

address: <http://www.cdc.gov/od/pgo/forminfo.htm>.

If you do not have access to the Internet, or if you have difficulty accessing the forms on-line, you may contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) at: 770-488-2700. Application forms can be mailed to you.

Submission Date, Time, and Address

The application must be received by 4 p.m. Eastern Time July 7, 2003. Submit the application(s) to: Technical Information Management-PA#03099, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146.

Applications may not be submitted electronically.

CDC Acknowledgment of Application Receipt

A postcard will be mailed by PGO-TIM, notifying you that CDC has received your application.

Deadline

Letters of intent and applications will be considered as meeting the deadline if they are received before 4 p.m. Eastern Time on the deadline date. Any applicant who sends their application by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If an application is received after closing due to (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, CDC will upon receipt of proper documentation, consider the application as having been received by the deadline.

Any application that does not meet the above criteria will not be eligible for competition and will be discarded. The applicant will be notified of their failure to meet the submission requirements.

H. Evaluation Criteria

Application

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goal as stated in purpose section of this announcement. Measures must be objective and quantitative and must measure the intended outcome. These measures of effectiveness must be submitted with the application and will be an element of evaluation.

An independent review group appointed by CDC will evaluate each application against the following criteria:

1. Objectives and Technical Approach (45 points)

a. Extent to which the applicant describes objectives of the proposed activities which are (1) consistent with the purpose and goal of this cooperative agreement, (2) measurable and time-phased and (3) consistent with published CDC guidelines on prevention and control of hepatitis A, B, and C (see cited references in Attachment II).

b. Extent and quality of detailed plan proposed for designing, implementing, and evaluating the activities, which clearly and appropriately addresses all "Recipient Activities" in the application, and are appropriate and adequate to accomplish the objectives. These activities will be scored in four categories as follows:

(1) Methodologies used in the development of the activity. Methodologies should be based on established learning theories such as, but not limited to, adult learning theory, social learning theory, and/or behavioral change theory that include the health belief model and stages of change. The established objectives must be measurable and meet the broad goals of the application.

(2) The planning and development process. The process should include formative evaluation (e.g., needs assessment) that clearly shows the need and structure of the plan for the specific educational activity.

(3) Implementation of educational activities. A complete description of implementation methodology should be included that describes the process evaluation throughout the implementation phase. Process evaluation during the development of the activity should directly address the planned activity and should be conducted (a) to assure that the educational activity is being implemented as intended and (b) to determine if the educational activity needs to be modified to better address the educational needs of the target population as outlined in the objectives.

(4) The expected outcome. Impact evaluation should be assessed to determine if the objectives (e.g., change in KAPs) were met as a result of implementing the activity. A description of the standards (e.g., scientific, historical, normative) to which the results will be compared should be included. Outcome evaluation should contain an

assessment of the resultant policy changes or organizational practices (e.g., extended/expanded use of the educational activity) after implementing the activity.

c. Extent to which the applicant clearly identifies specific assigned responsibilities of all key professional personnel, and describes collaboration with CDC and other relevant organizations.

d. The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed activities. This includes: (1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation; (2) The proposed justification when representation is limited or absent; (3) A statement as to whether the plans for recruitment and outreach for participants include the process of establishing partnerships with communities and recognition of mutual benefits.

2. Capacity (30 points)

Extent to which the applicant provides evidence of adequate resources, facilities, experience (both technical and administrative), and access to target audiences for conducting the activities.

This should include:

a. Documentation that professional personnel involved are qualified and have past successful experience and achievements related to the proposed activities; this can include experience of either direct or collaborating personnel in providing viral hepatitis or other communicable disease (e.g., HIV) education and/or training in prevention and control activities.

b. Inclusion of original letters of support from appropriate non-applicant organizations, individuals, institutions, academic institutions, public health departments, etc. needed to carry out proposed activities and the extent to which such letters clearly indicate the author's commitment to participate as described in the plan.

c. Evidence of past success in developing, disseminating and evaluating health education activities.

d. Extent of demonstrated experience in areas of viral hepatitis or other blood-borne virus prevention and control and education and demonstrated success in developing, implementing, and evaluating the impact of educational activities in disease prevention/health promotion at different levels (e.g., community, high-risk populations, minority populations, patients, health professionals). Extent of demonstrated