FY 2016 AR Project Opportunities[*]**:** Please see project attachments[†] for detailed strategies and activities. CDC will make available a limited number of Direct Assistance (DA) positions. ELC applicants may request CDC to provide DA in the form of federal personnel as part of their award under projects K1, K2, K7, and K8.

Build state capacity to detect, respond to, and protect against emerging healthcare-associated infections (HAI)/AR threats and improve antibiotic use, building on existing HAI/AR programs and Ebola-funded activities:

1. **HAI/AR Detection and Response Infrastructure:** Sustain and expand capacity to track and respond to HAI/AR threats and implement HAI/AR prevention efforts ($20,000,000 total estimate available; 57 awards; average award $350,000; see Attachment K1 on page 94)[‡]

2. **HAI/AR Coordinated Prevention:** Establish State HAI/AR Prevention Programs to scale up evidence-based interventions for reducing inappropriate antibiotic use and preventing the spread of common HAI/AR threats. Grantees can use resources to expand AR data collection from NHSN as well as other as other data systems such as NNDSS to address AR prevention priorities. ($18,900,000 total estimate available; up to ~25 awards; average award $750,000; see Attachment K2 on page 100)[‡]

3. **Educational Efforts to Promote Appropriate Antibiotic Use:** Implement health communication programs and behavioral interventions to promote appropriate antibiotic use and prevent AR spread ($430,000 total estimate available; 7 awards; average award $60,000; see Attachment J on page 90)

Expand nationwide laboratory capacity to detect emerging HAI/AR threats:

4. **State CRE Laboratory Capacity:** Increase state public health laboratory capacity to detect and confirm the nightmare bacteria, carbapenem-resistant Enterobacteriaceae (CRE) ($4,750,000 total estimate available; ~57 awards; average award $83,000; see Attachment K6 on page 118)

5. **AR Regional Laboratory Network:** Support AR Regional Laboratories to serve as a national resource for gold-standard laboratory capacity to characterize emerging AR ($16,250,000 total estimate available; up to 8 awards; average award $1,500,000 plus additional average awards $150,000–$500,000 for optional testing; see Attachment K7 on page 121)[‡]

Expand detection, response, and prevention efforts to address community AR threats:

6. **AR Gonorrhea (GC) Rapid Detection and Response:** Support rapid GC detection and response capacity to better monitor GC treatment in high-risk jurisdictions and ultimately reduce spread of drug-resistant GC ($7,500,000 total estimate available; up to 9 awards; average award $800,000; see Attachment K8 on page 129)[‡]

7. **OutbreakNet Enhanced:** Improve state and local capacity to fully investigate and respond to enteric disease outbreaks ($2,700,000–$2,900,000 total estimate available; ~18-20 awards; average awards $100,000–$175,000 in addition to OutbreakNet/NORS funding; see Attachment I1 on page 46)

8. **Integrated Food Safety Centers of Excellence (CoE):** Improve tools, information, and training for practicing veterinarians to prevent AR and promote antibiotic stewardship ($2,500,000–$3,000,000 total estimate available; 6 awards; average award $300,000–$600,000; see Attachment I3 on page 62)

9. **National Antimicrobial Resistance Monitoring System (NARMS) Surveillance:** Expand whole genome sequencing of *Salmonella* and other enteric AR threats ($10,500,000 total estimate available; 21 awards; average award $500,000; see Attachment I8 on page 85)

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[*] These AR projects are supported largely through the additional AR funding allocated in FY 2016 as well as Prevention and Public Health Fund and emerging infectious disease funding lines.

[†] Access Funding Announcement Number "CDC-RFA-CK14-140102PPHF16" at www.grants.gov.

[‡] A limited number of Direct Assistance (DA) positions will be available under projects K1, K2, K7, and K8.