

## TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

| Information collection | Type of respondent and hours for each | Number of respondents | Number of responses per respondent | Average burden per response (hours) | Total burden hours |
|------------------------|---------------------------------------|-----------------------|------------------------------------|-------------------------------------|--------------------|
| (f) .....              | Technical (4) .....                   | 63                    | 1                                  | 8                                   | 504                |
|                        | Legal (2) .....                       |                       |                                    |                                     |                    |
|                        | Management (2) .....                  |                       |                                    |                                     |                    |
| (g) .....              | Administrative (8) .....              | 63                    | 3                                  | 8 (24)                              | 1512               |
| (h) .....              | Administrative (2) .....              | 63                    | 3                                  | 3 (9)                               | 567                |
|                        | Management (1) .....                  |                       |                                    |                                     |                    |
| (i) .....              | Technical (4) .....                   | 63                    | 3                                  | 8 (24)                              | 1512               |
|                        | Legal (2) .....                       |                       |                                    |                                     |                    |
|                        | Management (2) .....                  |                       |                                    |                                     |                    |
| Total ....             | .....                                 | 63                    | 19                                 | 83 (173)                            | 10,899             |

OS specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Terry S. Clark,**

*Asst. Information Collection Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

[Funding Announcement Number: HHS-2017-IHS-IPP-0001]

### Injury Prevention Program Announcement; New Cooperative Agreement

Catalog of Federal Domestic Assistance Number: 93.284

#### Key Dates

*Application Deadline Date:* February 26, 2017.

*Review Date:* March 21-24, 2017.

*Earliest Anticipated Start Date:* April 15, 2017.

*Signed Tribal Resolutions Due Date:* February 26, 2017.

*Proof of Non-Profit Status Due Date:* February 26, 2017.

#### I. Funding Opportunity Description

##### Statutory Authority

The Indian Health Service (IHS), Division of Environmental Health Services is accepting competitive cooperative agreement (CA) applications

for the Injury Prevention Program (IPP) for American Indians and Alaska Natives (AI/AN). The program is authorized under 25 U.S.C. 13, Snyder Act, and 42 U.S.C., Section 301(a), Public Health Service Act, as amended. This program is described in the Catalog of Federal Domestic Assistance under 93.284.

##### Background

Injuries are the single leading cause of death for AI/AN between the ages of 1 and 44 years. (Indian Health Focus: Injuries 2015 Edition, IHS, Division of Program Statistics). Depending on the type of injury, AI/AN experience injury mortality rates that are 2.5 to 8.7 times higher than the U.S. all races rates. This funding opportunity was developed by the IHS IPP to address the disparity in injury rates by encouraging Tribes to implement injury prevention projects based on evidence-based, effective strategies.

Injury prevention evidence-based, effective strategies are prevention methods that have been scientifically proven to prevent injuries. Injury prevention programs and projects are most effective when based on these model practices. Though not repeatedly scientifically proven to be effective, the use of promising and innovative injury prevention strategies is also recommended. For more information on evidence-based injury prevention resources see: <http://www.healthy.ohio.gov/vipp/evidence/ebresource.aspx>.

Comprehensive injury prevention programs use a public health approach to employ strategies that address education, policy development with enforcement, and environmental modifications. Programs use various combinations of effective strategies to ensure they are effective and sustainable. A single focus with only education is not an effective strategy.

The IHS IPP priorities are prevention of (1) motor vehicle crash related injuries; and (2) unintentional fall injuries. For AI/AN, motor vehicle-related injuries and deaths are the leading cause of disability, years of potential life lost, and medical and societal costs. Unintentional elder fall-related injuries are a leading cause of hospitalizations in AI/AN communities. Among older adults, falls are the leading cause of both fatal and nonfatal injuries (<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>).

##### Purpose

The purpose of this IHS cooperative agreement is to promote the capability of Tribes, Indian organizations and urban Indian organizations to build and maintain sustainable, effective injury prevention programs:

(a) Increase the understanding of the injury problem by Tribes/Indian organizations/urban Indian organizations;

(b) promote Tribal capacity to implement effective strategies to prevent injuries in Tribal communities; and

(c) to improve the quality of life of AI/AN people.

This cooperative agreement opportunity is available to any applicant that does not have a current IHS injury prevention cooperative agreement. There is no IHS user population requirement.

Applicants will only be issued one award: Part II-IPP Effective Strategy Project. Applications should be sure to respond to the appropriate "Criteria" under Section V-Application Review Information.

#### II. Award Information

##### Type of Award

Cooperative Agreement.

### Estimated Funds Available

The total amount of funding identified for the current fiscal year (FY) 2017 is approximately \$375,000. Individual award amounts are anticipated from \$10,000 to \$25,000 for three years. The amount of funding available for awards issued under this announcement is subject to the availability of appropriations and budgetary priorities of the Agency. The IHS is under no obligation to make awards that are selected for funding under this announcement.

### Anticipated Number of Awards

Approximately fifteen awards will be issued under this program announcement.

### Project Period

The project period will be three years and will run consecutively from April 15, 2017 to April 14, 2020.

### 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 (IHS) 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 IHS and the grantee. IHS 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. IHS Programmatic Involvement

The IHS IPP substantial involvement includes providing technical assistance to the Tribal Injury Prevention Coordinators in program planning, implementation, and evaluation. IHS will assign an IHS IPP Specialist or designee to serve as the local project officer. Responsibilities of the IHS local project officers are described below:

- (1) Provide guidance to the grantee involving strategy, injury data (collection, analysis, reporting, and interpretation of findings), use of public information materials, quality assurance, coordination of activities, training, reports, budget and evaluation.
- (2) Review continuation applications and recommend approval or disapproval.

Technical assistance will also include the following:

- (1) Schedule bi-annual conference calls for technical assistance.
- (2) Assist grantee in writing progress reports.

- (3) Disseminate injury prevention best practices guidance.

- (4) Provide training to grantees.

#### B. Grantee Cooperative Agreement Award Activities

Responsibilities of the grantee are described below:

- (1) Work in partnership with the IHS in decisions involving strategy, injury data (collection, analysis, reporting), use of public information materials, quality assurance, coordination of activities, training, reports, budget and evaluation.

- (2) Provide a logic model plan for the Part II effective strategies project. The logic model will address the stages of the project development implementation and evaluation with proposed timeline.

- (3) Develop culturally-competent, project-related information to educate and empower communities to take action in injury prevention.

- (4) Develop a project evaluation plan with baseline data, timeline and outcome measures.

- (5) Participate in IHS conference calls and webinars.

### III. Eligibility Information

#### 1. Eligibility

To be eligible for this "New/Competing Continuation Announcement" under this announcement, an applicant be one of the following as defined by 25 U.S.C. 1603:

- A Federally-recognized Indian Tribe 25 U.S.C. 1603(14); operating an Indian health program operated pursuant to a contract, grant, cooperative agreement, or compact with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), (Pub. L. 93–638).

- A Tribal organization 25 U.S.C. 1603(26); operating an Indian health program operated pursuant to as contract, grant, cooperative agreement, or compact with the IHS pursuant to the ISDEAA, (Pub. L. 93–638).

- An Urban Indian organization as defined by 25 U.S.C. 1603(29). Operating a Title V urban Indian health program that currently has a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act, (Pub. L. 93–437). Applicants must provide proof of non-profit status with the application, e.g. 501(c)(3).

**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 Tribal resolutions, 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 email by the Division of Grants Management of this decision.

#### Tribal Resolution

An Indian Tribe or Tribal organization that is proposing a project affecting another Indian Tribe must include *resolutions from all affected Tribes to be served*. Applications by Tribal organizations will not require a specific Tribal resolution if the current Tribal resolution(s) under which they operate would encompass the proposed grant activities.

An official signed Tribal resolution must be received by the DGM prior to a Notice of Award being issued to any applicant selected for funding. However, if an official signed Tribal resolution cannot be submitted with the electronic application submission prior to the official application deadline date, a draft Tribal resolution must be submitted by the deadline in order for the application to be considered complete and eligible for review. The draft Tribal resolution is not in lieu of the required signed resolution, but is acceptable until a signed resolution is received. If an official signed Tribal resolution is not received by DGM when funding decisions are made, then a Notice of Award will not be issued to that applicant and they will not receive any IHS funds until such time as they have submitted a signed resolution to the Grants Management Specialist listed in this Funding Announcement.

#### Proof of Non-Profit Status

Organizations claiming non-profit status must submit proof. A copy of the 501(c)(3) Certificate must be received with the application submission by the Application Deadline Date listed under the Key Dates section on page one of this announcement.

An applicant submitting any of the above additional documentation after the initial application submission due date is required to ensure the information was received by the IHS DGM by obtaining documentation

confirming delivery (*i.e.*, FedEx tracking, postal return receipt, etc.).

#### 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 <https://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 five pages).
  - Project Narrative (must be single spaced and not exceed 15 pages).
  - Background information on the Tribe or organization.
  - Proposed scope of work, objectives, and activities that provide a description of what will be accomplished, including a one-page Timeframe Chart.
  - Tribal Resolution(s).
  - Letter of Support from Organization's Board of Directors.
  - 501(c)(3) Certificate (if applicable).
  - Biographical sketches for all Key Personnel.
  - Contractor/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) A-133 required Financial Audit (if applicable).
- Acceptable forms of documentation include:
- Email 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: <http://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 15 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 8½" x 11" paper.

Be sure to succinctly address and 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 shall not be considered or scored. These narratives will assist the Objective Review Committee (ORC) in becoming more familiar with the applicant's activities and accomplishments prior to this cooperative agreement award. If the narrative exceeds the page limit, only the first 15 pages will be reviewed. The 15 page limit for the narrative does not include the work plan, standard forms, Tribal resolutions, 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 (Page Limitation—2)

###### Section 1: Needs

Describe nature and extent of the injury problem of the Tribe, Indian organization or urban Indian organization. Describe the public health approach to address the injury problem.

##### Part B: Program Planning and Evaluation (Page Limitation—8)

###### Section 1: Program Plans

Succinctly describe how the Tribe, Indian organization or urban Indian organization plans to address the injury problems utilizing effective strategies, best, or promising practices.

###### Section 2: Program Evaluation

Describe fully and clearly how the proposed interventions will impact in

minimizing or reducing severe injuries in Tribal communities. Identify anticipated or expected benefits for the Tribal constituency.

##### Part C: Program Report (Page Limitation—5)

*Section 1*: Describe major accomplishments over the last 24 months. Identify and describe significant program achievements associated with injury prevention initiatives. Provide the accomplishments of the goals established for the time frame, or if applicable, provide justification for the lack of progress.

*Section 2*: Describe major activities over the last 24 months. Provide an overview of significant injury prevention program activities associated with in reduction of severe injuries over the past 24 months. This section should address significant program activities including those related to the accomplishments listed in the previous section.

##### B. Budget Narrative (Page Limitation—5)

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 Standard Time (EST) 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 email if the application is rejected.

If technical challenges arise and assistance is required with the electronic application process, contact *Grants.gov* Customer Support via email to [support@grants.gov](mailto: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](mailto:Paul.Gettys@ihs.gov)), DGM Grant Systems Coordinator, by telephone at (301) 443-2114 or (301) 443-5204. Please be sure to 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 "Find Grant Opportunities" link on the homepage. Download a copy of the application package, complete it offline, and then upload and submit the completed application via the <http://www.Grants.gov> Web site. Electronic copies of the application may not be submitted as attachments to email messages addressed to IHS employees or offices.

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](mailto:GrantsPolicy@ihs.gov) with a copy to [Robert.Tarwater@ihs.gov](mailto:Robert.Tarwater@ihs.gov). The waiver must (1) be documented in writing (emails 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 email 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 email 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., EST, 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](mailto: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 IHS IPP will notify the applicant that the application has been received.
- Email 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: <https://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 fifteen 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 60 points is required for funding. Points are assigned as follows:

### 1. Criteria

#### A. Introduction and Need for Assistance (20 Points)

Describe the need for funding and the injury problem using local IHS, state, or national injury data in the community or target area.

Describe the Tribe's/Tribal organization's support for the proposed Injury Prevention Part II effective strategy project.

Describe the population to be served by the proposed project (no minimum population requirement).

#### B. Project Objectives(s), Work Plan and Approach (40 Points)

Goals and objectives must be clear and concise. Each objective must be measurable, feasible and attainable to accomplish during the 3 year project period utilizing the SMART (Specific, Measurable, Attainable, Realistic, Time specific) program objectives.

SMART Objective examples:

- Child safety car seat use will be increased from 10% to 50% at Bobcat community by August 1, 2020.
- Implement on-going Tai Chi classes once a week at Lower Red Rock community for ages 55+ by August 1, 2020.

Effective strategies must be incorporated in each project and should be based on effectiveness, economic efficiency and feasibility of the project. Provide a description of the extent to which proposed projects are an effective strategy based on a documented need in the target communities.

**Coalition/Collaboration:** Describe how the Tribe or urban community, the IHS and other organizations will collaborate on the project or conduct related activities. Provide a description of the roles of Tribal involvement, organization, or agency and evidence of coordination, supervision, and degree of commitment (e.g., time, in-kind, financial) of staff, organizations, and agencies involved in activities.

#### C. Program Evaluation (20 Points)

Describe how and when the project will be evaluated for program process, effectiveness, and impact. This includes, but is not limited to, what data will be collected to evaluate the success of the proposed program objectives.

#### D. Organizational Capabilities, Key Personnel and Qualifications (10 Points)

A description of the roles of the Project Director in activities during the 3 year project(s) (e.g., time in-kind, financial). Provide the organizational structure (chart). Describe coalition or collaboration activities of the Tribe or urban Tribal program.

#### E. Categorical Budget and Budget Justification (10 Points)

Projects must include a project narrative, 3 year categorical budget, and budget justification for each year of funding requested. If indirect costs are claimed, indicate and apply the current negotiated rate to the budget.

#### Multi-Year Project Requirements

Projects requiring a second and 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 email of this decision by the Grants Management Officer of the DGM. Applicants will be notified by

DGM, via email, to outline 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 email 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/project period.

### Disapproved Applicants

Applicants who received a score less than the recommended funding level for approval, 60, 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 held by DGM for a period of one year. If additional funding becomes available during the course of FY 2017, 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, policies, and OMB cost principles:

A. The criteria as outlined in this Program Announcement.

B. Administrative Regulations for Grants:

- Uniform Administrative Requirements 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 semi-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 expiration of the budget/project period.

### B. Financial Reports

Federal Financial Report FFR (SF-425), Cash Transaction Reports are due 30 days after the close of every calendar quarter to the Payment Management Services, HHS at: <http://www.dpm.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 Subaward Reporting System (FSRS)

This award may be subject to the Transparency Act subaward 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 subaward obligation dollar threshold met for any specific reporting period. Additionally, all new (discretionary) IHS awards (where the project period is made up of more than one budget period) and where: (1) The project period start date was October 1, 2010 or after and (2) the primary awardee will have a \$25,000 subaward 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: <https://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 <http://www.hhs.gov/ocr/about-us/contact-us/headquarters-and-regional-addresses/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697. 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 <http://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/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. SW., Washington, DC 20201.

#### F. 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, Maryland 20857, (Include "Mandatory Grant Disclosures" in subject line). Office: (301) 443-5204, Fax: (301) 594-0899, Email: [Robert.Tarwater@ihs.gov](mailto: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](mailto: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: Ms. Nancy Bill, Program Manager, Injury Prevention Program, IHS, 5600 Fishers Lane, Mailstop 10N14-C, Rockville, MD 20857, Phone: (301) 443-0105, Fax: (301) 443-7538, E-Mail: [Nancy.Bill@ihs.gov](mailto:Nancy.Bill@ihs.gov).

2. Questions on grants management and fiscal matters may be directed to: Andrew Diggs, Senior Grant Management Specialist, Division of Grants Management, Indian Health Service, 5600 Fishers Lane, Mailstop 09E70, Rockville, MD 20857. Phone: (301) 443-2241; or the DGM main line (301) 443-5204, Fax: (301) 443-0899, E-Mail: [Andrew.Diggs@ihs.gov](mailto:Andrew.Diggs@ihs.gov).

3. Questions on systems matters may be directed to: Paul Gettys, Grant Systems Coordinator, 5600 Fishers Lane, Mailstop: 09E70, Rockville, MD 20857. Phone: (301) 443-2114; or the DGM main line (301) 443-5204, Fax: (301) 443-0899, [Paul.Gettys@ihs.gov](mailto: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: January 13, 2017.

**Mary Smith,**

*Principal Deputy Director, Indian Health Service.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.