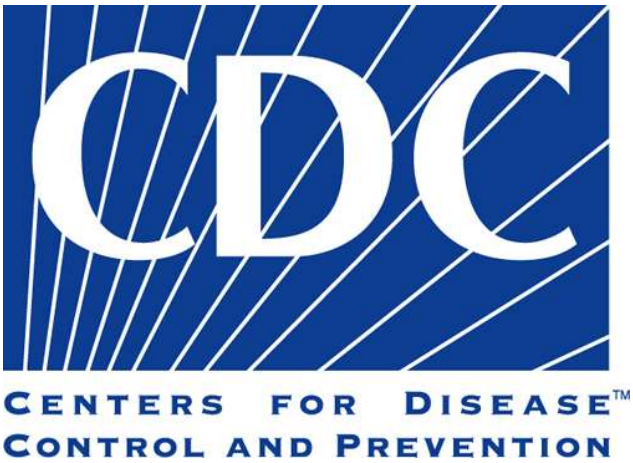


Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Strengthening Rocky Mountain spotted fever (RMSF) prevention and control in Arizona tribal lands

CDC-RFA-CK21-2102

05/31/2021

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CK21-2102. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Strengthening Rocky Mountain spotted fever (RMSF) prevention and control in Arizona tribal lands

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CK21-2102

E. Assistance Listings Number:

93.772

F. Dates:

1. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:
05/31/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
March 24, 2021 4:00 pm EST
https://cdc.zoomgov.com/j/1601031435?pwd=bDkrV25uSGI0YlBqcmVESHNZeVdaZz09
Passcode: 2k#s8!BK
Or iPhone one-tap :
US: +16692545252,,1601031435#,,,,,,0#,,15572266# or
+16692161590,,1601031435#,,,,,,0#,,15572266#
Or Telephone:
Dial(for higher quality, dial a number based on your current location):
US: +1 669 254 5252 or +1 669 216 1590 or +1 646 828 7666 or +1 551 285 1373
Webinar ID: 160 103 1435
Passcode: 15572266

G. Executive Summary:

1. Summary Paragraph
This NOFO support's CDC's mission to protect America from health, safety and security threats, both foreign and in the U.S. Rocky Mountain spotted fever (RMSF) is a life-threatening tickborne disease which is impacting Arizona tribal communities at epidemic rates. Incidence of RMSF in certain tribal communities is more than 150 times higher than the national average. Prevention of RMSF requires collaboration of human, animal, and environmental health partners. While key prevention practices have been successfully identified, sustainable prevention programs have not been attained in many communities due to a lack of training, resources, and infrastructure. Building tribal capacity for RMSF prevention requires development of services and infrastructure relating to animal wellness, vector control, education, and outreach for American Indian (AI) populations in Arizona.
Specific strategies and outcomes may include, but are not limited to:

1. Improve dissemination of proven RMSF prevention practices to AI communities in Arizona
2. Increase community understanding of RMSF and how it can be prevented
3. Conduct an evaluation of current RMSF programs
4. Increase the availability and utilization of public health resources such as vector control and animal control to support sustainable RMSF prevention

The award will be provided annually for a possible period of 3 years. Recipients are expected to complete prevention activities and measure the impact of efforts on RMSF indicators over the period of performance. Groundwork for the development of sustainable RMSF prevention programs should already be started before the end of the award.

a. Eligible Applicants:
Single

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
6

d. Total Period of Performance Funding:
$ 1,800,000

e. Average One Year Award Amount:
$ 58,000
Awards may vary $10,000-350,000 depending on disease burden in the area, and quality of the application

f. Total Period of Performance Length:
3

g. Estimated Award Date:
September 01, 2021

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. Sources for cost sharing or matching include complementary foundation funding, other US government funding sources, including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, US Park Service) and other funding sources.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

- The Centers for Disease Control and Prevention (CDC) announces a funding opportunity to build capacity to prevent and control Rocky Mountain spotted fever (RMSF) on tribal lands of Arizona.[1] RMSF is a life-threatening tickborne disease. An ongoing epidemic of RMSF affects tribal lands in Arizona with nearly 500 cases and 28 deaths since 2003—a case fatality rate 15 times higher than that national rate.[2]
- Epidemics in Arizona tribal communities are perpetuated by large populations of brown dog ticks and free-roaming dog populations, and thus require targeted and unique tick control tactics. Effective control strategies have been identified through evidence-based research with tribal, federal, state, and private partners in an innovative project called the RMSF Rodeo. This project demonstrated that integrated pest management techniques including use of long-acting tick collars on dogs and environmental pesticide, could effectively reduce the number of ticks on dogs, in the environment, and more importantly, reduce the incidence of RMSF in tribal communities. Cases in the project area were reduced by 43%. While these effective techniques have been identified and successfully implemented, they require fundamental infrastructure in vector control and animal control, which are often lacking in tribal communities.
- CDC is committed to supporting and improving public health at all levels: state, tribal, local and territorial. As a federal agency, CDC recognizes its special obligations to, and

unique relationship with, the AI population, and is committed to fulfilling its critical role in assuring that AI communities establish a safer and healthier environment for their members.

- For the purpose of this notice of funding opportunity (NOFO), strengthening tribal programs refers to improved prevention practices, service delivery, quality control, and program evaluation in program areas relating to animal wellness, vector control, education, and outreach for AI populations in Arizona. Applicants are expected to achieve outcomes from the following: increased dissemination or process improvement of proven interventions for RMSF prevention efforts, development and evaluation of locally-minded RMSF communications plan, RMSF program evaluation or increased availability of RMSF support services such as vector control and animal control to strengthen sustainable RMSF prevention programs.

[1] Throughout this NOFO, "tribe" refers to federally recognized tribal governments – *Federally Recognized Tribal Governments – Indian tribes with whom the federal government maintains an official government-to-government relationship; usually established by a federal treaty, statute, executive order, court order, or a Federal Administrative Action. The Bureau of Indian Affairs (BIA) maintains and regularly publishes the list of federally recognized Indian tribes.*
US Department of Health and Human Services (HHS) Tribal Consultation Policy, section 17 (Revised 12/2010)

[2] Tribal lands refers to federal Indian reservations –
A federal Indian reservation is an area of land reserved for a tribe or tribes under treaty or other agreement with the United States, executive order, or federal statute or administrative action as permanent tribal homelands, and where the federal government holds title to the land in trust on behalf of the tribe.

b. Statutory Authorities
This program is authorized under Public Health Service Act 317(k)(2), as amended [42 U.S.C. section 247b(k)(2)].

c. Healthy People 2030
Healthy People 2030 provides national health objectives for improving the health of Americans by encouraging cross-sector collaboration, guiding individuals toward informed health decisions and measuring the impact of prevention activities. This program addresses the *Healthy People 2030* aim to reduce rates of infectious diseases, eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

d. Other National Public Health Priorities and Strategies
This NOFO supports one of CDC's strategic goals to use science and innovation to prevent, detect and respond to public health threats. Reducing RMSF is one of measures of success identified by CDC leadership: Reduce by 75% cases of Rocky Mountain spotted fever in US tribal communities.
This NOFO further aligns with the new National Public Health Framework for the Prevention and Control of Vector-Borne Diseases in Humans, which calls for the dissemination and support of effective public health and vector control products, tools, and programs to prevent, detect, diagnose, and respond to vector-borne disease threats.

e. Relevant Work

This NOFO complements the approach of other CDC programs to strengthen public health capacity in Indian Country to improve the health and wellness of American Indian/Alaska Native (AI/AN) populations (e.g., CDC's Good Health and Wellness in Indian Country program to address chronic disease and the FY2018 NOFO Tribal Public Health Capacity Building and Quality Improvement). This NOFO also complements the CSTLTS capacity building NOFO funded starting in 2018 which supports one tribal program in building RMSF prevention capacity. This additional NOFO will provide further opportunity to other impacted tribal communities and provide opportunities to evaluate program efficacy.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CK21-2102 Logic Model: Strengthening Rocky Mountain spotted fever prevention and control in Arizona Tribal communities

Bold indicates period of performance outcome

Funding recipients are expected to address *at least one* of the activities listed below.

Activities	Short-term outcomes (end of year 1-2)	Intermediate outcomes (year 3)	Long-term outcomes
1. Implement and adapt evidence-based interventions to reduce Rocky Mountain spotted fever (RMSF) a. Tailor RMSF prevention strategies for your tribal community, or b. Conduct process improvement for current RMSF prevention strategies to make more resource efficient.	**Adoption of RMSF prevention practices within the tribal community.** **Improved collection, maintenance and interpretation of RMSF data.**	**More efficient targeting of RMSF prevention efforts using data-driven approach.** **Increased effectiveness, efficiency and impact of RMSF prevention.** Implemented policies to support programs and services for RMSF prevention.	Improved RMSF prevention operations to support the health of tribal communities. Reduce hospitalizations and death from RMSF. Development of sustainable public health programs for the prevention of RMSF in tribal communities.
2. Develop, disseminate, and evaluate locally-minded communications plan for RMSF with culturally appropriate messaging.	**Increased awareness of RMSF prevention messaging across tribal demographics.**	**Increased understanding of RMSF among tribal members and how it can be prevented.**	
3. Strengthen RMSF support services and partnerships (such as animal control, vector control or environmental management) in tribal communities (by training,	**Developed new partnerships to support RMSF prevention services.**	**Increased utilization of vector control, animal control, and/or environmental health services by tribal communities**	

i. Purpose

The purpose of this NOFO is to provide resources to tribal nations impacted by Rocky Mountain spotted fever in Arizona. These resources will support the development and maintenance of RMSF prevention and control programs within their communities by increasing use of evidence-based interventions, developing improved communications products, strengthening RMSF support services like animal control and vector control services within the community, enhancing tracking of key progress indicators, and by providing support to evaluate the use of current RMSF prevention programs.

ii. Outcomes

The program is expected to demonstrate measurable progress towards addressing the short-term and intermediate outcomes that appear in bold in the NOFO logic model. Indicators that quantify these outcomes are described in the section entitled CDC Evaluation and Performance Measurement Strategy. Funding recipients are expected to address **at least one** of the activities listed in the logic model. Expected outcomes by activity include:

Implement and adapt evidence-based interventions to reduce RMSF

- Adoption of RMSF prevention practices within the tribal community (short-term)
- Improved collection, maintenance and interpretation of RMSF data (short-term)
- More efficient targeting of RMSF prevention efforts using data-driven approach (intermediate)
- Increased effectiveness, efficiency and impact of RMSF prevention (intermediate)

Develop, disseminate, and evaluate locally-minded communications plan for RMSF with culturally appropriate messaging

- Increased awareness of RMSF prevention messaging across tribal demographics (short-term)
- Increased understanding of RMSF among tribal members and how it can be prevented (intermediate)

Strengthen RMSF support services and partnerships (such as animal control, vector control or environmental management) in tribal communities (by training or equipping tribal program or utilizing contracted services)

- Developed new partnerships to support RMSF prevention services (short-term)
- Increased utilization of vector control, animal control, and/or environmental health services by tribal communities to support RMSF prevention (intermediate)

Following the period of performance, all program activities supported through this NOFO are intended to improve RMSF prevention operations for tribal communities. Increased and improved prevention will in turn reduce hospitalizations and deaths from RMSF and help support sustainable public health programs for impacted tribal communities.

iii. Strategies and Activities

Within the Project Narrative, applicants must clearly identify and address **one or more** of the following activities.

1. *Implement and adapt evidence-based interventions to reduce RMSF* by either:

a. Tailoring proven RMSF prevention strategies for your tribal community; or
b. Conducting process improvement for current RMSF prevention strategies to make programs more resource efficient.

Activities may involve, but are not limited to, testing of different tick control products and evaluation of product dissemination (for example in targeted vs. community-wide strategies or prioritization of highly impacted communities). In order to fulfill this activity, recipients should develop an evaluation plan to assess the impact of RMSF control strategies and track best practices. Within the period of performance tribes should collect baseline information and compare to improved or new interventions. Recipients may further consider a formal evaluation of a current program which could include not only service utilization and disease outcome measures, but also key informant interviews about the value of the program. If cost-efficacy is a priority for the tribe, then reporting should include summary of cost of intervention per case averted or other similar measure.

2. *Develop, disseminate and evaluate locally-minded RMSF communications plan with culturally appropriate messaging*. If this activity is selected a copy of the communications plan should be completed within the first budget period and should outline or describe target audiences, provide example messages or communications products, and annual report should include the number of recipients reached for each of the newly developed products. The ultimate goal of this activity is to both develop the communications plan and complete and report on an evaluation of new messaging. The impact of improved communication should be documented through use of a pre-post survey or focus group evaluation to show changes in understanding. An assessment in changed knowledge, attitudes, behaviors, or practices should be completed within the period of performance.
3. *Strengthen RMSF support services (such as animal control, vector control or environmental management) in tribal communities (by training, equipping tribal program or utilizing contracted services).* Improved service offering can be completed by training or equipping local resources in environmental management or vector control or by offering contracted services for items such as waste management, vector control, veterinary services, etc. Whenever possible, sustainability past the period of performance should be kept in mind, thus there is an emphasis on building partnerships and increasing local capacity. If this activity is selected recipients will be expected to collect and analyze data on service utilization and impact on disease incidence. If any local policies are developed or implemented to support service utilization (for instance animal control ordinances requiring animals to be spayed or neutered) summaries of policies should be provided in annual reports with a discussion of the intended impact on RMSF services.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
Recipients are encouraged, but not required to collaborate with CDC's offices of Center for State, Tribal, Local, and Territorial Support or National Center for Environmental Health.

b. With organizations not funded by CDC:

RMSF is a multidisciplinary problem requiring a coalition of support. Collaboration with state, federal, tribal and local government agencies and relevant public health organizations and non-profit partners is strongly encouraged, but not required. Specific collaborations are at the discretion of the tribal program, but may include the Arizona Department of Health Services, Indian Health Service, tribal epidemiology centers or Urban Indian Health Centers, county health departments, local universities, non-profit partners with interest in vector control, human health or animal wellness. Although not required, the strongest applications will include evidence of relevant partnerships (for example, list of coalition partners, or copies of MOU/MOA/letter of support). Formalized collaborations under an MOU/MOA/letter of support are not required for the purposes of this funding opportunity and are at the discretion of the tribe. If included in your application, please combine relevant coalition lists/MOU/MOA/letters of support as one pdf labeled "External partnerships" in www.grants.gov. Subsequent MOUs/MOAs developed following the award which directly relate to the activities in the recipient work plan should be shared with the project officer.

2. Target Populations

RMSF causes premature death and disability in tribal communities at a rate greatly exceeding the national average, targeted efforts to prevent RMSF in these communities aims to eliminate health disparity in RMSF morbidity and mortality. Outcomes of the NOFO should benefit tribal members living in communities which have recently reported RMSF cases. Within the background section of the project narrative, applicants must clearly identify how the proposed plans, capacity building or quality improvements will reduce the impact of RMSF within their tribal community.

a. Health Disparities

Rocky Mountain spotted fever is deeply intertwined with social determinants of health. Many impacted communities are in rural locations with limited resources for sanitation, animal wellness, and vector control services. Lack of certain health resources, including veterinary support for spay and neuter, animal control and strong infrastructure for waste management place communities at increased risk for tick proliferation, and thus Rocky Mountain spotted fever.

iv. Funding Strategy

Awards may vary from $10,000-$350,000 each year depending on disease burden in the area, and quality of the application. Applicants must provide evidence of disease burden within their tribal community. Evidence of disease burden can simply be an email from the state health department reporting the number of cases of Rocky Mountain spotted fever reported within the last 5 years (2015-2020).

Initial awards may be weighted based on disease burden during 2015-2020:

Tribes reporting 1-10 cases of Rocky Mountain Spotted Fever (RMSF) are eligible for $10,000-$50,000:

- Hopi
- Navajo Nation (NN)
- Gila River Indian Community (GRIC)

Tribes reporting 11-30 cases of RMSF are eligible for $20,000-$100,000:

- Tohono O'odham Nation (TON)

Tribes reporting greater than 30 cases of RMSF are eligible for $50,000-$350,000:

- White Mountain Apache Tribe (WMAT)
- San Carlos Apache Tribe (SCAT)

Evidence of disease burden should be named "RMSF Disease Burden" and uploaded as a pdf at www.grants.gov.
Funds received as part of this NOFO can be used to complement other federally funded RMSF prevention activities but budget items (including equipment, salaries, and contract) should not duplicate currently funded requests. to avoid redundancy applicants must disclose any other federal funds from the current fiscal year that have been received or applied specifically for RMSF prevention. NOFO activities should be distinctly different from those funded by other federal or private funding opportunities.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the activities, strategies, performance measures, and evaluation requirements as outlined in the NOFO.

General capacity:

All applicants must describe their organizational capacity to carry out CDC program requirements and meet the period of performance outcomes. Day-to-day responsibilities for key tasks, such as project leadership, monitoring of the project's ongoing progress, preparation of reports, program evaluation, and communication with partners and CDC, should be outlined.

Applicants must provide evidence of the following:

- Adequate staffing or staffing plans to carry out activities in the workplan. Provide organizational chart and CV/resume of program staff supporting project. Label files as "CVs/Resumes" or "Organizational Charts" and upload as separate pdfs at www.grants.gov.
- Experience with program planning, management and evaluation if program evaluation is selected as a strategic goal. Note within the general capacity section staff name (and include their CV) with program planning, monitoring or evaluation. If this skill set is not available prior to application, describe how the tribe will obtain this experience or request technical assistance to obtain it.
- Full capacity to manage required procurement efforts, including the ability to write and award subcontracts
- Applicants must demonstrate willingness and capacity to share lessons learned with other recipients and tribes throughout Indian Country and with CDC.

Federally recognized AI/AN tribal nations will additionally need to demonstrate support from the tribe by providing an official letter from official tribal leaders, or a tribal resolution. Official email correspondence from elected leaders will be accepted. File should be named "Tribal Support" and uploaded as a PDF at www.grants.gov.

d. Work Plan

Work plans for applicants must include, at a minimum, the following:

- Identification of the following for which the applicant is applying:
    - **One or more** of the three activities within the logic model
    - **List at least 2 short term and 1 long term outcome** as is appropriate for the tribal project (can be modified from those listed in the logic model if needed)
- A descriptive detailed Year 1 plan with SMART (specific, measurable, achievable, realistic, and time-bound) strategies and activities to support achievement of the outcomes chosen. These activities must align with the cooperative agreement's logic model and should have appropriate performance measures or milestones for

accomplishing tasks. More information about developing SMART strategies is available at Develop Smart Objectives.

- A high-level three-year work plan that addresses how progress will continue
- Intended outcomes for the first year of the period of performance and how they will be measured
- Program strategies to be used during the first year of the period of performance
- Mechanisms to address selected program strategies
- Timeline for the first year of the period of performance

A sample work plan template is provided below. Applicants are required to include all of the elements listed within the sample work plan. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award.

- *In this format,* ***the table would be completed for each period of performance outcome****. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.*

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6			

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Conference calls between CDC and the recipients will include discussion of project updates, technical assistance needs and discussion about overcoming project barriers. Conference call frequency will be determined by the CDC project officer and the recipient following the award.

Under a cooperative agreement, CDC is responsible for normal oversight and monitoring activities. Examples of normal oversight and monitoring activities are listed below:

1. Organize an orientation meeting with the recipient for a briefing on applicable U.S. Government and HHS/CDC expectations, regulations, and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from CDC.
2. Review and approve recipient's annual work plan and detailed budget.
3. Review and approve the recipient's monitoring and evaluation plan, including for compliance with the strategic information guidance.
4. Meet on a regular basis with the recipient to assess expenditures in relation to approved work plan and modify plans as necessary.
5. Meet on a quarterly basis with the recipient to assess quarterly technical and financial progress reports and modify plans as necessary.
6. Meet on an annual basis with the recipient to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for the subsequent year.
7. Provide technical oversight for all activities under this award.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U50

In cooperation with State or local government or other health-related organization, to perform special investigations of communicable diseases and other preventable health conditions, or to evaluate special methods of preventing disease or controlling health conditions.

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 350,000

5. Total Period of Performance Funding:
$ 1,800,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 1,800,000

6. Total Period of Performance Length:
3
year(s)

7. Expected Number of Awards:
6

8. Approximate Average Award:

$ 58,000
Per Budget Period

Awards may vary $10,000-350,000 depending on disease burden in the area, and quality of the application

9. Award Ceiling:
$ 350,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 10,000
Per Budget Period

11. Estimated Award Date:
September 01, 2021

12. Budget Period Length:
12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the 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 total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
07 (Native American tribal governments (Federally recognized))

2. Additional Information on Eligibility

This NOFO targets the development of RMSF prevention programs in areas in which brown dog tick transmitted RMSF has been observed. To date, this disease pattern has only been reported in six of tribal communities in Arizona and parts of northern Mexico. Only the six tribal communities in Arizona with reported cases of RMSF during 2015-2020 will be eligible to apply for this cooperative agreement; this includes the White Mountain Apache Tribe (WMAT), San Carlos Apache Tribe (SCAT), Gila River Indian Community (GRIC), Navajo Nation (NN), Hopi Tribe and Tohono O'odham Nation (TON).

3. Justification for Less than Maximum Competition

This NOFO targets the development of RMSF prevention programs in areas in which brown dog tick transmitted RMSF has been observed. To date, this disease pattern has only been reported in six of tribal communities in Arizona and parts of northern Mexico. Only the six tribal communities in Arizona with reported cases of RMSF during 2015-2020 will be eligible to apply for this cooperative agreement; this includes the White Mountain Apache Tribe (WMAT), San Carlos Apache Tribe (SCAT), Gila River Indian Community (GRIC), Navajo Nation (NN), Hopi Tribe and Tohono O'odham Nation (TON). Funding will be based on applicant RMSF disease incidence in order to better support program priorities.
American Indian tribal governments are uniquely qualified to perform the programmatic activities for this project because:

- Funding these applicants directly (rather than through state or local health departments or tribal organizations) allows maximum opportunity for public health action at the tribal level and builds a direct partnership between the tribe and CDC.
- Tribes are uniquely positioned to make decisions, oversee and direct programs,

- and support the health and wellness of their communities with the direct support and authority of the tribal governing body.
- Initiatives and improvements may be more likely to be sustained when they begin as tribal initiatives rather than those from nontribal or regional sources. In addition, tribes are most acutely aware of infrastructure limitations and the unique workings of local programs to help ensure programs are designed and maintained as appropriate for their tribal community.

The following provides more detail on specific issues:

A. Brown dog tick transmitted Rocky Mountain spotted fever (RMSF) is a unique issue to certain tribal communities in Arizona and requires a targeted approach to prevention and control. RMSF is a life-threatening tickborne disease. While RMSF is reported across the country, epidemic rates of RMSF have been reported on tribal lands in Arizona with nearly 500 cases and 28 deaths since 2003. The vast majority of cases, and all RMSF deaths have been reported form the six tribal communities listed above. Investigations in these areas have pointed to disease transmission by the brown dog tick. Epidemics of RMSF in Arizona tribal communities are uniquely driven by free roaming dogs carrying brown dog ticks. This unique pattern requires targeted tick control which is different from prevention effort used elsewhere in the country. Effective control strategies have been identified through evidence-based research with tribal, federal, state, and private partners in an innovative project called the RMSF Rodeo (https://academic.oup.com/trstmh/article/114/4/293/5670897). This project demonstrated that specific integrated pest management techniques targeting dogs and homes can effectively reduce the number of ticks on dogs, in the environment, and more importantly, reduced the incidence of RMSF in tribal communities.
B. Tribal public health disparities and cultural sensitivity may be best and most effectively addressed by tribes directly. AI/AN are disproportionately affected by certain medical conditions including RMSF. The observed disparity results from unique disease transmission patterns, social and environmental risk factors, and insufficient resources for prevention. Tribal governments have a unique understanding of these factors and will ensure that programs build on available resources and that all interventions are culturally appropriate and locally minded.

Despite the need, tribes are currently ineligible to receive direct funding through some of CDC's largest infrastructure/capacity building grant programs. Tribal public health systems often lack the functional capacity to eliminate health disparities among Native persons due to a lack of vital infrastructure to accomplish critical public health work. Yet, tribes are not eligible for CDC's largest infrastructure/capacity building grant programs like the Epidemiology and Laboratory Capacity and Emerging Infections Program which are available to state and local health departments. The provision of technical assistance through state health departments subverts tribal sovereignty and the health priorities of the states may not always align with the health priorities designated by tribes through their tribal epidemiology centers. Funding tribes directly (instead of through state, local or tribal organizations) will ensure that all funds are utilized according to individual tribal needs. This approach will also enable CDC to provide technical support to the grantees and ensure their success in meeting programmatic goals for the best possible public health outcome. Lastly, funding tribal governments will enable CDC to directly

work with tribes to measure their progress in achieving programmatic goals provide direct support in using scientifically-supported public health strategies for RMSF prevention.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. Sources for cost sharing or matching include complementary foundation funding, other US government funding sources, including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, US Park Service) and other funding sources.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:
All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):
The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov:
The first step in submitting an application online is registering your organization

at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Number Of Days from Publication N/A

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

b. Application Deadline

Due Date for Applications 05/31/2021

05/31/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

March 24, 2021 4:00 pm EST
https://cdc.zoomgov.com/j/1601031435?pwd=bDkrV25uSGI0YlBqcmVESHNZeVdaZz09
Passcode: 2k#s8!BK
Or iPhone one-tap :
US: +16692545252,,1601031435#,,,,,,0#,,15572266# or
+16692161590,,1601031435#,,,,,,0#,,15572266#
Or Telephone:
Dial(for higher quality, dial a number based on your current location):
US: +1 669 254 5252 or +1 669 216 1590 or +1 646 828 7666 or +1 551 285 1373
Webinar ID: 160 103 1435
Passcode: 15572266

5. Pre-Award Assessments

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. 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 in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

LOI is not requested or required as part of the application for this NOFO.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.

- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

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 MTDC 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.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Please provide details for any equipment or material costs including the cost per unit and number of items requested so that partial awards can be considered.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on

the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients 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.

15. Copyright Interests Provisions

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.

16. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Recipients may use funds for reasonable program purposes, including personnel, travel, supplies, equipment and services. Facility enhancements may be considered if central to achieving activities in the approved work plan.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional

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

18. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail

CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach **Maximum Points:** 45

1. Background and problem statement (10 points): clearly and concisely provide information on the state of RMSF in the community including case burden for the last 5 years and current strategies to prevent RMSF.
   - Include any information from needs assessments or previous program evaluations.
   - Provide evidence of RMSF-related program needs further development and support.

- Understanding of the capacity-building and quality improvement needs of the community.

2. Purpose and outcomes (10 points) clearly outlines the purpose of the program to address RMSF capacity in the tribal community. Include the following:
    - Identify two or more bolded short-term outcomes in the Logic Model on which the program will focus.
    - Describe how outcomes related to each strategic areas will be achieved including intervention activities, evidence of current/planned data collection tools, and measurement strategies.
    - Discuss the extent to which the long-term outcomes will be achieved during the period of performance.
3. Strategies and activities (25 points): Each applicant must choose at least one activity on which to focus. Include descriptions of the following:
    - Evidence of tribe's support and commitment to fulfilling the activities proposed.
    - Provide a timeline of proposed activities for the period of performance.
    - Describe how year one activities will be used to build the foundation for overall outcomes.
    - Describe capacity, plans, and willingness to share successful approaches widely through various venues for broad diffusion of innovation, including other recipients, across Indian Country, and beyond.

ii. Evaluation and Performance Measurement **Maximum Points:** 30

The extent to which the applicant:

1. Proposes an evaluation plan that is incorporates the CDC Evaluation and Performance Measurement Strategy section (10 points).

- How will key program partners be engaged in the program development, services, evaluation and performance measurement planning process?
- If evaluation is chosen as the strategic area, what types of evaluation (e.g., process, outcome) will be used to demonstrate the program's effectiveness and the activities related to performance outcomes?
- What tools or assessments will be used to provide baseline data (first year) and ongoing data on performance of public health capacity and infrastructure improvement?
- How will data be collected locally and provided to CDC?

2. Provides evidence of appropriate (or descriptions of proposed) data collection instruments (quantitative or qualitative), that contribute to the evaluation plan to measure interventions and activities related to performance outcomes (5 points).
3. Describes how measurements or evaluation findings will be used for continuous program quality improvement (5 points).
4. Develops measures of effectiveness that are consistent with the strategies and activities identified in the work plan and are likely to measure the intended outcomes (5 points).

5. Indicates willingness for CDC to share aggregated program information with other recipients under this application and CDC programs for overall program improvement and determination of reaching overall program outcomes (5 points).

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 25

1. Demonstrated the ability of the recipient to execute the CDC strategies and activities during the period of performance. (15 points)
2. Demonstrates relevant expertise or plan to hire and train individuals with relevant expertise. If hiring individuals, provide examples of the expertise and background being requested. (5 points)
3. Demonstrates sufficient staff to support program goals. (5 points)

Budget **Maximum Points:** 0

The Budget and Budget Narrative are reviewed but not scored. The extent to which the proposed budget is reasonable and consistent with the stated strategies and planned program activities will be considered.

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel within the approved funding tiers.

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.

2. Announcement and Anticipated Award Dates

September 1, 2021

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established

by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.

- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

For year 2 and beyond of the award recipients may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only 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 by the due date may adversely affect the future funding of the project. If the

information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

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 awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

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 applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions

and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Naomi

Last Name:
Drexler
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
1600 Clifton Rd NE
Mailstop H-24-10
Atlanta, GA 30329

Telephone:
(404) 718-4669

Email:
isj3@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:

First Name:
Freda

Last Name:
Johnson
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2920 Brandywine Rd
Atlanta, GA 30341

Telephone:
(770) 488-3107

Email:
wve2@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Indirect Cost Rate, if applicable

Resumes / CVs

Letters of Support

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Evidence of disease burden
List of Coalition Partners

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or

assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar

deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Rocky Mountain spotted fever-RMSF