CDC-RFA-OE22-2203
Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems
Department of Health and Human Services
Centers for Disease Control - CSELS

GENERAL INFORMATION

Document Type:	Grants Notice
Funding Opportunity Number:	CDC-RFA-OE22-2203
Funding Opportunity Title:	Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems
Opportunity Category:	Discretionary
Opportunity Category Explanation:	
Funding Instrument Type:	Grant
Category of Funding Activity:	Health
Category Explanation:	
Expected Number of Awards:	116
CFDA Number(s):	93.967 -- CDC's Collaboration with Academia to Strengthen Public Health
Cost Sharing or Matching Requirement:	No

Version:	Synopsis 1
Posted Date:	Jun 16, 2022
Last Updated Date:	Jun 16, 2022
Original Closing Date for Applications:	Aug 15, 2022 Electronically submitted applications must be submitted no later than 11:59 pm ET on the listed application due date.
Current Closing Date for Applications:	Aug 15, 2022 Electronically submitted applications must be submitted no later than 11:59 pm ET on the listed application due date.
Archive Date:	Aug 17, 2022
Estimated Total Program Funding:	$3,945,000,000
Award Ceiling:	$161,600,000
Award Floor:	$2,925,000

ELIGIBILITY

Eligible Applicants:	Others (see text field entitled "Additional Information on Eligibility" for clarification) Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility" City or township governments Special district governments County governments State governments
Additional Information on Eligibility:	Component A: Strengthening the Public Health Infrastructure 00 (State governments) 01 (County governments) 02 (City or township governments) 04 (Special district governments) 25 (Others (see text field entitled "Additional Information on Eligibility" for clarification)) Government Organizations: State governments or their bona fide agents (includes the District of Columbia) Local governments or their bona fide agents, Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on expediting the federal grant process with an administrative partner at https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2 Public health agencies that serve across a U.S. state, freely-associated state, or territory are eligible to apply. Countywide or citywide public health agencies or their bona fide agents are eligible if they serve a county population of 2,000,000 or more or serve a city population of 400,000 or more. Component B: Technical Assistance for Component A Open Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2. Additional Eligibility Information for Component A: Strengthening the Public Health Infrastructure Strategy A1 and Component B are open to entities eligible under 317(k)(2) (States, political subdivisions of States, and other public and nonprofit private entities). Strategies A2 and A3 are intended for states, political subdivisions of states, and other public entities as specified in section 317(a) of the Public Health Services Act (42 USC: 247(b)). It targets public health organizations that serve state, local, and territorial populations and are constitutionally empowered to protect the health and welfare of their respective communities, through comprehensive public health infrastructure, programs, and services. To demonstrate existing capacity to provide comprehensive public health services, applicants must submit documentation that indicates the applicant has legal authority to make hiring decisions on behalf of the public health agency in their jurisdiction. Documentation could include a signed letter from the public health agency leadership or their designee on organizational letterhead. If these documents are not submitted, the application will be considered non-responsive and will receive no further review. Local government's public health agency or their bona fide agents must: Serve a county population of 2 million or more or serve a city population of 400,000 or more. Populations for county and city jurisdictions are based on the following 2020 U.S. Census resources: Counties: https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-counties-total.html Cities: https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-cities-and-towns-total.html Applicants must submit documentation that provides the accurate population size served by the public health authority based on the 2020 U.S. Census. Sources may be updated as census data change over time. Documentation could include a signed letter from the pubic health agency leadership or their designee on organizational letterhead stating the population size served. If this documentation is not submitted, the application will be considered non-responsive and will receive no further review. Component B: Technical Assistance for Component A No additional information.

ADDITIONAL INFORMATION

Agency Name: Centers for Disease Control - CSELS

Description:

The COVID-19 pandemic has emphasized the critical importance of a robust public health system. The pandemic also accentuated long-standing weaknesses and created new challenges to the U.S. public health infrastructure. Public health departments and other public health partners need to continue their work to respond to COVID-19 and prepare for other public health emergencies that arise in the future. Moreover, COVID-19 has affected nearly every aspect of healthcare and public health, laying bare disparities and gaps in some conditions and worsening others. Public health agencies need the capacity to regain their footing in these areas and then accelerate their efforts.

This funding is a first of its kind, non-categorical and cross-cutting programs, intended to help meet critical infrastructure and workforce needs in the short-term; and it should also make possible strategic investments that will have lasting effects on public health agencies across the United States. To that end, it will support strategically strengthening public health capacity and systems related to the workforce, foundational capabilities, data modernization, physical infrastructure and support from national public health partners. Component A of the grant may focus on public health infrastructure (i.e., workforce, foundational capabilities, data modernization, and physical infrastructure) while Component B may focus on how National Public Health Partners can provide technical assistance and evaluation support to Component A recipients.

In the workforce area, infrastructure needs include adding new staff, retaining existing staff, better addressing staff wellness, providing more and better training and professional development opportunities, and improving systems and capacity related to workforce development and management. Maximum flexibility will be provided to the recipients to contract with any organization deemed appropriate to accomplish the goal of expanding the public health workforce in jurisdictions. There will be no restrictions on the types of positions that can be hired. Investments and improvements to data systems (I.e., Data Modernization Initiative) will serve to improve efficiency and effectiveness of those organizations' operations and public health work, including their ability to partner in a complex health and health care environment.

Similarly, other investments and improvements to foundational capabilities, including physical infrastructure, will help modernize public health agencies and position them to be even better service providers and partners. These outcomes will lead to public health services being expanded, improved, and accelerated, and in turn public health outcomes including COVID-19 will be better addressed. The cornerstone of all this work will be demonstrating and improving the health department's ability to advance health equity and address health disparities for populations at higher risk and in medically underserved communities.

Across areas, this should be part of a transformation of public health agencies needed to meet the evolving and complex needs of the U.S. population. This transformation will not only involve improvements and changes to public health internal systems and operations; it will also involve repositioning public health entities within the larger health and health care systems in which they operate. This will necessarily involve creating and strengthening partnerships at all levels. This program will also help to address the historic underinvestment in communities that are economically or socially marginalized, rural communities, and communities with people from racial and ethnic minority groups. This program also should support larger efforts to rebalance these investments and serve communities and populations that deserve more and better public health services.

	Some parts referred to as strategies in this NOFO may be approved but unfunded (ABU) contingent upon the availability of funding and stipulations of appropriations. All recipients will receive workforce funding under Component A and recipients of Component B will also be funded. All awards are subject to availability of funds.
Link to Additional Information:	See Related Documents
Grantor Contact Information:	If you have difficulty accessing the full announcement electronically, please contact: Jonathan Carlson PHInfrastructure@cdc.gov PHInfrastructure@cdc.gov