity B:

- Partial salary support for analysis (data analyst, statistician) of aggregate HAI data.
- Contractual support for integration of informatics development work of existing or co-funded electronic laboratory reporting (e.g., core epi-laboratory component) into NHSN reporting where applicable (e.g., MDRO and CDAD Module).
- Contractual or grant support to reporting facilities for specific validation or evaluation projects or activities.
- Travel and related expenses for NHSN-related training and for specialized training of new or existing staff to develop expertise in core competencies in infection control, train-the-trainer, reporting or analysis of HAI-related data specific related to NHSN.

Activity C:

- Partial salary support and/or contractual support for activities directly relevant to implementation of the HAI prevention initiative.
- Facilitating information sharing among participating hospitals in the state, including but not limited to funding for face-to-face meetings for appropriate representatives of participating hospitals.
- Travel and related expenses (if necessary) for specialized training of new or existing staff in infection control, quality improvement implementation strategy, etc.

2. Recovery Act requires that Recovery Act funds be tracked separately from other funds. Include as part of the budget attachment a clear plan for receiving, tracking, and reporting on Recovery Act funds separately from other funding in your ELC cooperative agreement. This includes assuring Recovery Act funds are managed in separate Recovery Act-specific accounts and are not comingled with other funds in your financial system.
3. Applicants may include in the budget reasonable costs for staffing to support the increased reporting requirements.

The budget and budget justification should be included as a separate attachment and will not be counted against the narrative page limit.

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

- *Curricula Vitae* (include all CVs in one attachment)
- Organizational Chart
- Letters of Support (include all Letters of Support in one attachment)
- Indirect cost rate agreements

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

- *Curricula vitae*
- Organizational Chart
- Letters of Support
- Indirect Cost Rate Agreement

No more than five (5) appendices 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

Letter of Intent (LOI) Deadline Date: May 22, 2009

Application Deadline Date: June 26, 2009

Explanation of Deadlines: 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 LOI and application content, submission address, and deadline. It supersedes information provided in the application forms

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:

- 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.
- Reimbursement of pre-award costs is not allowed.

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

LOI Submission Address: Submit the LOI by express mail, delivery service, fax, or E-mail to:

Joni Young

CDC, NCPDCID

Mailstop A-07

1600 Clifton Rd. NE

Atlanta, GA 30333

Phone: 404-639-4000

FAX: 404-639-4043

Email: DHQPHAIARRA@cdc.gov

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate the potential review workload and plan the review.

The letter of intent is to be sent by the date listed in Section IV.3.A.

Application Submission Address:

Electronic Submission:

HHS/CDC requires ARRA applicants to submit applications electronically at www.Grants.gov. 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 7:00a.m. to 9:00p.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. Applicants may also submit a back-up paper submission of the application. Any such paper

submission must be received in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement. The paper submission must be clearly marked: "BACK-UP FOR ELECTRONIC SUBMISSION." The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

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

The application will be evaluated against the following criteria:

Operational Plan (30 Points) Is the plan adequate to carry out the proposed objectives? How complete and comprehensive is the plan for the entire funding period? Is there a clear and appropriate timeline for project implementation? Are the roles/responsibilities of all project staff and other project collaborators clearly identified? If a system other than NHSN is used, does the applicant adequately describe the system and its compatibility with NHSN? Is the evaluation plan adequate to meet the CDC, ARRA, and

OMB programmatic, fiscal, and economic impact tracking, measuring, and reporting requirements?

Capacity (20 Points) Does the applicant clearly demonstrate they have the necessary capacities to successfully implement the project and accomplish the program goals? Do they demonstrate capacity for rapid initiation of activities and expenditures? For applicants addressing Activities B or C, do they adequately demonstrate in their application their ability to fully complete all requirements of Activity A (whether requesting funding for Activity A or not) in a timely manner so that Activities B or C can be fully implemented and funds expended within the timeframe of this supplemental award (i.e., within applicant's current ELC budget and project period that expires December 31, 2011)? Do they adequately describe how proposed activities under B and/or C will be in alignment with their State HAI Prevention Plan?

Personnel and Staffing (20 Points) Do existing staff members have appropriate experience? For staff to be hired, are the position descriptions and necessary experience and background adequately described? As described, will the staff be sufficient to accomplish the program goals? Does the applicant demonstrate potential beneficial economic impact of this project by listing the specific positions/jobs that would be created or saved due to this funding?

Sustainability (20 Points) Does the applicant demonstrate a clear plan to sustain HAI prevention activities after the ARRA spending is completed?

Background, Understanding, and Need (10 Points) Does the applicant demonstrate a clear and comprehensive understanding of the underlying public health issue that this project targets? Does the applicant justify the need for this program within the target community? Does the applicant adequately describe how the work funded in this program should complement but not duplicate ongoing work in the state being funded by other HHS divisions (e.g., AHRQ)?

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored): Is the amount requested appropriate for the activities proposed? Are all costs adequately justified? Does the applicant include a clear and adequate plan for tracking/managing ARRA funds separately from other funds in their financial system?

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 CDC's National Center for Preparedness Detection and Control of Infectious Diseases (NCPDCID) 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 if the application does not meet submission requirements.

Objective review panels will evaluate, score, and rank complete and responsive applications for activities according to the criteria listed in Section V.1 Criteria above.

For purposes of reviewing, ranking, and funding selection, applications will be grouped based on the combination of Activities (A, B, or C) addressed. The objective review panels will consist of CDC employees from outside the funding division who will evaluate the technical merit of the application for the purpose of advising to the awarding official. As part of the review process, each application will:

- Receive a written Summary Statement of the findings of the Objective Review Panel.
- Receive a vote of approval or disapproval and an approval score.
- Receive a second programmatic level review by division senior staff.

In addition, the following factors may affect the funding decision:
Maintaining geographic and demographic diversity.

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

V.3. Anticipated Announcement Award Dates

August 30, 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 a hard copy mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by 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 following additional requirements apply to this project:

- AR-7 Executive Order 12372
- AR-9 Paperwork Reduction Act
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions

Additional information on the above 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

In addition, successful applicants must comply with the following ARRA-specific terms and conditions:

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. Recipient Reporting

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. See Section VI.3., below, for details on reporting requirements.

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.

Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award.

3. Buy American - Use of American Iron, Steel, and Manufactured Goods. Recipients may not use any funds 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

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)

VI.3. Reporting Requirements

Since these awards are supplemental to the existing ELC cooperative agreement, recipients should include reporting on these ARRA-funded activities in their regular annual progress and Financial Status Reports (e.g., as a separate ELC program component).

In addition, ARRA Section 1512 requires additional frequent periodic reporting specifically on the ARRA funding and activities. 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 override these following draft requirements.

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 also 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 in which these ELC ARRA supplemental awards are issued, recipients must submit quarterly reports to CDC and HHS that will be posted for public access at www.Recovery.gov. These quarterly reports must contain, at a minimum, the following information:

1. The total amount of ARRA funds under this award.
2. The amount of ARRA funds received under this award that were obligated and expended for projects and activities.
3. The amount of unobligated ARRA funds under this award.
4. A detailed list of all projects and activities for which ARRA funds under this award were obligated and expended including:
    - A. The name of the project or activity.
    - B. A description of the project or activity.
    - C. An evaluation of the completion status of the project or activity.
    - D. An estimate of the number of jobs created and the number of jobs retained by the project or activity (including ELC recipient and any sub-recipients).

E. 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.

5. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the recipient to include the data elements required to comply with the Federal Accountability and Transparency Act of 2006 (Public Law 109-282). Each sub-award of $25,000 or more must be reported on separately. All sub-awards less than $25,000 or to individuals may be reported in the aggregate. Sub-award reporting must include:

A. The name, description, and location of the entity receiving the sub-award.

B. The amount of the subaward.

C. The transaction type (sub-grant, sub-contract, consultant agmt, etc).

D. The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number.

E. Program source.

F. An award title descriptive of the purpose of each funding action..

G. The primary location of performance under the award, including the city, State, congressional district, and country.

H. A unique identifier of the entity receiving the subaward and of the parent entity of the recipient, should the entity be owned by another entity.

I. The date the sub-award was issued.

J. The term of the sub-award (start/end dates).

K. The scope/activities of the sub-award.

L. The amount of the total sub-award that has been obligated or disbursed by the sub-recipient.

M. The amount of the total sub-award that remains unobligated by the sub-recipient.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

For ELC program general technical assistance, contact:

Alvin Shultz
Division of Emerging Infections and Surveillance Services
National Center for Prevention, Detection, and Control of Infectious Diseases
Mailstop D-59
Centers for Disease Control and Prevention

Atlanta, GA 30333

Telephone: (404) 639-7028

E-mail: fcu9@cdc.gov

For technical assistance specific to this ARRA project, contact:

Joni Young

Division of Healthcare Quality Promotion

National Center for Prevention, Detection, and Control of Infectious Diseases

Mailstop A-07

Centers for Disease Control and Prevention

Atlanta, GA 30333

Telephone: (404) 639-4000

E-mail: DHQPHAIARRA@cdc.gov

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

Yolanda Sledge, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2787

E-mail: yis0@cdc.gov

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.

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.

Appendix A: Performance Measures

Accountability for public health investments by HHS 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]*

Table: Performance Measurement: Measures, Data Collection/Reporting, and Frequency

Component	Measure(s)	Data Source/Reporting	Frequency
ELC—Outputs			
Activity A — all grantees would undertake this activity: Number of states with HHS-approved HAI prevention plans and who have hired a prevention coordinator	Submission by state of state plan Approval of state's HAI plan Prevention coordinator in place	Reported by grantees in progress reports. Scored and compiled by CDC Program Official	Quarterly
Activity B — (self)selected grantees would undertake this activity: Number of new healthcare facilities participating in NHSN	% of state's hospitals participating in NHSN	Monitored by CDC via the National Health Safety Network (NHSN). No grantee reporting required.	Quarterly
Activity C — (self)selected grantees would undertake this activity: Number of new HAI collaboratives	Evidence of at least one collaborative possessing at least one of the 4 key attributes of a strong prevention	Reported by grantees in progress reports. Scored and compiled by CDC Program Official	Quarterly

Component	Measure(s)	Data Source/Reporting	Frequency
established	collaborative [per checklist] Evidence of at least one collaborative possessing all 4 key attributes of a strong prevention collaborative [per checklist]		
ELC—Outcomes			
(Increased/enhanced) Adoption of priority recommendations from CDC's HAI prevention guidelines	% of state's participating hospitals completing the CLIP practice module % of state's participating hospitals completing the MDRO practice module	Will be monitored by CDC via the National Health Safety Network (NHSN). No grantee reporting required.	Quarterly
Reduction in (targeted or selected) HAIs	% of participating hospitals that are in the lowest quartile in the 2008 NHSN for incidence of: CLABSI C diff CAUTI MRSA SSI	Will be monitored by CDC via the National Health Safety Network (NHSN). No grantee reporting required.	Quarterly