



Council of State and Territorial Epidemiologists

**Influenza and Zoonoses Education among Youth in Agriculture Program
APPLICATION**

Issuing Organization

Council of State and Territorial Epidemiologists (CSTE) at www.cste.org/

Participating Organizations

Centers for Disease Control and Prevention (CDC), at <http://www.cdc.gov>

Components of Participating Organizations

National Center for Immunization and Respiratory Diseases (NCIRD/CDC), at <https://www.cdc.gov/ncird/>

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID/CDC), at <https://www.cdc.gov/ncezid/>

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Part I – Overview Information

1. Overview

The Council of State and Territorial Epidemiologists (CSTE) will continue to support capacity building for surveillance and prevention of influenza and other zoonotic diseases in state and local public and animal health departments by promoting One Health collaboration, activities, and community education on zoonotic diseases through funding and assistance to civic and nonprofit youth agricultural organizations.

CSTE seeks projects that will leverage this funding opportunity to meet the enclosed objectives. Historically, successful projects have some existing degree of state and local level experience with animal health and public health partnerships designed to educate youth on the prevention, detection, and response of human infections with animal influenza viruses and other zoonotic diseases for maximum animal and public health impact. Projects should be targeted to youth participants in agricultural organizations and should include efforts to prevent novel human infections with influenza and other zoonotic diseases while building upon collaborative relationships with state and local public health and animal health or agriculture departments, youth agricultural organizations, and other key stakeholders.

Part II - Full Text of Announcement

Section I. Application Description

1. Background

Zoonotic diseases are infections that spread between animals and humans. Zoonotic diseases may be caused by viruses, bacteria, fungi, and parasites. These diseases can cause many different types of illnesses in people and animals ranging from mild to serious, sometimes even resulting in death. Some animals can appear healthy even when they are carrying pathogens that can make people sick. It is estimated that 6 out of every 10 known infectious diseases in people originate in animals or animal food products, and 3 out of every 4 new or emerging infectious diseases in people are spread from animals.¹ From 2010 to 2015 in the United States, approximately 100 human infectious disease outbreaks involving animals in public settings were reported to the Centers for Disease Control and Prevention (CDC).² Young people with close animal contact in the United States are at increased risk for infection and are more likely to have complications from zoonotic diseases, especially novel influenza A viruses, *Salmonella*, and *E. coli*.²

Reassortant influenza viruses can emerge when a single host (e.g., a pig or bird or human) is infected with different influenza viruses, and there is an exchange of cellular genetic material between those viruses. There may be little or no immunity against these new influenza viruses in the human population. A reassortant animal influenza virus could then be transmitted to humans and, if it readily spreads from person to person, could cause an influenza pandemic, as it did during the 2009 H1N1 pandemic. Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in humans as a novel human infection. Influenza A (H3N2) variant viruses (also known as “H3N2v” viruses) with the matrix (M) gene from the 2009 H1N1 pandemic virus were first detected in people in July 2011. This detection indicates that humans had transmitted the 2009 H1N1 pandemic virus back to swine given that swine influenza A (H3N2) virus with the matrix (M) gene from the 2009 H1N1 pandemic virus was first identified in U.S. pigs in 2010. In 2011, 12 human infections with H3N2v virus were detected in the US. The highest number of H3N2v human infections detected in one season was in 2012 when 309 confirmed cases across 12 states were identified. These outbreaks occurred primarily in children who reported close contact with swine or their environment at agricultural fairs, many of whom were exhibitors participating in 4-H events. Human infection with H3N2v viruses has continued, with cases associated with swine exhibits continuing to occur.³ This demonstrates the need to fill gaps in knowledge of infectious disease and disease processes, particularly in the context of diseases that are transmitted between animals and people, especially those who have close and prolonged contact with animals.

Each year in the United States, an estimated 450,000 illnesses, 5,000 hospitalizations, and 70 deaths result from enteric infections linked to contact with animals or their environments.⁴ These enteric illnesses are caused by *Salmonella*, *E. coli*, *Campylobacter*, *Cryptosporidium*, *Listeria* and *Yersinia enterocolitica*. Animals such as livestock, poultry, and reptiles often carry these pathogens, although other animals can also carry pathogens and spread disease to humans. Other zoonotic diseases, such as

¹ Taylor LH et al. Risk Factors for Human Disease Emergence. *Philos Trans R Soc Lond B Biol Sci*. 2001 July 29; 356(1411):983–989

² [Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2017](#)

³ Andrew S. Bowman, Rasna R. Walia, Jacqueline M. Nolting et al. Influenza A(H3N2) Virus in Swine at Agricultural Fairs and Transmission to Humans, Michigan and Ohio, USA, 2016. *Emerg Infect Dis*. 2017;23(9):1551-1555.

⁴ Christa R. Hale, Elaine Scallan, Alicia B. Cronquist, John Dunn, Kirk Smith, Trisha Robinson, Sarah Lathrop, Melissa Tobin-D'Angelo, Paula Clogher, Estimates of Enteric Illness Attributable to Contact With Animals and Their Environments in the United States, *Clinical Infectious Diseases*, Volume 54, Issue suppl_5, June 2012, Pages S472–S479, <https://doi.org/10.1093/cid/cis051>

brucellosis or Q fever, also pose a risk to people who have contact with infected livestock or consume animal products like raw milk.

The surveillance and reporting of animal contact outbreaks provide valuable insights into the pathogens, animals, settings, and other factors related to these zoonotic illnesses. Knowing more about outbreaks increases our understanding of germs and their effects on human health, which can help strengthen prevention measures. These prevention measures are especially important in settings such as youth agriculture programs and classrooms to prevent outbreaks of disease and transmission of illness between animals and people.

On March 11, 2020, the World Health Organization (WHO) declared the global outbreak of COVID-19, caused by SARS-CoV-2 virus, a pandemic. All human coronaviruses have an animal origin, therefore some initial transmission of the virus from animals to humans occurred before human to human transmission became the most common method of disease spread.⁵ While the virus that causes COVID-19 spreads mainly from person to person through respiratory droplets from coughing, sneezing, and talking, recent studies show that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. We know that cats, dogs, and other animal species can be infected with SARS-CoV-2, the virus that causes COVID-19, but we don't yet know all of the animal species that can be infected.⁶ At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19, although infected animals have been identified in several different areas of the world.⁶ Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. More studies are needed to understand if and how different animal species could be affected by COVID-19. This novel pandemic coronavirus underscores the vulnerability of the human population to zoonotic diseases and provides yet another example of the need for a One Health approach to address issues at the human-animal-environment interface.

In order to prevent, detect, respond, and control zoonotic diseases, a One Health approach is needed. One Health means a collaborative, multisectoral, and trans-disciplinary approach— working at the local, state, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment. The recurring public health problem of human infections with zoonotic disease emphasizes the need to continue delivering disease prevention and control messages through the creation of innovative products and strengthening One Health networks among local, state, and regional human and animal health departments and agricultural communities across the country.

In addition to promoting zoonotic disease education for youth, family, and the community, key stakeholders at the state and national levels have identified the need for better collaboration between public health and animal health, especially members of the agricultural and other communities that have frequent contact with animals, such as farmers, 4-H and FFA organizations, veterinarians, and the animal industry. Projects funded by CSTE to address these needs in the last five years have served not only to educate youth about these diseases but have facilitated collaborative human case identification and public health outbreak response. CSTE and its partners hope to build upon efforts made thus far to enhance their reach and impact and to build an evidence base for future animal and public health policy decision-making.

⁵ Ye, Z. W., Yuan, S., Yuen, K. S., Fung, S. Y., Chan, C. P., & Jin, D. Y. (2020). Zoonotic origins of human coronaviruses. *International journal of biological sciences*, 16(10), 1686–1697. <https://doi.org/10.7150/ijbs.45472>

⁶ COVID-19 and Animals, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html>

CSTE seeks to promote communication and increase collaboration between national, state, and local partners through this project and for future endeavors. One key partner in this collaboration is the National Association of State Public Health Veterinarians (NASPHV), which is a professional organization of state public health veterinarians that addresses zoonotic disease issues of animal health and public health concern. CSTE and NASPHV partner to provide resources for national, state, and local regulatory bodies along with guidance on surveillance and public health practice through a One Health approach. Other partners for the project have included the U.S. Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS), Veterinary Services, and the 4-H National Office in the National Institute for Food and Agriculture (NIFA).

Partnerships have leveraged the experience and ability of human and animal health zoonotic disease experts in several organizations to create an integrated One Health approach to prevent and respond to zoonoses in people and animals. The motivating principles of this collaboration include reducing human morbidity and mortality due to zoonotic diseases and developing relationships among stakeholders to facilitate more effective and efficient responses to important human and animal health issues.

Since 2014, CSTE has provided support to health departments and academic institutions to pilot partnership work around zoonotic diseases between human health and animal health departments and youth agriculture organizations at the state and county levels.⁷ CSTE aims to continue this work in 2021 by promoting local, state, regional, and national partnerships and encouraging regional collaboration between health departments to adopt and adapt resources and best practices developed through this program. For the 2021 funding period, CSTE intends to continue to further expand the project's reach by fostering interstate collaborations and further expanding on activities and publications.

2. Objectives

The partnership's motivating principles include facilitating prevention, monitoring, detection, response, and control of zoonotic diseases, especially emerging diseases, such as novel influenza with pandemic potential. Program objectives are to:

1. Develop relationships among One Health stakeholders to facilitate more effective and efficient animal health and public health responses, particularly during infectious disease outbreaks.
 - a. Work across state lines to create sustainable regional and national One Health partnership networks to prevent and respond to novel influenza infections and other zoonotic disease threats.
 - b. Establish One Health networks to strengthen the coordination, communication, and collaboration of One Health partners.
 - c. Improve response to zoonotic disease outbreaks through development of One Health partnerships.
2. Implement and strengthen a One Health approach towards the prevention and control of zoonoses in people and animals
 - a. Facilitate a better understanding of the role humans and animal health play in disease prevention.
 - b. Increase participant awareness and knowledge of careers in human and animal health.

⁷ Note that most youth agricultural organizations also have public health and community focused activities as well as other educational focus areas.

3. Develop the evidence base for animal and public health interventions and policies for prevention of animal influenza viruses and other zoonotic disease transmission to humans in public settings.
 - a. In a measurable way, improve participant awareness and knowledge of influenza and other zoonotic diseases, including disease transmission and prevention.
 - b. Evaluate the educational materials developed from this program and methods for delivery of those materials to inform animal health and public health in increasing awareness and uptake of practices and policies for the prevention of transmission of animal influenza and other zoonotic diseases to people.
4. Motivate participants and/or their communities to adopt positive behavior change, including obtaining seasonal flu vaccinations, hand washing, biosecurity measures, and mitigation measures (i.e., social distancing and masks) in the event of an epidemic or a pandemic, such as COVID-19, to prevent the spread of disease and reduce its consequences.

3. Methods

Applicants should propose methods to implement delivery and evaluation of zoonotic disease educational content targeting youth in agriculture in their jurisdiction, which can include COVID-19. The applicant should plan to use funding primarily to implement delivery of content already developed, though new material development is permissible under the award if a gap in content exists.

For the highest funding level, applicants should plan to conduct educational and evaluation activities in at least one other state that faces similar animal and novel influenza and other zoonotic disease challenges. For examples of materials that have already been developed, please visit the [Influenza and Zoonoses Education Among Youth in Agriculture Resource Repository](#). Materials can be adapted and customized to different states. Examples of materials developed through this project include:

- Educational board game and card games for youth
- One Health chapter in a 4-H training manual
- Free, web-based, interactive education curricula on zoonotic diseases
- Workshops focused on biosecurity and zoonotic disease
- Magazines, pamphlets, and a graphic novella on how to be a zoonotic disease detective
- Biosecurity and health signs for use at fairs, extension offices, and local health departments

Methods should include, at minimum, the following required components:

- Primary project coordinator(s) responsible for all project deliverables and communications with CSTE/CDC. Primary project coordinator(s) must be representatives of state public health or a previously participating institution/agency.
- A project coordination team or workgroup
 - Letters of support are required for all contributing agencies/institutions, including from the additional collaborating state.
 - Contribution/responsibility to this project should be detailed for each project contributor.
 - This project coordination team or workgroup should include but is not limited to:
 - state or local public health department
 - a youth agricultural organization
 - state animal health or agriculture department
 - additional contributors may include county/state/national fair board

representative, commodity group representative, or academic institutions, as examples.

- Plans for evaluation (CDC subject matter and evaluation experts will be available during the project period to support evaluation of project activities, if needed)
 - A plan for sustainability of project after funding period concludes, including opportunities to transfer successful elements of existing zoonotic and other animal and novel influenza programming to one or more other states.
 - A description of impact (e.g., an estimate of the number of participants that proposed activities will engage).
 - A plan to evaluate the effectiveness of educational materials delivered during the project period.
 - A plan to evaluate the project coordination team's One Health collaboration and communication.
- Site representation at a two-day meeting, either in-person or virtually (Date and location TBD).
 - Participation should include at least one representative from each of the following collaborating entities: State Public Health Department (or primary project coordinator, as applicable) and Youth Agricultural Organization.
 - CSTE will provide meeting logistics and travel support for up to two representatives from each participating state/institution (additional participants to be approved by CSTE and CDC, as funding allows).

4. Project Period

The project period will be March 1, 2021 – December 31, 2021. This project will include two Phases. Phase I will be March 1, 2021 – July 31, 2021. Phase II will be August 1, 2021 – December 31, 2021. Phase II will require additional subaward documentation including a for cost contract extension.

Section II. Award Information

1. Mechanism(s) of Support

CSTE will manage all matters related to financial support for this project. CSTE will provide payment through a firm-fixed subaward. In all cases, payment will only be issued upon receipt of invoice from the applicant as well as documentation of sufficient progress as determined by CSTE made toward the activities of the project as outlined in this FOA and subrecipient agreement with CSTE.

2. Funds Available

CSTE intends to fund successful applicants up to one of three funding threshold tiers:

Tier 1: up to \$50,000

Tier 2: up to \$75,000

Tier 3: up to \$100,000

Applicants are required to submit, at minimum, an application for the Tier 1 threshold (\$50,000). If applicants would like to be considered for funding at the Tier 2 and Tier 3 thresholds (\$75,000 and \$100,000 respectively), methods and scalable budgets should be developed for the funding tier of interest, as well as the lower funding level(s). For example, if a site is applying for the Tier 3 threshold, they must also include methods, activities, and budgets for the Tier 1 (\$50,000) and the Tier 2 (\$75,000) thresholds. Sites who are interested in being considered for all the funding levels will be expected to submit three (3) budgets and workplans. Because the nature and scope of each proposed project will vary, the size of each award may vary by site.

Proposals at the Tier 3 level (\$100,000) will be expected to demonstrate plans and capacity to function as a regional hub with the ability to administer technical assistance and educational programs in surrounding states that may not have the capacity to independently develop and implement an educational program. Applicants proposing the highest \$100,000 funding threshold must have (1) participated in and completed the 2020 CSTE award for youth in agriculture program and (2) demonstrated strong involvement from multiple partners during that 2020 award period.

CSTE receives funding for this project through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). All funding amounts are subject to the availability of funds. Funding will be awarded through a subaward with CSTE and the first phase of funding (Phase I) will be from March 1, 2021 through July 31, 2021. The second phase of funding (Phase II) will begin August 1, 2021 and will require additional subaward documentation including for cost contract extension. The funding period will end no later than December 31, 2021. All subawards are subject to standard federal funding regulations as outlined in the *Uniform Administrative Requirements, Cost principles and Audit requirements for Federal Awards (2 CFR part 200)*. Successful applicants ("recipients") will undergo an organizational capacity risk assessment evaluation during the pre-award phase to evaluate the recipient's ability to comply with Federal regulations and conditions of the subaward agreement.

Section III. Eligibility Information

1. Eligible Applicants

State or large city⁸ public health agencies, or past participating institutions.

2. Cost Sharing or Matching

Cost sharing, matching, or cost participation is not required, but applications that include a matching component will receive additional points in overall score as noted in Section 5.1 during the evaluation of applications for this project.

Section IV. Application and Submission Information

1. Content and Form of Application Submission

Applications should include the following headings in the order listed and should address the components included under each heading. Sections of the application that exceed the page limit may not be reviewed.

CSTE intends to fund successful applicants up to one of three funding threshold tiers:

Tier 1: up to \$50,000

Tier 2: up to \$75,000

Tier 3: up to \$100,000

Applicants should submit, at minimum, an application for the Tier 1 threshold (\$50,000). If applicants would like to be considered for funding at the Tier 2 and Tier 3 thresholds (\$75,000 and \$100,000 respectively), methods and budgets should be developed for each funding level of interest as noted in Section 2.2 – Funds Available.

- **Applicant Contact Information:** Information for primary project coordinator(s) should include name, position, mailing address, email address, and phone number. Primary project coordinator(s) must be representatives from the public health department or past participating institution/agency, as applicable. Information for the following points of contact should also include email, position, mailing address, and phone number:
 - State or Local Health Department coordinator (or past participating institution, as applicable)
 - Primary Youth Agricultural Organization coordinator
 - Additional contributors such as: State Animal Health, State Public Health team members, Fair Board Representative, or University-affiliated participants not already included as primary project coordinator(s)

All correspondence will be sent to the primary coordinator(s) listed. **1-page limit**

- **Project Coordination Team/Workgroup:** Identify the project coordination team by name, position, email address, and affiliation. The Project Coordination Team must include representation from state public health department or past participating institution/agency, youth agricultural organization(s), state animal health, and state public health (if not already included as a primary project coordinator). Project Coordination Team may include additional project contributors, including but not limited to, county/state/national fair board representative, relevant commodity group (e.g., National Pork Board, etc.) **1-page limit**

⁸ Large city is defined as a population over 1 million.

- **Background:** Description of public/animal health problem in applicant's state. **1-page limit**
- **Resources:** Personnel and infrastructure available and necessary to support project and ensure sustainability (e.g., administrative personnel; source of matching funds, if available; existing platforms that can be leveraged to meet project objectives; description of prior collaboration with relevant partners at USDA or CDC on animal or novel influenza, other zoonoses, One Health, or public and animal health education projects). **2-page limit**
- **Methods:** The methods for the minimum funding threshold (Tier 1: \$50,000) by each project phase (Phase I and Phase II) according to the objectives outlined in "Section 1.2 – Objectives" must be fully described. Methods proposed for the Tier 2 threshold (\$75,000) should only include additional activities beyond the Tier 1 proposal. Methods proposed for the Tier 3 threshold (\$100,000) should only include additional activities beyond the Tier 2 proposal. Applicants must include the following:
 - a description of proposed project deliverables and content delivery
 - desired impact (including description of how project helps to solve public/animal health problem identified above)
 - project plan
 - project timetable
 - plans for evaluation (CDC subject matter and evaluation experts will be available during the project period to support evaluation of project activities if needed). **8-page limit (maximum 4 pages per funding level project proposal)**
- **IRB:** Human subject review process for the applicant if necessary. **½ page limit.**
- **Letters of Support:** A letter of support is required from all contributing agencies/organizations/institutions (as applicable, see Section 1.3 – Methods) **1-page limit per letter**
- **Budget:** A detailed budget for each proposed funding tier level and project phase (Phase I and Phase II), as well as budget justification must be provided. Proposed budget should be reasonable and include the amount of funding needed and line-item description of how it will be appropriated to:
 - Personnel Time
 - Subawards
 Other supplemental costs needed to successfully implement this project (if any) including but not limited to: travel costs (within and across state borders), supplies, purchased software, etc. All costs must be allowable, reasonable, and allocable per the Federal cost principle regulations outlined in 2 CFR part 200 Subpart E.

For further assistance, technical questions, or inquiries about the application, contact Mimi Huynh at mhuynh@cste.org. CSTE and CDC will be available to answer administrative and technical questions. Upon request, CSTE will share a summary of all questions received.

2. Submission Dates and Times

A completed letter of intent should be sent by email to the Council of State and Territorial Epidemiologists via Mimi Huynh (mhuynh@cste.org) by **January 6, 2021** (required).

Submission, Review and Anticipated Start Dates

Letter of Intent Receipt Date: January 6, 2021 (required)

Application Submission Receipt Date: January 29, 2021

Award Notification Date: By February 19, 2021

Project Period Begins: March 1, 2021

Submitting an Application

Completed applications should be submitted electronically to mhuynh@cste.org no later than **11:59pm EST on by January 29, 2021**. Applications received after this deadline will not be reviewed.

The receipt deadline for all application components is January 29, 2021.

Submitted appendices should be kept at a minimum and may not be reviewed as part of the application process. Inquiries about successful receipt of application by CSTE will be sent only upon request by email to mhuynh@cste.org.

Application Processing

Applications will be reviewed based on criteria described in Section 5 – Application Review Information.

Section V. Application Review Information

1. Criteria and Prioritization for Tier 1 and Tier 2 Proposals (combined)	Maximum Points
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How well does the submission meet requirements with regards to completeness and appropriateness of the application?	5
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1. Completeness of application including all content in Sections 1.3, 2.2, and 4.1 and a separate workplan/budget for each funding tier applied split into Phases I and II (3 points)
2. Letters of support for all contributing agencies/institutions are included in the application (2 points)

To what extent will the proposal meet the primary objectives of the project? (5 points/question)	25
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1. How will the proposal improve participant awareness and knowledge of novel influenza and other zoonotic diseases, including disease transmission and prevention, and knowledge of careers in public and animal health?
2. Will the proposal motivate participants to adopt behaviors that can help prevent zoonotic disease transmission?
3. Will the proposal enhance One Health networks and partnerships within the jurisdiction?
4. To what extent are these impacts (e.g., local, regional, national) and outcomes measurable, and is there an evaluation plan?
5. Will the proposal address the likely contributions to the evidence base for policy and public health practice related to zoonotic disease prevention in community settings?

To what extent does the proposal leverage existing resources that are currently being used to address public and animal health concerns in the state? (5 points/question)	20
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1. Does the proposal utilize existing platforms for public and/or animal health within the state?
2. Are there any opportunities for cost sharing, matching, or cost participation?
3. If the proposal describes development of a new project, how sustainable is it once the funding provided by this announcement is exhausted (i.e., using only state or local resources)?
4. Does the proposal provide a plan for sustainability beyond the project period?

Does the applicant have a record of demonstrated success in a collaboration between human and animal health authorities with a youth agriculture organization?	10
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1. How much will the proposal develop relationships among One Health stakeholders that could be used to facilitate more effective and efficient responses to important public and animal health issues? (3 points)
2. Does the proposal demonstrate previous work between state and/or local public health authorities and a youth agriculture group? (2 points)
3. Does that previous collaboration provide a platform to use this award to expand the reach and impact of that existing collaboration? (2 points)
4. Does the applicant demonstrate the potential to “export” successful components of existing collaboration to one or more other states with the technical assistance of CSTE and CDC? (3 points)

To what extent does the proposal represent collaboration among public health, animal health, and a youth agricultural organization? **10**

1. Are partners at the state public health, state animal health, and youth agricultural organization levels and/or past participating institutions involved in the project? (3 points)
2. To what extent does the project include participation from state public health, state animal health, and a youth agricultural organization? (4 points)
3. To what extent will senior-level organization leadership be involved? (3 points)

How feasible is the proposed implementation workplan, timeline, and budget? **20**

1. Does the proposal include a thorough description of project deliverables and an adequate project plan? (3 points)
2. Is there a clear and appropriate timeline for implementation? (2 points)
3. Are the staff roles clearly defined and as described, will the staff be sufficient to accomplish the program goals? (3 points)
4. Does the proposal include a project budget with line-item description of how funding would be allocated? Is the budget reasonable and consistent with the purpose of the announcement, the proposed objectives, and project timeline? (10 points)
5. Is there a plan for publications? (2 points)

To what extent does the applicant demonstrate a clear and comprehensive understanding of the underlying public health issue that this opportunity targets? **10**

1. Does the submission include a well-defined description of the public/animal health problem(s) that currently exist or are anticipated to exist in the state, including novel influenza threats and other zoonotic disease threats? (3 points)
2. Does the applicant have prior experience with One Health partnerships between animal and human health? (3 points)
3. Do the staff members have sufficient experience with public and animal health to develop a successful project? (4 points)

Grand Total **100**

Additional Criteria for Tier 3 Threshold (\$100,000) **25**

Applications at the \$100,000 threshold will be also be scored upon the additional criteria below:

To what extent does the proposal demonstrate the ability to leverage resources to support interstate exchange of information to address public and animal health concern? **10**

Does the applicant have a record of demonstrated success regarding interstate collaboration among public health, animal health, a youth agricultural organization, and other key stakeholders? Does the proposal demonstrate applicant's capacity to serve as a lead/collaborator at a regional level? **10**

Do the methods and projected outcomes demonstrate scalability of program as a platform for varied public health priorities?	5
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Maximum Grand Total for Tier 3 Threshold (\$100,000) Applicants	125
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2. Review and Selection Process

Eligible applications that are complete will be evaluated by a technical review panel consisting of CSTE, CDC, and USDA representatives in accordance with the review criteria stated within this announcement. Funding awards will be made based upon the quality of the submitted proposal and the ability of the applicant to meet the objectives stated above.

Section VI. Award Administration Information

1. Award Notices

Applicants will be notified via email by **February 19, 2021**. Any delays in award notification will be shared with all applicants.

2. Recipient Rights and Responsibilities

Each recipient will have primary responsibility for the following:

- Providing management oversight for the overall project including collaborations with national, state, and local partners.
- Obtaining the appropriate human subjects' clearances at local sites, if required.
- Providing written progress reports that describe performance milestones and invoices to CSTE as required in the subaward agreement.
- Initiate an appropriate agreement with state animal health, youth agricultural organization, and other partners and to ensure participation.
- Monitoring the terms of any contracts and/or agreements between subrecipient and other agency/institution. If Subrecipient disburses any funds received pursuant to this award, it must include all mandatory federal requirements in its subawards and contracts.
- Participating in scheduled conference calls related to the project.
- Send relevant representation to 2-day meeting, either in-person or virtually (Date and location TBD).
- Upon request, provide CSTE with such documentation as CSTE reasonably requires to fulfill its reporting and/or documentation obligations with respect to the issuance of subawards under its cooperative agreement, which includes documentation in the areas of risk assessment, monitoring, FFATA reporting, and closeout.

3. CSTE Responsibilities

During the established grant period, CSTE is responsible for:

- Monitoring the terms of the subaward agreement between the recipient and CSTE.
- Collecting invoices from the recipient and paying invoices according to the terms of the subaward agreement between the recipient and CSTE.
- Providing information about the progress of the program to the CSTE Executive Board and to CDC.
- Reviewing and distributing progress reports and the final report with CDC.
- Providing technical expertise.
- Convening an independent review panel of experts to provide an objective review of the submitted applications.
- Providing CSTE staff to support the day-to-day activities of the Influenza and Zoonoses Education Among Youth in Agriculture Program.

4. CDC Responsibilities

CDC will have programmatic involvement as described below:

- Provide technical assistance in developing project plans and materials
- Provide technical assistance on evaluation efforts, as requested
- Assist with review of proposed project plans and materials
- Assist, where feasible, with expansion of projects to other jurisdictions

5. Collaborative Responsibilities

CSTE and CDC Collaborative Partnership in conjunction with the recipient contacts for all awarded projects will continue participation in a Project Coordination Committee (PCC). Each recipient contact will be a member of the PCC and will participate in its activities. The PCC will function to:

- Establish goals, promote collaboration, share best practices, and coordinate project activities among members of the PCC.
- Provide guidance to project coordinators regarding project implementation and sustainability.
- Evaluate monthly progress of all funded project activities.

Appendix A: Logic Model

