

Centers for Disease Control and Prevention

Center for Global Health Extramural Research Program Office

Conducting Public Health Research in Thailand: Technical collaboration with the Ministry of Public Health (MOPH) in the Kingdom of Thailand

RFA-GH-21-001

Application Due Date: 03/15/2021

Conducting Public Health Research in Thailand: Technical collaboration with the Ministry of Public Health (MOPH) in the Kingdom of Thailand

RFA-GH-21-001

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Part 1. Overview Information

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

Center for Global Health
National Center for Chronic Disease Prevention and Health Promotion
National Center for Emerging and Zoonotic Infectious Diseases
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
National Center for Immunization and Respiratory Diseases
National Center on Birth Defects and Developmental Disabilities

Notice of Funding Opportunity (NOFO) Title

Conducting Public Health Research in Thailand: Technical collaboration with the Ministry of Public Health (MOPH) in the Kingdom of Thailand

Activity Code

U01

Notice of Funding Opportunity Type

Reissue of RFA-GH-16-003

Agency Notice of Funding Opportunity Number

RFA-GH-21-001

Assistance Listings (CFDA) Number(s)

93.326

Category of Funding Activity:

Health

NOFO Purpose

The purpose of the Notice of Funding Opportunity is to conduct epidemiologic, clinical, field and laboratory research on important human infectious diseases, with an emphasis on HIV/AIDS, malaria, emerging and re-emerging infectious diseases, zoonotic diseases, neglected tropical diseases, tuberculosis, influenza, coronaviruses and other diseases with pandemic potential, to include research on mobile and vulnerable populations. Environmental health issues, chronic diseases, birth defects and developmental disabilities, maternal and child health, public health preparedness, biosafety, and injury control and prevention are also priority areas for this funding opportunity.

Key Dates

Publication Date:	**To receive notification of any changes to RFA-GH-21-001, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.**
Letter of Intent Due Date:	**01/15/2021**

Application Due Date:	**03/15/2021**

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 5:00 PM U.S. Eastern Time. Applications must be submitted using the Application Submission System & Interface for Submission Tracking (ASSIST) module which is a web-based service used for the preparation and submission of grant applications to CDC through Grants.gov. ASSIST provides the ability for applicants to prepare their applications online, and offers the applicant additional capabilities including the ability to preview the application image, validate the application against required business rules, and prepopulate data from an applicant organization's records, therefore identifying issues earlier in the application submission process.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review:	**04/01/2021**
Secondary Review:	**06/01/2021**
Estimated Start Date:	**09/01/2021**
Expiration Date:	**03/16/2021**
Due Dates for E.O. 12372:	**Executive Order 12372 does not apply to this program.**

Required Application Instructions

ELECTRONIC APPLICATION SUBMISSION VIA ASSIST IS PREFERRED

It is recommended that applicants use ASSIST for the electronic preparation and submission of applications through Grants.gov to CDC. ASSIST is an alternative method to prepare and submit applications, and provides many features to facilitate the application submission process which improves data quality (e.g., pre-population of organization data, pre-submission validation of business rules, and preview of the application image used for review). Use of the Grants.gov downloadable Adobe application packages and submission process will still be supported.

It is critical that applicants follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 25 pages.

Applications that do not comply with these instructions may be delayed or not accepted for review.

Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

Purpose:

The purpose of this Notice of Funding Opportunity (NOFO) is: to conduct epidemiologic, clinical, field and laboratory research on important human infectious diseases, with an emphasis on HIV/AIDS, malaria, emerging and re-emerging infectious diseases, zoonotic diseases, neglected tropical diseases, tuberculosis, influenza, coronaviruses and other diseases with pandemic potential to include research on mobile and vulnerable populations. Environmental health issues, chronic diseases, birth defects and developmental disabilities, maternal and child health, public health preparedness, biosafety, and injury control and prevention are also priority areas for this funding opportunity.

- **Mechanism of Support:** Cooperative Agreement
- **Funds Available and Anticipated Number of Awards:** 1
- Approximately $35,000,000 is expected to be available for the total project period. Funding to be awarded through this NOFO is contingent upon availability of funds. Because the nature and scope of the proposed research will vary from application to application, it is also anticipated that the size and duration of each award may also vary. Because this is an umbrella cooperative agreement, the total amount awarded, and the number of awards, will depend upon the number, quality, duration and cost of the applications received and program priorities.
- **Budget and Period of Performance:** 09/01/2021 - 08/31/2026
- **Application Research Strategy Length:** Page limits for the Research Strategy are clearly specified in Section IV. Application and Submission Information" of this announcement.
- **Eligible Institutions/Organizations: Sole source – Thailand MOPH**
  Institutions/organizations listed in Section III.1 are eligible to
- **Eligible Project Directors/Principal Investigators (PDs/PIs):** Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. **NOTE:** CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to
- **Number of PDs/PIs:** There will only be one (1) qualified PD/PI for each application.
- **Number of Applications:** Only one (1) application per eligible institution (normally identified by a unique DUNS number) is allowed.
- **Application Type:** New
- **Special Date(s):** Letter of Intent Due Date: **01/15/2021**

Application Due Date: **03/15/2021**

- **Application Materials:** See **Section IV.1** for application
- **Hearing Impaired:** Telecommunications for the hearing impaired are available at: TTY: 1-888-232-6348.

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Section 307 of the Public Health Service Act [42 USC 242*l*], as amended and Section 301 (a) of the Public Health Service Act [42 USC 241(a)], as amended.

1. Background and Purpose

The Centers for Disease Control and Prevention (CDC) within HHS is committed to achieving the health promotion and disease prevention objectives of the National Prevention Strategy, National HIV/AIDS Strategy, and the National Health Security Strategy. The Thailand Ministry of Public Health (MOPH) is the key governmental agency that will enable CDC to execute its approved global health strategy and other public health priorities in Thailand. CDC, working through its strong partnerships with Ministries of Health, will assure the implementation and evaluation of public health research programs that will result in the prevention and control of both communicable and non-communicable diseases in Thailand, and apply these to other international settings. Over the past 20 years, MOPH and CDC have conducted research, achieved goals and accomplished objectives that have improved the health and quality of life of Thai citizens and had global health impact. These collaborations between CDC and Thailand MOPH have led to breakthroughs in research, improved programmatic practices, and strengthened laboratory systems. The MOPH has in place the central, provincial and district-based organizational and public health structures required to immediately engage in these and future activities. This is an umbrella cooperative agreement that will facilitate collaboration between multiple CIOs within CDC and the Thailand MOPH for the conduct of public health research on diseases of importance to both the United States and Thailand.

The purpose of the NOFO is to conduct epidemiologic, clinical, field and laboratory research on important human infectious diseases, with an emphasis on HIV/AIDS, malaria, emerging and re-emerging infectious diseases, zoonotic diseases, neglected tropical diseases, tuberculosis, influenza, coronaviruses and other diseases with pandemic potential, to include research on mobile and vulnerable populations. Environmental health issues, chronic diseases, birth defects and developmental disabilities, maternal and child health, public health preparedness, biosafety, and injury control and prevention are also priority areas. This NOFO is in alignment with HHS/CDC performance goals and Global Health security objectives to prepare for, prevent, detect, respond to, and contain health threats globally by providing global health promotion, health protection and health diplomacy. It also aligns with theUnited States Government Global Health Security Strategy (2019) (**https://www.whitehouse.gov/wp-content/uploads/2019/05/GHSS.pdf**).

In addition, many of the lifestyle risk factors for non-communicable diseases (NCDs) like

improper nutrition, sedentary lifestyle, alcohol and tobacco use are becoming more prevalent in Thailand. This has led to the emergence of NCDs as important causes of morbidity and mortality. The three leading causes of death in Thailand in 2017 were ischemic heart disease, stroke and lower respiratory infections (**http://www.healthdata.org/thailand**). NCDs also have an impact on the Thai health care system. There are dramatically increasing numbers of inpatient and outpatient visits for hypertension, diabetes, stroke, and ischemic heart disease even though the death rate for cardiovascular diseases, diabetes and injury are delayed and decreased. These trends also have a major impact on health care financing, thus underscoring the importance of placing more effort on proven health promotion strategies and research that are known to be effective in reducing the burden of NCDs and injury. Research project proposals submitted in response to this NOFO will broadly address:

- Health Impact: Improve the health and well-being of people in Thailand, the ASEAN region and the world.
- Health Security: Improve the capabilities to prevent, prepare, detect, and respond.
- Health Capacity: Strengthen and sustain public health capacity, infrastructure, management and monitoring.

Healthy People 2030 and other National Strategic Priorities

This NOFO aligns with the current CDC strategic priorities including strengthening surveillance, epidemiology and laboratory services; supporting public health activities; increasing global health impact; increasing impact on public health policy; and preventing illness, injury, disability and death.

Public Health Impact

The Thailand MOPH, in collaboration with CDC, has produced new disease prevention and intervention strategies that have had significant global public health impact. From the establishment of the Field Epidemiology Training Program in 1980 to current efforts to meet the growing challenges of drug-resistant malaria, TB, HIV, emerging infectious diseases, migrant and border health, and NCDs, Thailand MOPH stands ready to work with CDC to meet new challenges.

Relevant Work

The MOPH has the primary responsibility within the Thailand government to address public health issues and is the only organization in Thailand that possesses the requisite scientific and technical expertise and infrastructure capacity to do so. These combined attributes make the MOPH uniquely qualified as the only organization in Thailand capable of effectively conducting public health research and other program activities proposed for this umbrella cooperative agreement. In addition, the MOPH is uniquely positioned in terms of constitutional authority, mandate and ability to oversee and safeguard public health, and to collect and analyze information and disseminate research reports related to multiple health issues. They can utilize existing public health networks and other partners to assure the accomplishment of research goals as required in this cooperative agreement.

The MOPH–TUC Coordinating Unit (Co-Unit), established according to the Memorandum of

Agreement of the Thailand MOPH – U.S. CDC Collaboration (TUC), is under the jurisdiction of the Strategy and Planning Division, Office of the MOPH Permanent Secretary. The Co-unit is overseen by the Director of the Strategy and Planning Division (SPD) who serves as the Co-Unit Business Official and supervised by the Deputy Directors who serve as the Co-Unit Manager and the Co-Unit Assistant Manager. Assigned officials from the SPD are serving as the full-time Co-Unit staff of the Research Project Cluster and the Non-Research Project Cluster. The Co-Unit cooperates closely with the Thailand MOPH – U.S.CDC Collaboration (TUC) Center on its main role to support the TUC project implementation of all collaborative programs under the current five-year Cooperative Agreement (CoAg) Phase 4 (Fiscal Year 2017 – 2021). The responsibilities of the Co-Unit include the following:
1. Serving as the TUC Committees' Secretariat and organizing the committee meetings
2. Coordinating and supporting the Office of International Cooperation, Department of Disease Control and the TUC Center on the TUC Steering and Sub-Steering Committees' meetings, screening of proposed projects, follow up of project progress and other activities including establishment of strategic framework and logic models, submission of policy issues for consultation to the TUC Executive Committee and administrative issues to the TUC Administrative Committee
3. Supports the TUC project implementation of all collaborative programs that receive funding awards from the U.S. CDC
4. Tracking performances and submitting timely reports to the U.S. CDC, such as the Federal Financial Reports, Equipment Inventory Report, Research Performance Progress Report (RPPR)
5. Managing and/or supporting the monitoring and evaluation of the project implementation
6. Organizing and/or supporting workforce development related to the collaboration through workshop, training, and study visits within Thailand and abroad.

2. Approach

Applicant should prepare research project proposals based on the overarching objectives and the program specific objectives listed below. Each project should have a project name and ID. Projects that are continuing from prior cooperative agreements should retain the same project name and unique project identifier in the new cooperative agreement. These should be submitted as continuation projects. The new projects should be identified as new and should follow all the components of the SF 424 Research Strategy section. Please refer to Section IV for application submission and guidance for more specific information.

Objectives/Outcomes

The recipient of the award from this NOFO may be supported by multiple programs from within CDC, hence the term 'umbrella cooperative agreement'. There are 7 different components in this NOFO (labeled A-G), each of which represents a different CDC CIO that will be supporting activities under the respective component.

Project proposals from each component will address one or more of the following broad focus areas as outlined in the CDC-MOPH Collaboration Framework:

1. Workforce capacity development and capacity in epidemiology, laboratory and evidence-based action

2. Quality public health systems and services
3. Prevention, preparedness, and response to public health threats
4. Enhance research and innovation capacity and opportunities collaboration

Results of this research will be incorporated into operational health promotion and disease prevention and control programs in the Kingdom of Thailand. Expertise and research findings will be shared with other nations, non-governmental agencies and academic institutions.

Components A-G are listed below along with the program specific objectives;

A. DIVISION OF HIV/AIDS PREVENTION (DHAP)

• Evaluate the efficacy and effectiveness of new and/or improved modalities for the prevention of HIV, reduction of HIV morbidity and related conditions. Modalities include, but are not limited to; biomedical, behavioral, and structural interventions, such as vaccines, pharmacological prophylaxis, treatment as prevention, and other forms of prevention.

• Improve treatment and diagnosis of HIV infection and associated conditions for adults and children including, but not limited to, collaborative/network studies and studies of acute infections and potential strategies for cure of HIV infection.

B. DIVISION OF PARASITIC DISEASES AND MALARIA (DPDM)

• Conduct malaria operational research and monitoring and evaluation activities to assess the efficacy/effectiveness of currently deployed malaria diagnosis and control tools, and improve routinely collected surveillance data.

• Evaluate the effectiveness of malaria control interventions including long-lasting insecticide-treated nets (LLITNS), indoor residual spraying (IRS) and other methods of transmission reduction.

• Evaluate the effectiveness of all aspects of the case management pathway including appropriate referral, diagnosis, correct prescribing and appropriate messaging at all levels of the health systems.

• Evaluate the therapeutic efficacy of antimalarials to treat uncomplicated and severe malaria.

• Evaluate the therapeutic efficacy of antimalarials used to address the negative consequences of malaria in pregnancy.

• Evaluate the use of innovative vector control intervention measures such as insecticide treated materials, including use of combination insecticide-treated bednets and insecticide-treated wall liners.

• Evaluate the use of new strategies that target malaria parasite reservoirs, such as mass screen and treat and mass drug administration.

• Support research and infrastructure to accelerate progress towards malaria elimination in the Mekong region, including testing new tools/interventions to further reduce malaria transmission.

• Build epidemiological, entomological, laboratory, health economics, and social science capacity at MOPH and other regional Ministries of Health.

C. DIVISION OF GLOBAL HEALTH PROTECTION (DGHP)

• Intervention studies to reduce the burden of priority diseases and syndromes.

• Public health research studies to determine disease burden and risk factors in special populations.

• Research studies for disease burden and risk factors at the animal-human interface (One Health).
• Projects to foster innovations in science and technology for the development of new public health interventions and operational research to improve uptake of known interventions.
• Research to address infectious diseases as well as zoonotic diseases, including developing and expanding innovative and improved detection, interventions, treatments, and responses and the implementation or expansion of sustainable surveillance systems.
• Operational research studies formalizing monitoring and evaluation for public health program implementation in Thailand.
    o Includes the evaluation of emergency preparedness and response
    o Includes health system strengthening
    o Implement and evaluate systems and projects for increasing capacity for point-of-care diagnostics
    o Evaluate existing and novel technologies and methodologies for disease surveillance
        ? Best practices
        ? Relative value
• Conduct Field Epidemiology Training Program activities to include outbreak investigations, surveillance system assessments, as well as non-communicable and communicable research projects.
• Projects focusing on improved capacity to respond to disease outbreaks and other public health emergencies.

D. DIVISION OF GLOBAL HIV/AIDS and TUBERCULOSIS (DGHT)
• Conduct research on tuberculosis epidemiology, prevention, case finding and diagnosis, and treatment, including clinical trials, implementation-focused research and evaluation, and other forms of investigation.
• Improve the use of TB research data to inform public health policy both by building capacity to use data in this manner and by working with the Ministry of Health to translate findings into action.

E. INFLUENZA
• To enhance influenza surveillance, not only to monitor influenza viruses and generate evidence to inform estimation of burden; but also, to extend these platforms to monitor vaccine immunogenicity, efficacy and effectiveness, and antiviral effectiveness. This will occur in the context or broader capacity building on pandemic preparedness, outbreak and advanced laboratory support, and support for Thailand to develop capacity to manufacture its own influenza vaccines.
• To monitor vaccine effectiveness and uptake, including identifying barriers to vaccination in high-risk groups.

F. NON-COMMUNICABLE DISEASES (NCD)
• Develop field research and program implementation and evaluation on NCDs and injury.
• Strengthen public health officers' capacity in NCD research development, program planning and evaluation.
• Strengthen laboratory research capacity for screening and diagnosis of NCDs.
• Strengthen NCD surveillance activity and its data utilization.
• Research to address Environmental Health issues, chronic diseases, Maternal and Child

Health, Public Health Preparedness, Biosafety, and Injury Control and Prevention.

G. SURVEILLANCE AND LABORATORY STRENGTHENING

- Projects to strengthen surveillance activities and impact assessment capacity.
- Projects to strengthen laboratory capabilities necessary for the diagnosis of human and animal infectious diseases of public health priority in Thailand and the region.

Applicants may propose a variety of projects that address the priorities under each of the components listed above. Applicants must specify the component addressed and include a project title. All continuation projects from the previous award cycle must be labeled 'CONTINUATION' and use the exact same project title as that in the previous cooperative agreement. New projects should be labeled 'NEW'. Applicants must submit a separate Research Plan and Budget for each project as a single PDF. Applicants must also provide assurance of coordinated management and administrative support.

For each project proposed, the focus should be on an identifiable public health concern or problem impacting health in Thailand. Applicant may propose new projects, as well as continuation of existing projects that propose new objectives and activities to address emerging diseases as well as risk factors associated with the leading causes of death in Thailand. Applicant should be cautious not to submit projects that are funded and expected to be continued under the previous CoAg (GH16-003), specifically the ones that are funded as supplements in budget year 4.

Target Population

Target populations at high-risk for influenza-associated morbidity and mortality include individuals aged ≥65 years, individuals with chronic underlying medical conditions, young children aged six months to five years, pregnant women, and healthcare personnel.

Target populations for malaria research should include people living or working in epidemiologically defined areas of malaria transmission. Sub-population target groups within these malaria transmission zones should include those most at-risk e.g., children under five years of age and pregnant women.

Target populations at high-risk for HIV/AIDS include people living with HIV, men who have sex with men, and transgender women in geographic areas where those populations are concentrated.

Non-communicable disease and injury interventions/research target populations include general populations groups (all age groups), high risk populations, and populations with NCDs and injuries.

Other target populations for research activities include children less than five years of age at risk for respiratory diseases and vaccine preventable diseases including diphtheria, pertussis, and measles; and all age groups at risk for food and water borne diseases, specifically salmonellosis and Hepatitis B and C and non-communicable diseases including road traffic injuries, cancer, hypertension, and diabetes. In addition, vulnerable populations to include migrant and mobile populations.

Collaboration/Partnerships

Applicants should list organizations and Principal Investigators (PIs) that will be involved in the proposed research proposal. Letters of support from partners and collaborators are encouraged.

Evaluation/Performance Measurement

The awardee will be evaluated on a project by project basis under each component. Evaluation metrics will include:

1. The ability to perform research and evaluation addressing the public health priorities outlined in the NOFO
2. Whether the research has the potential to contribute to reduction of burden of disease, and
3. If recommendations derived from the studies will result in the development or refinement of public health policies or improved implementation of effective prevention, control, and treatment activities.

Translation Plan

Applicant should be prepared to exchange and share research results, materials and tools with CDC and other public health partners for further research development. Applicant should describe plans for how research findings will be reported and disseminated (e.g., peer-reviewed journals, national fora, scientific presentations, meetings and conferences) and specify how these activities are integrated into the project plan. The translation of findings should be understandable to a variety of audiences (both professional and public), including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users.

Incorporate results of research or study on NCD and injury into operational NCD prevention and control programs. Translate results to develop policies and programs in the region and internationally.

Questions to consider in preparing this section include:

- How will the scientific findings inform public health policy or practice?
- How will the project improve or affect the translation of research findings into policy or practice?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs and practices?
- How will the findings advance or guide future research efforts or related activities?
- How will the research improve health outcomes?

Section II. Award Information

Funding Instrument Type:	Cooperative Agreement A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial

involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:
New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding: $35,000,000

Anticipated Number of Awards: 1

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award ceiling and floor are for the first 12-month budget period only.

Award Ceiling: $7,000,000 Per Budget Period
Award Floor: $0 Per Budget Period
Total Period of Performance Length: 5 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (http://www.hhs.gov/ sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this NOFO.

Section III. Eligibility Information

1. Eligible Applicants

Eligibility Category: Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

2. Foreign Organizations

Foreign Organizations are eligible to apply.

Foreign (non-US) organizations must follow policies described in the HHS Grants Policy Statement (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf), and procedures for foreign organizations described throughout the SF424 (R&R) Application Guide. International

registrants can confirm DUNS by sending an e-mail to ccrhelp@dnb.com, including Company Name, D-U-N-S Number, and Physical Address, and Country. Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://eportal.nspa.nato.int/AC135Public/Docs/US%20Instructions%20for%20NSPA%20NCAGE.pdf.

Foreign components of U.S. Organizations are eligible to apply.

For this announcement, applicants may include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Additional Information on Eligibility

Only the application from the Ministry of Public Health (MOPH) in the Kingdom of Thailand will be accepted.

4. Justification for Less than Maximum Competition

The MOPH is the only organization in Thailand that possesses the requisite scientific and technical expertise and the infrastructure capacity to address public health issues. MOPH also has the primary responsibility within the Thailand government to address public health issues. These combined attributes make them uniquely qualified as the only organization in Thailand capable of effectively conducting the research and public health program activities proposed for this umbrella cooperative agreement. The MOPH is uniquely positioned in terms of its constitutional authority, mandate and ability to oversee and safeguard public health, to collect and analyze information, and to disseminate research findings related to multiple health issues. They can utilize existing public health networks and other partners to assure the accomplishment of research goals as required in this cooperative agreement.

The MOPH has in place the central, provincial and district-based structures required to immediately engage in the activities listed in this announcement. The MOPH is the key governmental agency that will enable CDC to execute its approved global health strategy. Specifically, the Center for Global Health (CGH) working through its strong partnerships with MOPH will assure the implementation and evaluation of public health research programs that will result in the prevention and control of diseases, both communicable and non-communicable, in Thailand. Over the past 20 years, with four consecutive Cooperative Agreements, the MOPH has strengthened HIV/AIDS prevention, care, training and surveillance programs; increased TB surveillance; and scaled up successful pilot projects. Under the second, third and fourth Cooperative agreement, the collaboration expanded to include International Emerging Infectious Diseases, migrant and border health (DGMQ), and influenza and non-communicable disease (NCD) activities. The MOPH has achieved their goals and accomplished objectives that have led to improving the health and quality of life of Thai citizens. These collaborations between CDC and Thailand MOPH have led to breakthroughs in research, improved programmatic practices, strengthened laboratory systems and improved vaccine capacity in Thailand. These advances benefit not only Thailand, but also have had regional and global impact.

5. Responsiveness

If an applicant requests a funding amount greater than the ceiling of $7,000,000 as indicated in

Section II. of this NOFO, HHS/CDC will consider the application non-responsive and it will not enter into the review process. HHS/CDC will notify the applicant that the application did not meet the submission requirements.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://cage.dla.mil/
- System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, https://www.sam.gov/index.html .
- Grants.gov
- eRA Commons

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principle Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Web Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by

telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.
Additionally, all applicant organizations must register in the **System for Award Management (SAM)**. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/index.html.
If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

9. Cost Sharing

This FOA does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Applicant organizations may submit one application.

Section IV. Application and Submission Information

1. Address to Request Application Package

In order to use ASSIST, applicants must visit https://public.era.nih.gov/assist where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.
If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH

eRA Service desk via:

- E-mail: http://grants.nih.gov/support/index.html
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide http://grants.nih.gov/grants/how-to-apply-application-guide.htm and here: https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf, except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 (R&R) Application Guide to ensure you complete all appropriate "optional" components.
When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

Content and form of application submission.

3. Letter of Intent

Due Date for Letter of Intent: **01/15/2021**
Letter of Intent Applicant:

Please include the following information in the Letter of Intent:

PI name

Institution name

Components being applied for:

- New projects under each component, with titles
- Continuation projects under each component, with titles

LOI should be sent via e-mail by **Jan 15th, 2021** to: Email: lkumar@cdc.gov

Lata Kumar,

ERPO Director,

Office of Science,

Office of the Director,

Center for Global Health,

CDC

1600 Clifton Road, MS D-69

Atlanta, GA 30033

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional. In ASSIST, all required and optional forms will appear as separate tabs at the top of the Application Information screen.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf and http://grants.nih.gov/grants/how-to-apply-application-guide.htm for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).
Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. **Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. **Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. **Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed research plan, including staffing and time line.
4. **Progress Report Publication List** (for Continuation ONLY)

Other Research Plan Sections

5. **Vertebrate Animals**
6. **Select Agent Research**
7. **Multiple PD/PI Leadership Plan.**
8. **Consortium/Contractual Arrangements**
9. **Letters of Support**
10. **Resource Sharing Plan(s)**
11. **Authentication of Key Biological and/or Chemical Resources**
12. **Appendix**

All instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf and here: http://grants.nih.gov/grants/how-to-apply-application-guide.htm must be followed along with any additional instructions provided in the NOFO.
Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.
The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:
• A description of the data to be collected or generated in the proposed project;
• Standards to be used for the collected or generated data;
• Mechanisms for, or limitations to, providing access to and sharing of the data (include a description of
provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights -
this section should address access to identifiable and de-identified data);
• Statement of the use of data standards that ensure all released data have appropriate documentation that
describes the method of collection, what the data represent, and potential limitations for use; and
• Plans for archiving and long-term preservation of the data, or explaining why long-term preservation
and access are not justified (this section should address archiving and preservation of identifiable and deidentified
data).
Examples of DMPs may be found here: USGS, http://www.usgs.gov/products/data-and-tools/data-management/data-management-plans

Component 4 (Inclusion Enrollment Report) applies only to Renewal and Revision applications for clinical research. Clinical research is that which is conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual.

Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies). Follow the page limits in the SF 424 unless otherwise specified in the NOFO. All instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms- e /general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B- V1.1 .pdf must be followed along with any additional instructions provided in the NOFO. Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:

- Descriptions of the data to be produced in the proposed project
- How access will be provided to the data (including provisions for protection of privacy, confidentiality, security, intellectual property, or other rights)
- Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use
- Plans for archival and long-term preservation of the data, or explaining why long-term preservation and access cannot be justified

Examples of DMPs may be found here: University of California https://dmp.cdlib.org/, or USGS, http://www.usgs.gov/datamanagement/plan/dmplans.php

Instructions for the Submission of Multi-Category Applications

This is the first time we are expecting applicant to use the multi-category package. Please read instructions below for the requirements for each category. There are separate SF 424 for each category and an additional Overall Category, which will be used to summarize the application.

The following section supplements the instructions found in the SF424 (R&;R) Application Guide, and should be used for preparing a multi-component application.

The application should consist of the following components:

- **Overall Category**: Required
- **Category A - Division of HIV/AIDS Prevention :** Required
- **Category B - Division of Parasitic Diseases and Malaria**: Required
- **Category C - Division of Global Health Protection** : Required
- **Category D - Division of Global HIV and Tuberculosis**: Required
- **Category E – Influenza**: Required
- **Category F - Noncommunicable Diseases**: Required
- **Category G - Surveillance and Laboratory Strengthening**: Optional

Note: Categories will be listed in the final application in the order in which they were entered in ASSIST.

OVERALL MOPH CATEGORY

When preparing your application, use Category Type 'Overall.'

All instructions in the SF424 (R&R) Application Guide must be followed, with the following additional instructions, as noted.

SF424 (R&R) Cover (Overall)

Complete entire form SF424 (R & R) [V2.0].

PHS 398 Cover Page Supplement (Overall)

Follow standard instructions of form PHS 398 Cover Page Supplement [V5.0].

Research & Related Other Project Information (Overall)

Follow standard instructions of form Research and Related Other Project Information [V1.4].

Project Summary/Abstract: Provide a succinct summary of the overall proposed work for the MOPH.

Project Narrative: In 1-3 sentences, describe the relevance of the research to be conducted by MOPH.

Facilities and Other Resources: Shared resources across categories should be described in the Facilities and Other Resources attachment. Information from this attachment will be used to evaluate the quality of the scientific environment for the research proposed.

Equipment: Do not include. Equipment should be identified in the appropriate categories.

Project/Performance Site Location(s) (Overall)

Enter primary site only. Follow standard instructions of form Project/Performance Site Location(s) [V2.0].

A summary of Project/Performance Sites in the Overall section of the assembled application image in eRA Commons compiled from data collected in the other categories will be

generated upon submission.

Research & Related Senior/Key Person Profile (Overall)

Follow standard instructions of form Research and Related Senior/Key Person Profile (Expanded) [V2.0].

The Ministry of Public Health will be an identifiable organizational unit formed by a single institution or a consortium of cooperating institutions. Therefore, lines of authority must be clearly specified. Each applicant institution will name a Director (PD/PI) who will be the key figure in the administration, management and coordination of the grant. The Director will be responsible for the organization and operation of MOPH. The PD/PI should be a scientific leader experienced in their field of research and must be able to coordinate, integrate, and provide guidance in the establishment of programs in this research and allied areas. Include only the Project Director/Principal Investigator (PD/PI) and any multi-PDs/PIs (if applicable to this NOFO) for the entire application. Category leads and other Senior/Key individuals should only be listed in the categories in which they are active.

A summary of Senior/Key Persons followed by their Biographical Sketches in the Overall section of the assembled application image in eRA Commons will be generated upon submission. CDC/ERPO recommends a single biosketch for each person. Therefore, the biosketches must be comprehensive, covering multiple roles if a single individual has multiple roles within the application.

Budget (Overall)

The only budget information included in the Overall component is the Estimated Project Funding section of the SF424 (R&R) Cover.

An Overall MOPH budget summary will be generated in the Overall section within ASSIST, by compiling the budgets from the individual categories.

PHS 398 Research Plan (Overall)

Follow standard instructions of form PHS 398 Research Plan [V4.0].

Introduction to Application: Not required for new NOFO.

Specific Aims: Describe the aims of MOPH and outline how each category will contribute to these aims.

Research Strategy:

Overall Description of MOPH. Provide an overview that succinctly describes the key scientific aspects of MOPH and how the proposed structure (e.g., research projects and categories) addresses the purpose and objectives of the NOFO. The application should be comprised of interrelated research projects and categories, each capable of standing on its own merit but complementary and necessary for accomplishing the proposed objectives. This section provides the team of investigators an opportunity to give a conceptual wholeness to the entire program and then lays out a broad strategy for accomplishing the stated goals. MOPH must address all the stated research objectives.

Describe the anticipated strategies for translation and/or dissemination of research findings,

including the audiences to be reached and the methods to reach those audiences. Provide a rationale for how the proposed research will address the research objectives the NOFO.

Significance: Focusing on MOPH as a whole, address (i) the importance of the overall goals of MOPH or critical barrier to progress in the field that MOPH is focused on, (ii) how the resources of MOPH will improve scientific knowledge, technical capability, and/or clinical practice, (iii) how the concepts methods, technologies, treatments, services, or preventive interventions that drive this field will be changed if the proposed aims are achieved.

Innovation: Considering MOPH as a whole, show how the proposed research seeks to shift current research or clinical practice paradigms through use of novel concepts, approaches, methodologies, instrumentation, or interventions. Does the proposed work refine, improve, or apply in a new way present/existing/current concepts, approaches, methodologies, instrumentation, or interventions?

Approach: Include the major approaches and studies in the application showing how the approaches of categories and research projects complement each other or are inter-dependent. Describe the mechanisms that will ensure the coherence of MOPH and maintain a multidisciplinary focus.

In lieu of a *Past Performance/Accomplishments*, new applications will be evaluated based on preliminary organizational work, experience, potential for developing new and exciting

research, and specific plans for implementation of the new program.

The applicant should provide the following information for each of the *Research Projects* in the overall component:

- Describe how all research projects within MOPH will be managed, monitored, and
- Proposed research projects should clearly fit within the overall goals and objectives of MOPH.
- Identify the category of the proposed individual research

Letters of Support: Include signed letters of support from all collaborating institutions, if applicable

Resource Sharing Plan: Individuals are required to comply with the instructions for the Resource Sharing Plans as provided in the SF424 (R&R) Application Guide, with the following modification:

All applications, regardless of the amount of direct costs requested for any one year, should address a Data Sharing Plan.

Appendix: Only limited items are allowed in the Appendix. Do not use the appendix to circumvent page limits. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

Note: The applicant should include in the section "Other Requested Information" a Human Subjects summary table that lists all the projects and human subjects' information (project title, performance sites, FWAs, IRB approval date/status)

PHS Human Subjects and Clinical Trials Information (Overall)

Follow standard instructions of form PHS Human Subjects and Clinical Trials Information [V2.0].

When involving human subjects research, clinical research, and/or NIH-defined clinical

trials follow all instructions for the PHS Human Subjects and Clinical Trials Information form in the SF424 (R&R) Application Guide, with the following additional instructions:

If you answered "Yes" to the question "Are Human Subjects Involved?" on the R&R Other Project Information form, there must be at least one human subjects study record using the **Study Record: PHS Human Subjects and Clinical Trials Information** form or a **Delayed Onset Study record** within the application. The study record(s) must be included in the component(s) where the work is being done, unless the same study spans multiple components. To avoid the creation of duplicate study records, a single study record with sufficient information for all involved components must be included in the Overall component when the same study spans multiple components.

Study Record: PHS Human Subjects and Clinical Trials Information

All instructions in the SF424 (R&R) Application Guide must be followed.

Categories A- G : Please follow the instructions below for Categories A to G. Each Category has a separate SF 424 package – the instructions below apply to all of them.

Please make sure to indicate the Category in the Cover letter of each package and list the number of new projects. Also, please specify the continuation projects from the previous cycle of the NOFO for which a proposal will be submitted.

When preparing your application, insert Category Type (A-G).

All instructions in the SF424 (R&R) Application Guide must be followed, with the following additional instructions, as noted.

SF424 (R&R) Cover

Complete entire form SF-424 R&R Multi-Project Cover [V1.0].

Note: The R&R Budget form included in many of the category types allows for up to 100 Senior/Key Persons in section A and 100 Equipment Items in section C prior to using attachments for additional entries. All other SF424 (R&R) instructions apply.

If applicable, use SF424 R&R Subaward Budget Attachment Forms for each consortium/subaward recipient.

PHS 398 Cover Page Supplement

Follow standard instructions PHS 398 Cover Page Supplement [V5.0].

Research & Related Other Project Information

Follow standard instructions of form Research And Related Other Project Information [V1.4].

Project Summary/Abstract: Provide a succinct summary of the proposed work for the specific Category.

Project Narrative: In 1-3 sentences describe the relevance of the research to be conducted by the proposed core on public health.

Facilities and Other Resources: Provide a description of all resources for all proposed categories and projects in the Facilities and Other Resources attachment. The information will be used to evaluate the quality of the overall environment at MOPH.

Equipment: Describe any equipment that is shared across categories.

Project /Performance Site Location(s): Follow standard instructions of form Project/Performance Site Location(s) [V2.0]. List all performance sites that apply to the specific component.

Note: The Project Performance Site form allows up to 300 sites, prior to using additional attachment for additional entries.

Research & Related Senior/Key Person Profile)

Follow standard instructions of form Research and Related Senior/Key Person Profile (Expanded) [V2.0].

In the Project Director/Principal Investigator section, use Project Role of 'Other' with Category of 'Center Director' and provide a valid eRA Commons ID in the Credential field. The biographical sketch should present evidence of scientific expertise relevant to the themes of the application and demonstrate the capacity for effective leadership.

In the additional Senior/Key Profiles section, list Senior/Key persons that are working in the component.

An Associate Director may be named who will be involved in the administrative and scientific efforts of MOPH. If named, specify Project Role of 'Other' with Category of 'Associate Director'.

Include a single Biographical Sketch for each Senior/Key person listed in the application regardless of the number of components in which they participate. When a Senior/Key person is listed in multiple categories, the Biographical Sketch can be included in any one category.

Budget

Follow standard instructions of form Research & Related Multi-Project 10 Year Budget [V1.1].

Budget forms appropriate for the specific component will be included in the application

package.

For this NOFO, CDC/ERPO requires a detailed budget for Year one for each project under the Components being applied for.

Note: The R&R Budget form included in many of the component types allows for up to 100 Senior/Key Persons in section A and 100 Equipment Items in section C prior to using attachments for additional entries. All other SF424 (R&R) instructions apply.

If applicable, use SF424 R&R Subaward Budget Attachment Forms for each consortium/subaward recipient.

PHS 398 Research Plan

Follow standard instructions of form PHS 398 Research Plan [V4.0].

Introduction to Application: Not required for this new NOFO.

The instructions apply for each individual research project: **Specific Aims**: Briefly describe the overall specific aims of the research project. Clearly describe the relationship of the research project to the overall MOPH goals. Clearly state how the specific Category will contribute to the goals of MOPH and how this core integrates with other projects and cores. Provide an overview of how the specific Category will set the overall direction of MOPH and ensure optimal utilization of MOPH resources.

Research Strategy: Describe the anticipated strategies for translation and/or dissemination of research findings, including the audiences to be reached and the methods to reach those audiences. Describe the anticipated strategies for translation and/or dissemination of research findings, including the audiences to be reached and the methods to reach those audiences.

In lieu of a *Past Performance/Accomplishments*, new applications will be evaluated based on preliminary organizational work, experience, potential for developing new and exciting research, and specific plans for implementation of the proposed core.

Research projects have a limit of **25** pages.

Provide a statement about significance, approach and innovation.

Significance: Address for each project (i) the importance of the problem or critical barrier to progress in the field that the proposed project is focused on, (ii) how the resources of the proposed project will improve scientific knowledge, technical capability, and/or clinical practice, (iii) how the concepts methods, technologies, treatments, services, or preventive interventions that drive this field will be changed if the proposed aims are achieved.

Innovation: Provide a brief description of how the proposed project seeks to shift current research or clinical practice paradigms through use of novel concepts, approaches, methodologies, instrumentation, or interventions. Does the proposed work refine, or improve, or apply in a new way, the concepts, approaches, methodologies, instrumentation, or interventions proposed?

Approach: Provide a statement about significance and innovation. Include the major approaches and studies in the application showing how the approaches of the proposed project complements each other or are inter-dependent. Describe the mechanisms that will ensure the coherence of each project and maintain a multidisciplinary focus.

In lieu of a *Past Performance/Accomplishments*, new applications will be evaluated based on preliminary organizational work, experience, potential for developing new and exciting research, and specific plans for implementation of the proposed project.

Letters of Support: Provide any letters of support that are specific to each proposed project.

Resource Sharing Plan: Individuals are required to comply with the instructions for the Resource Sharing Plans as provided in the SF424 (R&R) Application Guide, with the following modification: All applications, regardless of the amount of direct costs requested for any one

year, should address a Data Sharing Plan.

Appendix:

Only limited items are allowed in the Appendix. Do not use the appendix to circumvent page limits. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

PHS Human Subjects and Clinical Trials Information

Follow standard instructions of form PHS Human Subjects and Clinical Trials Information [V2.0]. When involving human subjects research, clinical research, and/or NIH-defined clinical trials follow all instructions for the PHS Human Subjects and Clinical Trials Information form in the SF424 (R&R) Application Guide, with the following additional instructions: If you answered "Yes" to the question "Are Human Subjects Involved?" on the R&R Other Project Information form, there must be at least one human subjects study record using the Study Record: PHS Human Subjects and Clinical Trials Information form or a Delayed Onset Study record within the application. The study record(s) must be included in the categories where the work is being done, unless the same study spans multiple categories. To avoid the creation of duplicate study records, a single study record with sufficient information for all involved components must be included in the Overall category when the same study spans multiple categories.

Study Record: PHS Human Subjects and Clinical Trials Information

All instructions in the SF424 (R&R) Application Guide must be followed.

Letters of Support: Provide any letters of support that are specific to this specific category. Include a Letter of Support for each Advisory Committee members.

Resource Sharing Plan: Individuals are required to comply with the instructions for the Resource Sharing Plans as provided in the SF424 (R&R) Application Guide, with the following modification: All applications, regardless of the amount of direct costs requested for any one year, should address a Data Sharing Plan.

Text Field: PHS 398 Research Plan Component

Note: Because this is an umbrella cooperative agreement with multiple programs, applicant should follow the additional instructions below:

- Please separate the projects by Category . If there are multiple projects in a Category, please ensure that each project proposal contains all the relevant sections from the Research Plan (i.e., sections 2-16 in PHS 398). Budgets and budget justifications for

each individual project are required. Please include the Budget and justification along with each project.

- Please identify if a project is ongoing/non-competing continuation from previous years **or new**. Please group projects by their respective categories.
- All new projects will be peer reviewed.
- Ongoing projects that have previously been peer-reviewed but could not be completed (due to technical challenges at the field study site, delay in IRB approvals, or because their objectives could not be met during the previous CoAg period) could be exempted from peer review. Please indicate these projects as noncompeting continuations and ensure that the project title is the same as the original submission.
- If all the project proposals from the various Categories cannot be uploaded within the given page limitations, please upload them under the **Appendix**

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

Appendix

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 25 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 50 PDF files with a maximum of 150 pages for all appendices. Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system. **CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide** https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This

includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes.
Organizations must submit applications using the ASSIST web-based application preparation and submission process.
ASSIST will validate applications before submission. If the system detects errors, then the applicant must correct errors before their application can be submitted.
Applicants are responsible for viewing their application in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application resubmitted in ASSIST.
Applicants are able to access, view, and track the status of their applications in the eRA Commons.
Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.
Note: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).
Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:
Toll-free: 1-866-504-9552; Phone: 301-402-7469
http://grants.nih.gov/support/index.html
Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:
Toll-free: 1-800-518-4726
https://www.grants.gov/web/grants/support.html
support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

It is important that applicants complete the application submission process well in advance of the due date time.
After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor agency has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, the **applicant** must:

1. Track submission and verify the submission status (tracking should be done initially regardless of rejection or success).

    a. If the status states "rejected," be sure to save time stamped, documented rejection

notices, and do #2a or #2b

2. Check emails from both Grants.gov and NIH eRA Commons for rejection notices.

a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement explaining why the submission failed.
b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **03/15/2021**

Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

10. Intergovernmental Review (E.O. 12372)

This initiative is not subject to intergovernmental review.

11. Funding Restrictions

Expanded Authority:
For more information on expanded authority and pre-award costs, go to https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf and speak to your GMS.
All HHS/CDC awards are subject to the federal regulations, 45 CFR 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

Protecting Life in Global Health Assistance:
In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additional-requirements/ar-35.html).

Public Health Data:
CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards.

Data Management Plan:
Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be

included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.
Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).

Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: https://www.cdc.gov/grants/additional-requirements/ar-25.html for revised AR-25.

Human Subjects:
Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.
If the proposed research project involves more than one institution and will be conducted in the United States, awardees are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan in the application, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy or a compelling justification based on ethical or human subjects protection issues or other well-justified reasons is provided. Exceptions will be reviewed and approved by CDC in accordance with Department of Health and Human Services (DHHS) Regulations (Title 45 Code of Federal Regulations Part 46), or a restriction may be placed on the award. For more information, please contact the scientific/research contact included on this NOFO.
Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies are not expected to follow the requirement for sIRB.

12. Other Submission Requirements and Information

Risk Assessment Questionnaire Requirement
CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as

per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.
CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. Upload the questionnaire and supporting documents as an attachment in the "12. Other Attachments" section of the "RESEARCH & RELATED Other Project Information" section of the application. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Application Submission
Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

Applicants must complete all required registrations before the application due date. Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (https://grants.nih.gov/grants/how-to-apply-application-guide.html).

Important reminders:
All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.
The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.
If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications:

- http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm
- http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm
- https://era.nih.gov/files/ASSIST_user_guide.pdf
- http://era.nih.gov/erahelp/ASSIST/

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (https://www.cdc.gov/about/organization/mission.htm), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact

Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria
Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

- Is the proposed research innovation and yet offer reasonable potential for concrete applications of interest and value to CDC?
- Does the project have the potential to increase efficiency or lead to costs savings?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?

If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

- Does the project utilize critical partnerships or collaborations? Does the project support key stakeholder involvement throughout the research process?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects
If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (https://www.cdc.gov/grants/additionalrequirements/ar-1.html).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children
When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/maso/Policy/Policy_women.pdf and the policy on the Inclusion of

Persons Under 21 in Research (https://www.cdc.gov/maso/Policy/policy496.pdf).

Vertebrate Animals
The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following four points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 4) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (https://olaw.nih.gov/guidance/vertebrate-animal-section.htm).

Biohazards
Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact/priority score.

Additional Review Considerations:
Applications from Foreign Organizations
Reviewers will assess whether the project presents special opportunities for furthering research programs using unusual talent, resources, populations, or environmental conditions that exist in other countries and either are not readily available in the United States or augment existing U.S. resources.

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect

cost rate agreement or cost allocation plan approval letter

Applications from Foreign Organizations
Reviewers will assess whether the project presents special opportunities for furthering research programs through the use of unusual talent, resources, populations, or environmental conditions that exist in other countries and either are not readily available in the United States or augment existing U.S. resources.

Resource Sharing Plan(s)
HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

New additional requirement: CDC requires recipients for projects and programs that involve data collection or generation of data with federal funds to develop and submit a Data Management Plan (DMP) for each collection of public health data.

Investigators responding to this Notice of Funding Opportunity should include a detailed DMP in the Resource Sharing Plan(s) section of the PHS 398 Research Plan Component of the application. The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

The DMP should be developed during the project planning phase prior to the initiation of collecting or generating public health data and will be submitted with the application. The submitted DMP will be evaluated for completeness and quality at the time of submission.

The DMP should include, at a minimum, a description of the following:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights - this section should address access to identifiable and de-identified data);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified (this section should address archiving and preservation of identifiable and de-identified data).

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

Budget and Period of Support

Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html
The budget can include both direct costs and indirect costs as allowed.
Indirect costs could include the cost of collecting, managing, sharing and preserving data.
Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.
If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.
As part of the scientific peer review, all applications:

- Will undergo a selection process in which all responsive applications will be discussed and assigned an overall impact/priority score.

- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office.
Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

- Proposals under each Category will be ranked order per Category and funded based on

program priority.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These

provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the DUNS, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee's business official.

Recipient must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr.

Specific requirements that apply to this NOFO are the following:

CDC Administrative Requirements

Generally applicable ARs:

AR-1: Human Subjects Requirements

AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research AR-3: Animal Subjects Requirements

AR-7: Executive Order 12372 Review

AR-9: Paperwork Reduction Act Requirements AR-10: Smoke-Free Workplace Requirements AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern

AR-34: Language Access for Persons with Limited English Proficiency AR-36: Certificates of Confidentiality

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements AR-15: ; ; ; ; ; ; ; Proof ; ; ; ; ; ;of ; ; ; ; ; ; ; Non-profit ; ; ; ; ; ; ; StatusAR 23: Compliance with 45 C.F.R. Part 87

ARs applicable to Global Health Assistance Awards:

AR-35: Protecting Life in Global Health Assistance

For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: http://www.archives.gov/.

To view brief descriptions of relevant CDC requirements visit: https://www.cdc.gov/grants/additionalrequirements/index.html

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy apply to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

Federal Funding Accountability and Transparency Act of 2006 Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252, requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: https://www.fsrs.gov/.

Plain Writing Act The Plain Writing Act of 2010, Public Law 111-274 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: http://www.plainlanguage.gov/plLaw/index.cfm.

Pilot Program for Enhancement of Employee Whistleblower Protections All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

Copyright Interests Provision This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal

publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Language Access for Persons with Limited English Proficiency Recipients of federal financial assistance 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. Recipients of federal financial assistance must take the reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Grantees (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.

Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s)
CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, "public health data" means digitally recorded

factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

This new requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled "Open Data Policy–Managing Information as an Asset" (OMB M-13-13); Executive Order 13642 titled "Making Open and Machine Readable the New Default for Government Information"; and the Office of Science and Technology Policy (OSTP) memorandum titled "Increasing Access to the Results of Federally Funded Scientific Research" (OSTP Memo).

The AR-25 https://www.cdc.gov/grants/additional-requirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.
Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: https://www.cdc.gov/grants/additional-requirements/ar-36.html.

4. Cooperative Agreement Terms and Conditions

Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable

U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; CDC Project Officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the recipients for the project, although specific tasks and activities may be shared among the recipients and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:

- ***Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Nonresearch Data Management and Access***

https://www.cdc.gov/grants/additionalrequirements/ar-25.html

CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- ***Assisting the PI, as needed, in complying with the Investigator responsibilities described in the Policy on Public Health Research and Nonresearch Data Management and Access*** https://www.cdc.gov/grants/additionalrequirements/ar-html
- *Recipients will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC*
    - **OMB Requirements** - The Office of Management and Budget (OMB) requires that all projects in which CDC staff will provide technical assistance or advice on any information collections on 10 or more people that are planned or conducted by the awardee, all such information collections – where CDC staff will be or are approving, directing, conducting, managing, or owning data – must undergo OMB project determinations by CDC and might require OMB PRA clearance prior to the start of the project.

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:

1) Information on executive compensation when not already reported through the SAM Registration; and
2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A. Submission of Reports
The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

1. **Yearly Non-Competing Grant Progress Report**, is due 90 to 120 days before the end of the current budget period. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

2. **Annual Federal Financial Report (FFR) SF 425** (https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm) is required and must be submitted through the Payment Management System (PMS) **within 90 days after the end of the calendar quarter in which the budget period ends**.

3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required **90 days after the end of the period of performance**.

B. Content of Reports

1. Yearly Non-Competing Grant Progress Report: The grantee's continuation application/progress should include:

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (https://grants.nih.gov/grants/rppr/index.htm). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.

- Research Aims: list each research aim/project

a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to consider in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contributed to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:

- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate “Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project’s data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through the Payment Management System (PMS) within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.
Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.
The due date for final FFRs is 120 days after the Period of Performance end date.
Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must

submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).
FFR (SF 425) instructions for CDC recipients are now available at https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm. For further information, contact GrantsInfo@nih.gov. Additional resources on the Payment Management System (PMS) can be found at https://pms.psc.gov.
Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https://era.nih.gov/ for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.
The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.
3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, health care institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the period of performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity.

Please include any additional dissemination efforts that did or will result from the project.

- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts
Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

Scientific Contact(s)

Todd Mercer, Project Officer

CDC Thailand, CGH, CDC

Telephone: 662-580-0669

Email: ztc9@cdc.gov

Peer Review Contact(s)

Hylan Shoob

CGH Science Office

Telephone: 404-639-4796

Email: hshoob@cdc.gov

Financial/Grants Management Contact(s)

Manal Ali

Grants Management Specialist

Office of Financial Resources (OFR), CDC

Telephone: 770-488-2906

Email: wef9@cdc.gov

Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.
All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations
Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code Federal Regulations.

Statutory Authority
301 (a) and 307 (42 U.S.C. 242/, as amended) of the Public Health Service Act, [42 U.S.C. Sections 241 (a) and 247b (k) (2), as amended.