Billing Code: 4165-16

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Division of Epidemiology and Disease Prevention

Epidemiology Program for American Indian/Alaska Native Tribes

and Urban Indian Communities

*Announcement Type:* Competing Supplement

*Funding Announcement Number:* HHS-2018-IHS-EPI-0001

*Catalog of Federal Domestic Assistance Number:* 93.231

**Key Dates**

Application Deadline Date: September 12, 2018

Review Date: September 14-18, 2018

Earliest Anticipated Start Date: September 30, 2018

## I. Funding Opportunity Description

**Statutory Authority**

The Indian Health Service (IHS) Office of Public Health Support, Division of Epidemiology and Disease Prevention (DEDP), is accepting applications for cooperative agreement for competitive supplemental funds to enhance activities in the Epidemiology Program for American Indian/Alaska Native (AI/AN) Tribes and Urban Indian communities. This program is authorized under: Section 317(k)(2) of the Public Health Service Act (42 U.S.C. Section 247b(k)), as amended. Funding for this award will be provided by: the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion. The authorities will be exercised by CDC and through an Intra-Departmental Delegation of Authority (IDDA) with IHS to create a supplemental funding opportunity for Tribal Epidemiology Centers. The administration will be carried out through an Intra-agency Agreement (IAA) between CDC and IHS. This program is described in the Catalog of Federal Domestic Assistance (CFDA) under 93.231.

**Background**

The Tribal Epidemiology Center (TEC) program was authorized by Congress in 1998 as a way to provide public health support to multiple Tribes and Urban Indian communities in each of the IHS Areas. Only current TEC grantees are eligible to apply for the competing supplemental funding under this announcement and must demonstrate that they have complied with previous terms and conditions of the TEC program.

TECs are uniquely positioned within Tribes, Tribal and Urban Indian organizations to

conduct disease surveillance, research, prevention and control of disease, injury, or disability, and to assess the effectiveness of AI/AN public health programs. Positioned uniquely within Tribes and Tribal or Urban Organizations, TECs are able to conduct disease surveillance, research, prevention and control of disease, injury, or disability. This allows them to assess the effectiveness of AI/AN public health programs. In addition, they can fill gaps in data needed for the relevant Government Performance and Results Act and Healthy People 2020 measures. Some of the existing TECs have already developed innovative strategies to monitor the health status of Tribes and Urban Indian communities, including the development of Tribal health registries and use of sophisticated record linkage computer software to correct existing state data sets for racial misclassification. Tribal Epidemiology Centers work in partnership with IHS DEDP to provide a more accurate national picture of Indian health status. To further the goals of the partnership, a new CDC funding opportunity will be made available to TECs to implement cancer projects in Indian Country, designed to help decrease these disparities and lessen the burden of cancer in this population. For administrative purposes, this new funding opportunity will be packaged with the existing IHS cooperative agreements.

The mission of the CDC National Center for Chronic Disease Prevention and Health Promotion is to help people and communities prevent chronic diseases and promote health and wellness for all. Within the National Center for Chronic Disease Prevention and Health Promotion, the Division of Cancer Prevention and Control (DCPC) works

with national organizations, state and Tribal health agencies, and other key groups to develop, implement, and promote effective strategies for preventing and controlling cancer.

**Purpose**

The National Center for Chronic Disease Prevention and Health Promotion will be supporting two activities with funding from DCPC. The first, Colorectal Cancer Screening Among AI/AN with Diabetes, seeks to reduce a diabetes-linked cancer health disparity experienced by the AI/AN population. This population experiences the highest rates of diabetes in the United States. Despite the recent identification of diabetes as a significant risk factor for colorectal cancer (CRC), screening rates remain poor in the diabetic population. Consequently, there is a critical need for effective intervention that promotes both CRC risk awareness and screening among AI/ANs with diabetes.

The second National Center for Chronic Disease Prevention and Health Promotion activity, Annual Cancer Survivorship Group Leadership Training, seeks to increase cancer survivor support group leadership in AI/AN communities.

This cooperative agreement is to support the following National Center for Chronic Disease Prevention and Health Promotion activities:

a) Colorectal Cancer Screening Among AI/AN with Diabetes.

    i. Develop a culturally grounded, multilevel intervention to

communicate CRC risk and prevention information to AI/AN men and women over age 50 who have diabetes.

ii. Determine effectiveness of colorectal cancer screening through direct mailing fecal immunochemical test (FIT) kits to AI/AN patients with diabetes.

iii. Develop a plan to embed CRC control initiatives within established diabetes management systems at Indian Health Service/Tribal health facilities.

b) Annual Cancer Survivorship Leadership Training.

i. Organize and implement at least two, three-day cancer support leadership trainings for 15-25 AI/AN participants, nationally. The training will be designed to give participants a unique opportunity to work together in a safe, supportive environment to learn and practice skills to help people affected by cancer in their communities. The training will be based on the model, A Gathering of Cancer Support, using the Gathering of Native Americans (GONA) teaching methods.

**Limited Competition Justification**

The IHS enters into cooperative agreements with TECs under the authority of Section 214(a) (1) of the Indian Health Care Improvement Act, Pub. L. 94-437, as amended by Pub. L. 102-573. Tribal Epidemiology Centers carry out a list of functions specified in

statute. These functions include data collection and analysis; evaluation of existing delivery systems, data systems, and other systems that impact the improvement of Indian health; making recommendations for the targeting of services; and provision of requested technical assistance to Indian Tribes, Tribal organizations, and Urban Indian organizations [25 U.S.C. 1621m(b)]. Other organizations do not have the capacity to provide this support. With respect to access to information, TECs are treated as public health authorities for the purposes of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191). Unlike their counterparts, they have no (or little) funding from their jurisdictional governments to perform these public functions.

The IHS and the CDC have determined that the TECs provide the most effective approach to strengthen public health capacity to support Tribes, Tribal organizations, and Urban Indian organizations, in identifying relevant health status indicators and priorities using sound epidemiologic principles.

## II. Award Information

### Type of Award

Cooperative Agreement.

### Estimated Funds Available

The total amount of funding identified for the current fiscal year (FY) 2018 is

approximately $220,000. An estimated $135,000 will be awarded for the National Center for Chronic Disease Prevention and Health Promotion Colorectal Cancer Screening Among American Indians with Diabetes activities, and, a total of $85,000 will be awarded for the National Center for Chronic Disease Prevention and Health Promotion Annual Cancer Survivorship Group Leadership Trainings. Individual award amounts are anticipated to be between $85,000 and $220,000. The amount of funding available for competing and continuation awards issued under this announcement are subject to the availability of appropriations and budgetary priorities of the CDC. The IHS is under no obligation to make awards that are selected for funding under this announcement.

**Anticipated Number of Awards**

Approximately two awards will be issued under this program announcement.

**Period of Performance**

The period of performance is for three years and will run consecutively from September 30, 2018 to September 29, 2021.

**Cooperative Agreement**

Cooperative agreements awarded by the Department of Health and Human Services (HHS) are administered under the same policies as a grant. However, the funding agency (CDC) is required to have substantial programmatic involvement in the project during the entire award segment. Below is a detailed description of the level of involvement

required for both the CDC and the grantee. The CDC, per the MOU between the IHS and the CDC, will be responsible for activities listed under section A and the grantee will be responsible for activities listed under section B as stated:

**Substantial Involvement Description for Cooperative Agreement**

**A. CDC Programmatic Involvement**

1) Provide funded TECs with ongoing consultation and technical assistance to plan, implement, and evaluate each component as described under Recipient Activities. Consultation and technical assistance may include, but not be limited to, the following areas:

   i) Interpretation of current scientific literature related to epidemiology, statistics, surveillance, and other public health issues;

   ii) Technical Assistance on the design and implementation of each program component such as surveillance, epidemiologic analysis, outbreak investigation, development of epidemiologic studies, development of disease control programs, and coordination of activities; and

   iii) Technical Assistance on overall operational planning and program management.

2) Conduct routine site visits to TECs and/or coordinate TEC visits to IHS headquarters in order to assess work plans and ensure data security, confirm compliance with applicable laws and regulations, assess program activities,

and to mutually resolve problems, as needed.

**B. Grantee Cooperative Agreement Award Activities**

1) Provide a work plan to accomplish tasks described under National Center for Chronic Disease Prevention and Health Promotion Activities in the Purpose section.
2) Succinctly and independently address and report on the requirements for each funding stream awarded under Recipient Activities. Specifically:
    i) Colorectal Cancer Screening Among American Indians with Diabetes.
        (a) Submit documentation of approval for the study/project from all necessary Institutional Review Boards (IRBs) including IHS, CDC, and Tribal (if applicable) prior to initiation of any study involving human subjects.
        (b) Coordinate testing of an innovative, multilevel intervention to promote fecal immunochemical testing (FIT) among American Indian men and women of or over age 50 who have diabetes.
        (c) Coordinate testing of the intervention model for feasibility and effectiveness to be carried out by four Tribal health programs, should such programs agree to participate.
    ii) Annual Cancer Survivorship Group Leadership Training.
        (a) Work plan must include the training objectives, trainers, and the utilization of GONA training methods. The work plan must include

an outline of outreach efforts to Tribal communities across the United States, not just with the TEC's catchment area. The following should also be considered when planning the training:

- Based on a grassroots approach, an order of preference for Tribal community members attending the training would be cancer survivors, family members of cancer survivors, Tribal health care workers, and others. The selection will be further based on the intention of the attendee and their plans for use of the training in their community.
- To establish cancer support services in the Tribal community, it is suggested that two people from the same community attend the training together to assist each other in the future.
- To reach as many Tribal communities and members as possible, each training should be limited to new participants.
- Submit report describing the number of trainings that were conducted and how many participants attended each training.
- Submit registration forms of attendees and their contact information for use in updating list of previous attendees.

## III. Eligibility Information

I.

### 1. Eligibility

Only current TEC grantees are eligible to apply for the competing supplemental funding under this announcement and must demonstrate that they have complied with previous terms and conditions of the TEC program.

**Note:** Please refer to Section IV.2 (Application and Submission Information/Subsection 2, Content and Form of Application Submission) for additional proof of applicant status documents required, such as proof of non-profit status, etc.

### 2. Cost Sharing or Matching

The IHS does not require matching funds or cost sharing for grants or cooperative agreements.

### 3. Other Requirements

If application budgets exceed the highest dollar amount outlined under the **Estimated Funds Available** section within this funding announcement, the application will be considered ineligible and will not be reviewed for further consideration. If deemed ineligible, IHS will not return the application. The applicant will be notified by e-mail by the Division of Grants Management (DGM) of this decision.

## IV. Application and Submission Information

### 1. Obtaining Application Materials

The application package and detailed instructions for this announcement can be found at http://www.Grants.gov or http://www.ihs.gov/dgm/funding/.

Questions regarding the electronic application process may be directed to Mr. Paul Gettys at (301) 443-2114 or (301) 443-5204.

### 2. Content and Form Application Submission

The applicant must include the project narrative as an attachment to the application package. Mandatory documents for all applicants include:

- Table of contents.
- Abstract (one page) summarizing the project.
- Application forms:
    - SF-424, Application for Federal Assistance.
    - SF-424A, Budget Information – Non-Construction Programs.
    - SF-424B, Assurances – Non-Construction Programs.
- Budget Justification and Narrative (must be single-spaced and not exceed 5 pages).
- Project Narrative (must be single-spaced and not exceed 10 pages).
    - Background information on the organization.
    - Proposed scope of work, objectives, and activities that provide a description of what will be accomplished, including a one-page

Timeframe Chart.

- Letters of Support from organization's Board of Directors.
- 501(c)(3) Certificate (if applicable).
- Biographical sketches for all Key Personnel.
- Contractor or Consultant resumes or qualifications and scope of work.
- Disclosure of Lobbying Activities (SF-LLL).
- Certification Regarding Lobbying (GG-Lobbying Form).
- Copy of current Negotiated Indirect Cost rate (IDC) agreement (required in order to receive IDC).
- Organizational Chart (optional).
- Documentation of current Office of Management and Budget (OMB) Financial Audit (if applicable).

  Acceptable forms of documentation include:

  - E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; or
  - Face sheets from audit reports. These can be found on the FAC Web site: https://harvester.census.gov/facdissem/Main.aspx.

**Public Policy Requirements:**

All Federal-wide public policies apply to IHS grants and cooperative agreements with exception of the Discrimination policy.

**Requirements for Project and Budget Narratives**

**A. Project Narrative:** This narrative should be a separate Word document that is no longer than 10 pages and must: be single-spaced, type written, have consecutively numbered pages, use black type not smaller than 12 points, and be printed on one side only of standard size 8-1/2" x 11" paper.

Be sure to succinctly answer all questions listed under the evaluation criteria (refer to Section V.1, Evaluation criteria in this announcement) and place all responses and required information in the correct section (noted below), or they will not be considered or scored. These narratives will assist the Objective Review Committee (ORC) in becoming familiar with the applicant's activities and accomplishments prior to this possible cooperative agreement award. If the narrative exceeds the page limit, only the first 10 pages will be reviewed. The 10-page limit for the narrative does not include the work plan, standard forms, table of contents, budget, budget justifications, narratives, and/or other appendix items.

There are three parts to the narrative: Part A – Program Information; Part B – Program Planning and Evaluation; and Part C – Program Report. See below for additional details about what must be included in the narrative.
The page limitations below are for each narrative and budget submitted.

**Part A: Program Information** (3 pages)

Section 1: Introduction and need for assistance

Must include the applicant's background information, a description of epidemiological service, epidemiological capacity and history of support for such activities. Applicants need to include current public health activities, what program services are currently being provided, and interactions with other public health authorities in the region (state, local, or Tribal).

Section 2: Organizational capabilities

The applicant must describe staff capabilities or hiring plans for the key personnel with appropriate expertise in epidemiology, health sciences, and program management. The applicant must also demonstrate access to specialized expertise such as a doctoral level epidemiologist and/or a biostatistician. Applicants must include an organizational chart, and provide position descriptions and biographical sketches of key personnel including consultants or contractors. The position description should clearly describe each position and its duties. Resume should indicate that proposed staff is qualified to carry out the project activities.

Section 3: User population

The number of AI/ANs served must be substantiated by documentation describing IHS user populations, United States Census Bureau data,

clinical catchment data, or any method that is scientifically and epidemiologically valid.

**Part B: Program Planning and Evaluation** (5 pages)

Section 1: Program Plans

Applicant must include a workplan that describes program goals, objectives, activities, timeline, and responsible person for carrying out the objectives/activities. The applicant must specify which activities listed under the Grantee Cooperative Agreement Award Activities are proposed.

Section 2: Program Evaluation

Applicant must define the criteria to be used to evaluate activities listed in the workplan under the Grantee Cooperative Agreement Award Activities. They must explain the methodology that will be used to determine if the needs identified for the objectives are being met and if the outcomes identified are being achieved and describe how evaluation findings will be disseminated to stakeholders.

**Part C: Program Report** (2 pages)

Section 1: Describe your organization's significant program activities and accomplishments over the past five years associated with the goals of this announcement.

Section 2: Describe major activities over the last 24 months related to conducting applied research projects, training community health representatives, implementing quality improvement initiatives in IHS or Tribal healthcare facilities, and/or organizing cancer survivor group leadership trainings.

**B. Budget Narrative** (5 pages)

This narrative must include a line item budget with a narrative justification for all expenditures identifying reasonable allowable, allocable costs necessary to accomplish the goals and objectives as outlined in the project narrative. Budget should match the scope of work described in the project narrative.

**3. Submission Dates and Times**

Applications must be submitted electronically through Grants.gov by 11:59 p.m. Eastern Daylight Time (EDT) on the Application Deadline Date listed in the Key Dates section on page one of this announcement. Any application received after the application deadline will not be accepted for processing, nor will it be given further consideration for funding. Grants.gov will notify the applicant via e-mail if the application is rejected.

If technical challenges arise and assistance is required with the electronic

application process, contact Grants.gov Customer Support via e-mail to support@grants.gov or at (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). If problems persist, contact Mr. Gettys (Paul.Gettys@ihs.gov), DGM Grant Systems Coordinator, by telephone at (301) 443-2114 or (301) 443-5204. Please contact Mr. Gettys at least ten days prior to the application deadline. Please do not contact the DGM until you have received a Grants.gov tracking number. In the event you are not able to obtain a tracking number, call the DGM as soon as possible.

**4. Intergovernmental Review**

Executive Order 12372 requiring intergovernmental review is not applicable to this program.

**5. Funding Restrictions**

- Pre-award costs are not allowable.
- The available funds are inclusive of direct and appropriate indirect costs.
- Only one grant/cooperative agreement will be awarded per applicant.
- IHS will not acknowledge receipt of applications.

**6. Electronic Submission Requirements**

All applications must be submitted electronically. Please use the

http://www.Grants.gov Web site to submit an application electronically and select the "Search Grants" link on the homepage. Follow the instructions for submitting an application under the Package tab. Electronic copies of the application may not be submitted as attachments to e-mail messages addressed to IHS employees or offices.

**Waiver Request**

If the applicant needs to submit a paper application instead of submitting electronically through Grants.gov, a waiver must be requested. Prior approval must be requested and obtained from Mr. Robert Tarwater, Director, DGM, (see Section IV.6 below for additional information). A written waiver request must be sent to GrantsPolicy@ihs.gov with a copy to Robert.Tarwater@ihs.gov. The waiver must: 1) be documented in writing (e-mails are acceptable), **before** submitting a paper application, and 2) include clear justification for the need to deviate from the required electronic grants submission process.

Once the waiver request has been approved, the applicant will receive a confirmation of approval e-mail containing submission instructions and the mailing address to submit the application. A copy of the written approval must be submitted along with the hardcopy of the application that is mailed to DGM. Paper applications that are submitted without a copy of the signed waiver from the Director of the DGM will not be reviewed or considered for funding. The

applicant will be notified via e-mail of this decision by the Grants Management Officer of the DGM. Paper applications must be received by the DGM no later than 5:00 p.m., EDT, on the Application Deadline Date listed in the Key Dates section on page one of this announcement. Late applications will not be accepted for processing or considered for funding. Applicants that do not adhere to the timelines for System for Award Management (SAM) and/or http://www.Grants.gov registration or that fail to request timely assistance with technical issues will not be considered for a waiver to submit a paper application.

Please be aware of the following:

- Please search for the application package in http://www.Grants.gov by entering the CFDA number or the Funding Opportunity Number. Both numbers are located in the header of this announcement.
- If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: support@grants.gov or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver from the agency must be obtained.
- Applicants are strongly encouraged not to wait until the deadline date to

begin the application process through Grants.gov as the registration process for SAM and Grants.gov could take up to fifteen working days.

- Please use the optional attachment feature in Grants.gov to attach additional documentation that may be requested by the DGM.
- All applicants must comply with any page limitation requirements described in this funding announcement.
- After electronically submitting the application, the applicant will receive an automatic acknowledgment from Grants.gov that contains a Grants.gov tracking number. The DGM will download the application from Grants.gov and provide necessary copies to the appropriate agency officials. Neither the DGM nor the Division of Epidemiology and Disease Prevention will notify the applicant that the application has been received.
- E-mail applications will not be accepted under this announcement.

**Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS)**

All IHS applicants and grantee organizations are required to obtain a DUNS number and maintain an active registration in the SAM database. The DUNS number is a unique 9-digit identification number provided by D&B which uniquely identifies each entity. The DUNS number is site specific; therefore, each distinct performance site may be assigned a DUNS number. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, you

may access it through http://fedgov.dnb.com/webform, or to expedite the process, call (866) 705-5711.

All HHS recipients are required by the Federal Funding Accountability and Transparency Act of 2006, as amended ("Transparency Act"), to report information on sub-awards. Accordingly, all IHS grantees must notify potential first-tier sub-recipients that no entity may receive a first-tier sub-award unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the Transparency Act.

**System for Award Management (SAM)**

Organizations that were not registered with Central Contractor Registration and have not registered with SAM will need to obtain a DUNS number first and then access the SAM online registration through the SAM home page at https://www.sam.gov (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and SAM registration will take 3-5 business days to process. Registration with the SAM is free of charge. Applicants may register online at https://www.sam.gov.

Additional information on implementing the Transparency Act, including the specific requirements for DUNS and SAM, can be found on the IHS Grants Management, Grants Policy Web site: http://www.ihs.gov/dgm/policytopics/.

## V. Application Review Information

The instructions for preparing the application narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. The 10 page narrative should include only the first year of activities; information for multi-year projects should be included as an appendix. See "Multi-year Project Requirements" at the end of this section for more information. The narrative section should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 65 points is required for funding. Points are assigned as follows:

### 1. Criteria

#### A. Introduction and Need for Assistance (25 points)

1) Describe the applicant's current public health activities, including programs or services currently provided, interactions with other public health authorities in the regions (state, local, or Tribal) and how long

the organization has been operating. Specifically describe the organization's current capacity to conduct applied research projects, train community health representatives, implement quality improvement initiatives, and/or organize cancer survivor group leadership trainings and provide examples of implementing these activities.

2) Provide a physical location of the TEC and area to be served by the proposed program including a map (include the map in the attachments), and specifically describe the office space and how it is going to be paid for.

3) Describe the applicant's user population. The applicant must demonstrate AI/ANs will be served and must be substantiated by documentation describing IHS user populations, United States Census Bureau data, clinical catchment data, or any method that is scientifically and epidemiologically valid.

**B. Project Objective(s), Work Plan and Approach (45 points)**

1) State in measurable and realistic terms the objectives and appropriate activities to achieve each objective for the projects under the Substantial Involvement Description for Cooperative Agreement, Section B. Grantee Cooperative Agreement Award Activities located on page 8.

2) Identify the expected results, benefits, and outcomes or products to be derived from each objective of the project.
3) Include a work-plan for each objective that indicates when the objectives and major activities will be accomplished and who will conduct the activities.

**C. Program Evaluation (10 points)**

1) Define the criteria to be used to evaluate activities listed in the work-plan under the Substantial Involvement Description for Cooperative Agreement, Section B. Grantee Cooperative Agreement Award Activities located on page 8.
2) Explain the methodology that will be used to determine if the needs identified for the objectives are being met and if the outcomes identified are being achieved.
3) Describe how evaluation findings will be disseminated to stakeholders, including the Indian Health Service.

**D. Organizational Capabilities, Key Personnel and Qualifications (15 points)**

1) Explain both the management and administrative structure of the organization including documentation of current certified financial management systems from the Bureau of Indian Affairs, IHS, or a

Certified Public Accountant and an updated organizational chart (include in appendix).

2) Describe the ability of the organization to manage a program of the proposed scope.

3) Provide position descriptions and biographical sketches of key personnel, including those of consultants or contractors in the Appendix. Position descriptions should very clearly describe each position and its duties, indicating desired qualification and experience requirements related to the project. Resumes should indicate that the proposed staff is qualified to carry out the project activities. Applicants with expertise in epidemiology will receive priority.

**E. Categorical Budget and Budget Justification (5 points)**

1) The five points for Categorical Budget only applies to Year 1. Provide a line item budget and budget narrative for Year 1.

2) Provide a justification by line item in the budget including sufficient cost and other details to facilitate the determination of cost allowance and relevance of these costs to the proposed project. The funds requested should be appropriate and necessary for the scope of the project.

3) If use of consultants or contractors are proposed or anticipated, provide a detailed budget and scope of work that clearly defines the

deliverables or outcomes anticipated.

4) Applicant is encouraged to submit a line item budget and budget narrative by category for years 2-3 as an appendix to show the three-year plan of the proposal.

**Multi-Year Project Requirements**

Projects requiring a second, or third year must include a brief project narrative and budget (one additional page per year) addressing the developmental plans for each additional year of the project.

**Additional documents can be uploaded as Appendix Items in Grants.gov**

- Work plan, logic model and/or time line for proposed objectives.
- Position descriptions for key staff.
- Resumes of key staff that reflect current duties.
- Consultant or contractor proposed scope of work and letter of commitment (if applicable).
- Current Indirect Cost Agreement.
- Organizational chart.
- Map of area identifying project location(s).

- Additional documents to support narrative (i.e. data tables, key news articles, etc.).

**2. Review and Selection**

Each application will be prescreened by the DGM staff for eligibility and completeness as outlined in the funding announcement. Applications that meet the eligibility criteria shall be reviewed for merit by the ORC based on evaluation criteria in this funding announcement. The ORC could be composed of both Tribal and Federal reviewers appointed by the IHS Program to review and make recommendations on these applications. The technical review process ensures selection of quality projects in a national competition for limited funding. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be referred to the ORC. The applicant will be notified via e-mail of this decision by the Grants Management Officer of the DGM. Applicants will be notified by DGM, via e-mail, regarding minor missing components (i.e., budget narratives, audit documentation, key contact form) needed for an otherwise complete application. All missing documents must be sent to DGM on or before the due date listed in the e-mail of notification of missing documents required.

To obtain a minimum score for funding by the ORC, applicants must address all program requirements and provide all required documentation.

## VI. Award Administration Information

### 1. Award Notices

The Notice of Award (NoA) is a legally binding document signed by the Grants Management Officer and serves as the official notification of the grant award. The NoA will be initiated by the DGM in our grant system, GrantSolutions (https://www.grantsolutions.gov). Each entity that is approved for funding under this announcement will need to request or have a user account in GrantSolutions in order to retrieve their NoA. The NoA is the authorizing document for which funds are dispersed to the approved entities and reflects the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget and project period.

**Disapproved Applicants**

Applicants who received a score less than the recommended funding level for approval, 65, and were deemed to be disapproved by the ORC, will receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC outlining the strengths and weaknesses of their application. The summary statement will be sent to the Authorized Organizational Representative that is identified on the face page (SF-424) of the application. The IHS program office will also provide additional contact information as needed to address questions and concerns as well as provide

technical assistance if desired.

**Approved But Unfunded Applicants**

Approved but unfunded applicants that met the minimum scoring range and were deemed by the ORC to be "Approved," but were not funded due to lack of funding, will have their applications retained by DGM for a period of one year. If additional funding becomes available during the course of FY 2018 the approved but unfunded application may be re-considered by the awarding program office for possible funding. The applicant will also receive an Executive Summary Statement from the IHS program office within 30 days of the conclusion of the ORC.

**Note:** Any correspondence other than the official NoA signed by an IHS grants management official announcing to the project director that an award has been made to their organization is not an authorization to implement their program on behalf of IHS.

**2. Administrative Requirements**

Cooperative agreements are administered in accordance with the following regulations and policies:

**A.** The criteria as outlined in this program announcement.

**B.** Administrative Regulations for Grants:

- Uniform Administrative Requirements for HHS Awards, located at 45 CFR Part 75.

**C.** Grants Policy:

- HHS Grants Policy Statement, Revised 01/07.

**D.** Cost Principles:

- Uniform Administrative Requirements for HHS Awards, "Cost Principles," located at 45 CFR Part 75, Subpart E.

**E.** Audit Requirements:

- Uniform Administrative Requirements for HHS Awards, "Audit Requirements," located at 45 CFR Part 75, Subpart F.

### 3. Indirect Costs

This section applies to all grant recipients that request reimbursement of indirect costs (IDC) in their grant application. In accordance with HHS Grants Policy Statement, Part II-27, IHS requires applicants to obtain a current IDC rate agreement prior to award. The rate agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate covers the applicable grant activities under the current award's budget period. If the current rate is not on file with the DGM at the time of award, the IDC portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to the DGM.

Generally, IDC rates for IHS grantees are negotiated with the Division of Cost Allocation (DCA) https://rates.psc.gov/ and the Department of Interior (Interior Business Center) https://www.doi.gov/ibc/services/finance/indirect-Cost-Services/indian-tribes. For questions regarding the indirect cost policy, please call the Grants Management Specialist listed under "Agency Contacts" or the main DGM office at (301) 443-5204.

**4. Reporting Requirements**

The grantee must submit required reports consistent with the applicable deadlines. Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: 1) the imposition of special award provisions; and 2) the non-funding or non-award of other eligible projects or activities. This requirement applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports. Per DGM policy, all reports are required to be submitted electronically by attaching them as a "Grant Note" in GrantSolutions. Personnel responsible for submitting reports will be required to obtain a login and password for GrantSolutions. Please see the Agency Contacts list in Section VII for the systems contact information.

The reporting requirements for this program are noted below.

**A. Progress Reports**

Program progress reports are required annually, within 30 days after the budget period ends. These reports must include a brief comparison of actual accomplishments to the goals established for the period, a summary of progress to date or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. A final report must be submitted within 90 days of the expiration of the period of performance.

**B. Financial Reports**

Federal Financial Report (FFR or SF-425), Cash Transaction Reports are due 30 days after the close of every calendar quarter to the Payment Management Services, HHS at https://pms.psc.gov. It is recommended that the applicant also send a copy of the FFR (SF-425) report to the Grants Management Specialist. Failure to submit timely reports may cause a disruption in timely payments to the organization.

Grantees are responsible and accountable for accurate information being reported on all required reports: the Progress Reports and Federal Financial Report.

## C. Federal Sub-award Reporting System (FSRS)

This award may be subject to the Transparency Act sub-award and executive compensation reporting requirements of 2 CFR Part 170.

The Transparency Act requires the OMB to establish a single searchable database, accessible to the public, with information on financial assistance awards made by Federal agencies. The Transparency Act also includes a requirement for recipients of Federal grants to report information about first-tier sub-awards and executive compensation under Federal assistance awards.

IHS has implemented a Term of Award into all IHS Standard Terms and Conditions, NoAs and funding announcements regarding the FSRS reporting requirement. This IHS Term of Award is applicable to all IHS grant and cooperative agreements issued on or after October 1, 2010, with a $25,000 sub-award obligation dollar threshold met for any specific reporting period. Additionally, all new (discretionary) IHS awards (where the period of performance is made up of more than one budget period) and where: 1) the period of performance start date was October 1, 2010 or after, and 2) the primary awardee will have a $25,000 sub-award obligation dollar threshold during any specific reporting period will be required to address the FSRS

reporting.

For the full IHS award term implementing this requirement and additional award applicability information, visit the DGM Grants Policy Web site at http://www.ihs.gov/dgm/policytopics/.

**D. Compliance with Executive Order 13166 Implementation of Services Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements**

Recipients of Federal financial assistance (FFA) from HHS must administer their programs in compliance with Federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-VI/.

The HHS Office for Civil Rights (OCR) also provides guidance on complying with civil rights laws enforced by HHS. Please see http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html; and http://www.hhs.gov/civil-rights/index.html. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/civil-rights/for-individuals/disability/index.html. Please contact the HHS OCR for more information about obligations and prohibitions under Federal civil rights laws at https://www.hhs.gov/ocr/about-us/contact-us/index.html or call (800) 368-1019 or TDD (800) 537-7697. Also note it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

Pursuant to 45 CFR 80.3(d), an individual shall not be deemed subjected to discrimination by reason of his or her exclusion from benefits limited by Federal law to individuals eligible for benefits and services from the IHS.

Recipients will be required to sign the HHS-690 Assurance of Compliance form which can be obtained from the following Web site: http://www.hhs.gov/sites/default/files/forms/hhs-690.pdf, and send it directly to the:

U.S. Department of Health and Human Services

Office of Civil Rights

200 Independence Ave., S.W.

Washington, DC 20201

## E. Federal Awardee Performance and Integrity Information System (FAPIIS)

The IHS is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS) before making any award in excess of the simplified acquisition threshold (currently $150,000) over the period of performance. An applicant may review and comment on any information about itself that a Federal awarding agency previously entered. IHS will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants as described in 45 CFR 75.205.

As required by 45 CFR part 75 Appendix XII of the Uniform Guidance, non-federal entities (NFEs) are required to disclose in FAPIIS any information about criminal, civil, and administrative proceedings, and/or affirm that there is no new information to provide. This applies to NFEs that receive Federal awards (currently active grants, cooperative agreements, and procurement contracts) greater than $10,000,000 for any period of time during the period of performance of an award/project.

**Mandatory Disclosure Requirements**

As required by 2 CFR Part 200 of the Uniform Guidance, and the HHS implementing regulations at 45 CFR Part 75, effective January 1, 2016, the IHS must require a non-Federal entity or an applicant for a Federal award to disclose, in a timely manner, in writing to the IHS or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.

**Submission is required for all applicants and recipients, in writing, to the IHS and to the HHS Office of Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award**. **45 CFR 75.113.**

Disclosures must be sent in writing to:

U.S. Department of Health and Human Services

Indian Health Service

Division of Grants Management

ATTN: Robert Tarwater, Director

5600 Fishers Lane, Mail Stop: 09E70

Rockville, MD 20857

(Include "Mandatory Grant Disclosures" in subject line)

Office: (301) 443-5204

Fax: (301) 594-0899

E-mail: Robert.Tarwater@ihs.gov

**AND**

U.S. Department of Health and Human Services

Office of Inspector General

ATTN: Mandatory Grant Disclosures, Intake Coordinator

330 Independence Avenue, SW, Cohen Building

Room 5527

Washington, DC 20201

URL: http://oig.hhs.gov/fraud/report-fraud/index.asp

(Include "Mandatory Grant Disclosures" in subject line)

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

## VII. Agency Contacts

1. Questions on the programmatic issues may be directed to:

   Lisa C. Neel, Public Health Advisor

   Office of Public Health Support

   Division of Epidemiology & Disease Prevention, Indian Health Service

   5600 Fishers Lane, Mailstop: 09E17B

   Rockville, MD 20857

   Phone: (301) 443-4305, E-Mail: Lisa.Neel@ihs.gov

2. Questions on grants management and fiscal matters may be directed to:

   John Hoffman, Senior Grants Management Specialist

5600 Fishers Lane, Mail Stop: 09E70

Rockville, MD 20857

Phone: (301) 443-2116

Fax: (301) 594-0899

E-mail: John.Hoffman@ihs.gov

3. Questions on systems matters may be directed to:

Paul Gettys, Grant Systems Coordinator

5600 Fishers Lane, Mail Stop: 09E70

Rockville, MD 20857

Phone: (301) 443-2114; or the DGM main line (301) 443-5204

Fax: (301) 594-0899

E-Mail: Paul.Gettys@ihs.gov

## VIII. Other Information

The Public Health Service strongly encourages all cooperative agreement and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

Dated: August 10, 2018.

Michael D. Weahkee
RADM , Assistant Surgeon General, U.S. Public Health Service,
Acting Director, Indian Health Service.

[FR Doc. 2018-17564 Filed: 8/14/2018 8:45 am; Publication Date: 8/15/2018]