



Centers for Disease Control and Prevention

NIOSH - NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Miner Safety and Health Training Program - Western United States

RFA-OH-23-004

01/20/2023

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Overview
Participating Organization(s)
Centers for Disease Control and Prevention
Components of Participating Organizations
Components of Participating Organizations:
National Institute for Occupational Safety and Health
Notice of Funding Opportunity (NOFO) Title
Miner Safety and Health Training Program - Western United States
Activity Code
U60 Research Cooperative Agreements
Notice of Funding Opportunity Type
New
Agency Notice of Funding Opportunity Number
RFA-OH-23-004
Assistance Listings Number(s)
93.262
Category of Funding Activity
HL - Health
NOFO Purpose
The purpose of this NOFO is to enhance the quality and complement the availability of health and safety training for mineworkers in the Western United States. As a result, the National Institute for Occupational Safety and Health (NIOSH) invites applications for cooperative agreements to support the development and implementation of training and education programs.
Key Dates
Publication Date:

To receive notification of any changes to RFA-OH-23-004, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.

Letter of Intent Due Date:

12/12/2022

December 12, 2022

Application Due Date:

01/20/2023

January 20, 2023

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 11:59 PM U.S. Eastern Time.

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission and prevents errors.

For more information on accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: <https://era.nih.gov/erahelp/assist>. Additional support is available from the NIH eRA Service desk via <http://grants.nih.gov/support/index.html>.

- E-mail: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552
- Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays

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

Scientific Merit Review:

05/31/2023

Secondary Review:

06/30/2023

Estimated Start Date:

09/01/2023

Expiration Date:

12/30/2025

Required Application Instructions

It is critical that applicants follow the instructions in the [How to Apply - Application Guide](#) except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-

specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

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

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

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

Executive Summary

Purpose: The purpose of this NOFO is to enhance the quality and complement the availability of health and safety training for mineworkers in the Western United States. As a result, the National Institute for Occupational Safety and Health (NIOSH) invites applications for cooperative agreements to support the development and implementation of training and education programs.

Mechanism of Support. Cooperative Agreement.

Funds Available and Anticipated Number of Awards. NIOSH intends to commit approximately \$1.45 million in total costs (direct and indirect) over the entire project period (up to 3 years). The number of awards is contingent upon NIOSH appropriations and the submission of a sufficient number of meritorious applications. Because the nature and scope of the proposed training topics, delivery types and locations will vary from application to application, it is also anticipated that costs and duration of each award may also vary.

Budget and Period of Performance. NIOSH intends to commit \$486,000 in FY 2023 to fund 2 awards.

It is anticipated that the maximum amount for each application/award will be \$225,000 direct costs and \$243,000 of total costs (direct and indirect) for each 12-month budget period.

Indirect Costs (also known as Facilities & Administrative F&A Costs) are limited to 8% of modified total direct costs (exclusive of tuition, fees and equipment greater than \$5,000 and subcontracts in excess of \$25,000).

Critical Budget Requirement: Total costs for all subaward/consortium budgets must be counted as Direct Costs. Not complying with this requirement may result in the requested budget exceeding the \$225K direct cost cap and the application being considered nonresponsive.

Application Research Strategy Length. Page limits for the Research Strategy are clearly specified in Section IV. (Application and Submission Information) of this announcement.

Eligible Institutions/Organizations. Institutions/organizations listed in Section III.1 are eligible to apply.

Eligible Project Directors/Principal Investigators (PDs/PIs).

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Program Director(s)/Principal Investigator(s) (PD(s)/PI(s)) is invited to work with his/her organization to develop an application for support. Individuals from diverse backgrounds, including underrepresented racial and ethnic groups, individuals with disabilities, and women are

always encouraged to apply for CDC/NIOSH support.

Number of PDs/PIs. Multiple PDs/PIs are allowed.

Number of Applications. Only one application per institution is allowed.

Application Type. *New* - An application that is submitted for funding for the first time. *Renewal* - Previous years of funding for the project have elapsed. Competing for additional years of funding to continue original project.

Project Period Length. The project period for an application cannot exceed 3 years. Throughout the project period, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

Project Strategy Length: Page limits for are clearly specified in Section IV. Application and Submission Information of this announcement.

Application Materials. See Section IV.1 for application materials.

Hearing Impaired. Telecommunications for the hearing impaired are available at: TTY: 1-888-232-6348.

Section I. Funding Opportunity Description

Statutory Authority

This program is described in the [Catalog of Federal Domestic Assistance](#) and is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency Review. Awards are made under the authorization of the Occupational Safety and Health Act of 1970, Section 20(a) and 21(a) (29 USC 669(a) and 29 USC 670); Federal Mine Safety and Health Act, Section 501(a), 30 USC 1 (Note), and 30 USC 951(a); and Section 301 of the Public Health Service Act as amended (42 USC 241) and under Federal Regulations 42 CFR Part 52. All awards are subject to 45 CFR Part 75, the terms and conditions, cost principles, and other considerations described in the [HHS Grants Policy Statement](#).

1. Background and Purpose

Background

In 1969, the Federal Coal Mine Health and Safety Act provided funding for state health and safety training through grants by MSHA. The mining community in the Eastern United States is served by the [MSHA Training Academy in Beckley, West Virginia](#). MSHA, under the Department of Labor, provides training to federal mine inspectors and mining professionals from other governmental agencies, the mining industries, and labor. MSHA also provides 30 CFR part 46 Training Assistance for new employees, refresher training, new task training, and training on Site-specific Hazards. States use MSHA grant funds to provide federally mandated training to miners working at coal, metal, and nonmetal mines, both on the surface and underground. MSHA's State Grants Program distributes federal grants to 49 States and the Navajo Nation.

Grants are made to the state agency program responsible for miners' safety and health. Most grant funds are used to support safety and health training courses and programs designed to reduce mining accidents, injuries, and illnesses.

Since 1999, when the health and safety functions of the Bureau of Mines were transferred to NIOSH, NIOSH has supported the safety and health training of miners in the Western United States. NIOSH support for miner training has been provided through various projects, contracts, grants, and cooperative agreements, including the Miner Safety and Health Training Program - Western United States. These training centers provide a joint approach to reducing injuries to miners and other workers in mining operations.

Despite many technological and work environment advances, mining remains one of the most challenging and demanding occupations in the United States. In 2020, the [fatality mining rate](#) of 12.94 is nearly four times the rate for all industries as reported by the [U.S. Bureau of Labor Statistics \(BLS\)](#).

There were 296,909 workers in the [Mining Sector in 2020](#), according to data collected by the Mining Safety and Health Administration (MSHA) from mine operators and independent contractors.

In 2020, MSHA reported [12,714 mining operations](#) in the United States. MSHA data for the same period shows [29 fatalities](#), with the industry average [from 2010-2020](#) being 35 annual fatalities. MSHA reports 3,193 nonfatal lost-time injuries occurring in 2020, which represents a decrease of 733 nonfatal lost-time injuries from 2019; the overall nonfatal lost-time injury rate for 2020 was 1.42 per 100 full-time equivalent (FTE) workers. According to data from the [NIOSH Mining Program](#) and MSHA, the rate of nonfatal lost-time underground injuries in 2020 was greater than the rate for surface injuries (2.67 vs. 1.18 [per 100 FTE workers](#)).

Sprains or strains were the most frequently reported type of injury, followed by cuts, lacerations, and punctures; fractures and chips; and contusions and bruises. Respiratory diseases, hearing loss, cumulative musculoskeletal injuries, and traumatic injuries are critical health concerns within the mining industry. Of all nonfatal occupational injuries and illnesses reported to MSHA between 2009 and 2013, [nearly one-third \(29%\) were musculoskeletal disorders](#) (MSDs). The median number of days lost, which is the sum of days lost from work and the number of days with restricted work activity, was 21 for all reported MSD cases.

Miners experience incidences of respiratory illness and disease that are much higher than the general population, and the standards for exposures to airborne hazards continue to be lowered based on new medical evidence. [MSHA compliance data](#) demonstrates overexposures to these airborne contaminants at rates as high as 24% on a single shift sample. Overexposure to respirable coal dust can lead to [coal workers' pneumoconiosis](#) (CWP), and exposure to respirable silica dust can lead to [silicosis](#)—both are irreversible, disabling, and potentially [fatal lung diseases](#).

Ground falls remain a leading cause of fatalities in underground coal mines. From 2000 through 2020, a total of [98 ground fall fatalities](#) and 6,429 non-fatal days lost (NFDL) injuries were reported by MSHA. The injuries and fatalities attributable to ground control failures are

distributed among causes ranging from pillar failures to rock outbursts to insufficient standing support. Coal rib stability will continue to become a greater challenge as mining operations move into deeper reserves and encounter more adverse multiple seam stress conditions.

Mining has a higher prevalence of hearing loss than any other major industry. A NIOSH analysis of over 1.9 million audiograms from 2006 to 2015 showed that [24% of miners had a material hearing impairment versus 16% for all industries](#). Mining continues to have the [highest prevalence of noise overexposure \(61%\)](#) according to a NIOSH analysis of the [2014 National Health Interview Survey](#) (NHIS).

According to MSHA data from [2000-2020, sixty-seven mine workers have been killed](#) and 52 injured as a result of fires or explosions in underground coal workings. Float coal dust, generated during coal mining, serves as fuel that can propagate an explosion flame, and the explosibility of float coal dust is controlled by applying “rock dust”—i.e., ground limestone dust—on all mine surfaces as an inerting agent.

From 2000 to 2020, roughly 970 methane ignitions occurred during coal mining, with a third occurring during longwall mining. Ventilation airflow is the primary means of controlling methane levels, but such controls are challenged by more rapid mine development that liberates greater methane quantities, larger mining areas that create greater exposed coal surfaces, and larger job areas under the influence of a single ventilation district. From [2000 to 2020, nearly 900 fires](#) were reported during coal mining that resulted in three fatalities.

Purpose

The purpose of this NOFO is to enhance the quality and complement the availability of health and safety training for miners in the Western United States. Availability includes the frequency, geographic considerations, channels or partners of dissemination, culturally and/or educational appropriate training material, and other characteristics of a successful training program.

For this announcement, the Western Region States are the same as considered by the NIOSH Western States Division (WSD) map, see [link](#).

NIOSH invites applications that support the development and implementation of training and education programs with **objectives** that:

- address the training needs of mining personnel in the Western United States,
- develop and deliver health and safety training to miners (NOTE: this excludes training in emergency response and hazmat materials) through qualified instructors and faculty,
- develop/offer and implement “train the trainer” courses,
- provide qualified instructors and faculty to conduct the training, and increase the number of trainers,
- evaluate training effectiveness and impact on reducing injuries and illnesses to miners, and
- coordinate with existing training programs, like those offered by MSHA and MSHA-funded state programs, and in partnerships with industry, miners, and other agencies.

NIOSH intends that the training provided by this program will be consistent with

recommendations and guidelines of the Occupational Safety and Health Administration (OSHA) and MSHA, and that the training provided will not duplicate existing MSHA or OSHA training programs, or those developed by current NIOSH grantees. Applications duplicating training provided by MSHA or OSHA training programs, or those developed by current NIOSH grantees will be found non-responsive. This is a collaborative grant and NIOSH expects grant recipients to work with NIOSH researchers and subject matter experts to the maximum extent.

Healthy People 2030 and other National Strategic Priorities

The United States Public Health Service (PHS) is committed to achieving a society in which all people live long, healthy lives. The vision, mission, and goals of PHS are found in [Healthy People 2030](#), a PHS-led national activity to achieve better health in the United States by the year 2030. This funding announcement is linked to the goals of Healthy People 2030, that are intended to prevent work-related diseases, injuries, and deaths while improving worker health, safety, and well-being.

According to the [Healthy People 2030](#), more than 160 million people participate in the U.S. labor force, and their work has an intrinsic connection to their safety and health. Decades of public health surveillance and research have demonstrated that work-related injuries adversely affect employers, workers, and communities. Workplace settings vary widely in size, sector, design, location, processes, culture, and resources. In addition, workers themselves have different ages, genders, education levels, cultural backgrounds, health practices, and levels of access to preventive health care. This translates into great diversity and disparity in the safety and health risks for each industry sector and the need for tailored interventions.

The [Healthy People 2030](#) occupational safety and health objectives aim to prevent illness, injury, and disease due to working conditions. All objectives, core and developmental, align with NIOSH's strategic plan and are addressed through the [National Occupational Research Agenda](#) (NORA). NORA is a program established by NIOSH that works with partners from academia, industry, labor, and government to stimulate research and improve workplace practices.

Public Health Impact

This training program will support the mission of NIOSH in protecting and promoting the health of mining workers in the United States.

NIOSH Programs support 1) research that addresses worker safety, accident prevention, and health concerns across a wide spectrum of industries and occupations, and 2) approaches that include basic research though translation research. The latter approach takes research knowledge and works to put it to use by promoting engineering controls, new technologies, and communication products. Through this announcement, NIOSH encourages qualified applicants to submit applications that will eliminate, reduce or prevent occupational diseases, injuries, and fatalities from the mining workplace. The training will help improve work practices and safety programs, reduce work-related injury and illness, and advance the understanding of safety and health practices at Western mine worksites.

Relevant Work

NIOSH has an extensive history of conducting research to understand and to reduce hazards in the mining industry. Safety and health training for miners provides relevant knowledge regarding

hazards encountered in the mining environment and practical tools for reducing risks for injuries and illness. NIOSH integrates a training function across the Mining Program to identify solutions that lend themselves to training and are needed to achieve specific health and safety goals. NIOSH has researchers and subject matter experts active in health and safety training available to work collaboratively with this group. The Miner Safety and Health Training Program has taught trainers across all mining service sectors throughout the Western United States on how to improve safety training. To learn more about NIOSH's work in the mining safety and health, visit <https://www.cdc.gov/niosh/mining/researchprogram/index.html>.

2. Approach

The Miner Safety and Health Training Program cooperative agreement will support research on improving the occupational safety in the Western United States, where MSHA's programs may not be as accessible to Western miners, including, but not limited to:

- complementing the availability and improving the quality of miner training
- providing an opportunity to address gaps that exist in current training materials, particularly those related to Western mining operations
- improving the transfer of best safety practices to the workplace
- increasing the safety focus, total health awareness, and leadership competency of miners, frontline supervisors, superintendents, and managers representing operations throughout the United States, spanning all major commodity sectors in surface and underground mining

An immediate goal of safety and health training for miners is to provide workers with relevant knowledge regarding hazards encountered in the mining environment, personal protective equipment for protection of health and safety in an emergency, along with practical tools for reducing risks for injuries and illness. The training program should assist workers in becoming active participants in determining and improving the health and safety conditions under which they work, and in establishing collaborative employer-employee relationships for creating safe workplaces.

The training and education needs specific to miners in the Western United States must be defined in the application along with supporting data from industry, unions, and miners. These data are to be used to justify the proposed training and education of miners.

Applicants should identify training needs (as noted above) and should also provide information on the frequency of the training, along with characteristics of the miner cohort if known (target or vulnerable workforce). The application must clearly identify the professional and experiential credentials of those performing the training. Ideally, training will be provided not only at centralized facilities, but will also occur at mining worksites. As evidenced by letters of support, the application should provide justification for the choice of location in terms of impact (e.g., number of miners trained, change in competencies/behavior relevant to health and safety improvements, reductions in incidents, etc.), accessibility, feasibility, and cost.

NIOSH cooperative agreement awards made under this announcement are not intended to duplicate training currently available to Western miners. To maximize the impact of miner training, and to avoid unnecessary overlap with existing training programs provided by MSHA

and OSHA, existing programs should be identified, summarized in the research and training plan, and considered for use. Further, the training provided by NIOSH-funded training program for miners should be consistent with current recommendations and guidelines of both OSHA <https://www.osha.gov/Publications/osh3824.pdf> and MSHA <https://www.msha.gov/training-education>.

This is a collaborative grant and applicants should outline their expected interactions with NIOSH researchers and subject matter experts.

NIOSH organizes its research program under the framework of the [National Occupational Research Agenda](#) (NORA). NORA is a partnership program to stimulate innovative research and improved workplace practices. Unveiled in 1996, NORA entered its third decade (2016-2026) with an enhanced structure. It now consists of ten industry sectors based on major areas of the U.S. economy, and seven health and safety cross-sectors organized according to the major health and safety issues affecting the U.S. working population. The national agenda is developed and implemented through the [NORA Sector and Cross-Sector Councils](#). Each council develops and maintains an Agenda for its sector or cross-sector. The [collection of agendas](#) comprises the agenda for the nation for improvements in occupational safety and health. The agenda also provides a vehicle for stakeholders to describe the most relevant safety and health issues, research gaps, and needs.

Protecting the health and safety of mine workers by preventing diseases, injuries, and fatalities is a NIOSH priority, along with making certain that workers are qualified, trained, and properly equipped. The [NORA Mining Agenda](#) was developed and implemented through NORA Sector Councils and is guidance for the nation as a whole, while the 2019-2023 [Mining Program Strategic Plan](#) is specific to NIOSH and its capabilities and resources.

The NIOSH Mining Program has established three overarching strategic goals for this plan:

- Strategic Goal 1: Reduce mine workers' risk of occupational illness
- Strategic Goal 2: Reduce mine workers' risk of traumatic injuries and fatalities
- Strategic Goal 3: Reduce the risk of mine disasters and improve post-disaster survivability of mine workers

NORA Sectors and Health and Safety Cross-sectors

Provide a statement about which NORA sector(s) and cross-sector(s) and which NIOSH strategic and intermediate goals are being addressed. Provide a rationale for how the proposed research will contribute to the specified priority area(s). Explain how the proposed research will contribute to the NIOSH Research to Practice (r2p) initiative and state the expected Outcomes and Outputs (see Approach). Place this information in both the Project Abstract and in the Research Strategy (Significance) sections of the application.

Objectives/Outcomes

The program aims to translate research into workplace practices that advance the safety and health of miners and other workers involved in mining operations and increase the quantity of qualified mine safety and health trainers in the Western United States.

Clearly state your proposed goals and objectives, and directly link these to the occupational health and safety burdens you are addressing.

Provide data to support your selection of the proposed work, such as morbidity or mortality rates and indicators of the size of the population at risk (including estimates of the target population's potential risk of exposure to the hazard, frequency of exposure, or sociodemographic factors such as age, gender, and race/ethnicity). Similarly, provide qualitative data that describe exposures, the magnitude of the problem, and potential benefits and impacts of addressing the issue. Qualitative data may be necessary when the nature of the exposure or population at risk makes it difficult to collect large-scale, representative quantitative data.

Target Population

The beneficiaries of these cooperative agreements are miners working in the Western United States. The training program may include a combination of trainee targets, including miners, frontline supervisors, superintendents, managers, among others. As appropriate, the training program might target vulnerable U.S. worker populations to address increased safety and health risks associated with occupational health disparities, changing worker demographics, and the changing nature of work.

Diversity, Equity, and Inclusion

In June 2019, NIOSH began an initiative to take substantive action in creating greater diversity, equity, and inclusion in its workforce, the workplace and in its service to the public. This initiative led to the establishment of the NIOSH Diversity and Inclusion Office. The associated strategic plan is intended to guide actions that specifically address diversity, equity, and inclusion (DEI) in all aspects of NIOSH's work, including NIOSH-supported extramural programs. Applicants should demonstrate a commitment to DEI in all aspects of their proposed training project.

Asymmetrical power relationships along social axes such as age, class, gender, nativity, and race/ethnicity not only result in social, economic, and environmental disadvantages that impact the distribution of work-related benefits and risks, but also result in exclusionary research practices.

Developing inclusive research practices, and the institutional capacity to effectively produce data driven solutions that reduce these avoidable inequities, is essential to ensuring the well-being of the increasingly diverse workforce. Applicants should identify how research questions, data collection methods and analysis, and dissemination of results will be inclusive of the diversity in the mining workforce, especially those from historically underrepresented groups. Applicants should also demonstrate how the design, content, format, and dissemination of outreach efforts will be tailored to the needs of workers from diverse backgrounds.

Collaboration/Partnerships

Partnerships are important for the NIOSH Mining Safety and Health Program. They facilitate advances in the safety and health of U.S. mine workers. Input from customers and stakeholder groups, which have inherent knowledge and concern about the safety and health of miners, helps in setting research and training priorities. Partners often add expertise or specialized experience to the research/training team, which contributes to the success of the overall project.

NIOSH broad base of stakeholders includes academia; equipment manufacturers; government; mine operators; mining industry trade associations; organized labor; regulatory agencies (on the local, state, and federal levels); research laboratories; and suppliers. NIOSH collaborates and communicates with the stakeholders on a regular basis to better inform their research and assess its direct contributions to safety and health.

Applicants will institute collaborative partnerships with local and state organizations, universities, manufacturers, government agencies, professional organizations, engineering and safety training partner organizations, community organizations, health care institutions, business groups, and labor organizations, in addition to NIOSH, to carry out research and training activities, conduct outreach programs, promote awareness, and disseminate information.

Partnerships are also critical to translate research findings into effective training and work practices and are encouraged by the [NIOSH Research-to-Practice Program \(r2p\)](#). Interdisciplinary and transdisciplinary collaborations that share expertise are essential to advancing occupational safety and health and promoting overall worker health in mining environments.

Note to Applicants

Include collaborations or partnerships that strengthen the proposed research in terms of OSH, or related, expertise and resources.

Evaluation/Performance Measurement

Evaluations provide information for management and improve program effectiveness. The following CDC document [A Framework for Program Evaluation](#) may be helpful. Effective program evaluation is a systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate. Understanding and applying the elements of this framework for research projects may enhance planning effective public health strategies, improving existing programs including evidence-based activities, and demonstrating beneficial results and impact of federal funding.

Translation Plan

In addition to NORA, NIOSH has established a [Research-to-Practice \(r2p\)](#) approach to reduce or eliminate occupational illness and injury by increasing the transfer and translation of knowledge, interventions, and technologies into highly effective prevention practices and products into the workplace.

R2p is an approach to collaborations with partners and stakeholders on the use, adoption, and adaptation of NIOSH knowledge, interventions, and technologies that will move research into practice in order to reduce and eliminate injuries, illness, and fatalities.

The r2p approach is an interactive process in which the occupational safety and health community, including researchers, communicators, decision-makers, and employer/employee groups, works collaboratively to:

- Identify research needs

- Design, plan, and conduct studies
- Translate and disseminate existing knowledge, interventions, and technologies to relevant users for implementation in the workplace
- Evaluate results to determine the impact on occupational safety and health

Note to Applicants

Applicants must provide a brief statement about how their proposed research addresses r2p in both the Description (Abstract) and in the Research Strategy (Significance). Describe the anticipated strategies for translation and/or dissemination of research findings, including the audiences to be reached and the methods to reach those audiences.

3. Funding Strategy

N/A

Section II. Award Information

Funding Instrument Type:

CA (Cooperative Agreement)

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:

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

Renewal (formerly Competing Continuation) - Previous years of funding for the project have elapsed. Competing for additional years of funding to continue original project.

Estimated Total Funding:

\$1,458,000

Anticipated Number of Awards:

2

Estimated total funding (direct and indirect costs) in FY 2023 for a single 12-month budget period is \$243,000 per award.

Future year amounts will depend on annual appropriations.

NIOSH intends to commit approximately \$1,458,000 in total costs (direct and indirect) over the entire project period (up to 3 years).

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

Award Ceiling:

\$243,000

Per Budget Period

Award Floor:

\$100,000

Per Budget Period

Total Period of Performance Length:

3 year(s)

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

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

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.

Section III. Eligibility Information**1. Eligible Applicants**

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

Additional Eligibility Category:

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Institutions of Higher Education:

Hispanic-serving Institutions

Historically Black Colleges and Universities (HBCUs)

Tribally Controlled Colleges and Universities (TCCUs)

Alaska Native and Native Hawaiian Serving Institutions

Nonprofits (Other than Institutions of Higher Education):

Nonprofits (Other than Institutions of Higher Education)

Governments:

Eligible Agencies of the Federal Government

U.S. Territory or Possession

Other:

Faith-based or Community-based Organizations

Regional Organizations

Bona Fide Agents: A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms."

Federally Funded Research and Development Centers (FFRDCs): FFRDCs are operated, managed, and/or administered by a university or consortium of universities, other not-for-profit or nonprofit organization, or an industrial firm, as an autonomous organization or as an identifiable separate operating unit of a parent organization. A FFRDC meets some special long-term research or development need which cannot be met as effectively by an agency's existing in-house or contractor resources. FFRDC's enable agencies to use private sector resources to accomplish tasks that are integral to the mission and operation of the sponsoring agency. For more information on FFRDCs, go to <https://gov.ecfr.io/cgi-bin/searchECFR>.

2. Foreign Organizations

Foreign Organizations **are not** eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

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

3. Additional Information on Eligibility

N/A

4. Justification for Less than Maximum Competition

N/A

5. Responsiveness

Total costs for all subaward/consortium budgets must be counted as Direct Costs. Not complying with this requirement may result in the requested budget exceeding the \$225K direct cost cap and the application being considered non-responsive.

If an applicant requests a funding amount greater than the \$243,000 of total costs (direct and indirect) for each 12-month budget period, CDC/NIOSH will consider the application non-responsive, and it will not enter the peer review process. CDC/NIOSH will notify the applicant that the application did not meet the submission requirements.

Upon receipt, applications will be evaluated for completeness by CDC/NIOSH. CDC/NIOSH will review all applications for responsiveness. Incomplete and/or non-responsive applications will not be reviewed.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Unique Entity Identifier (UEI) number in order to begin each of the following registrations.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. The UEI replaced the Data Universal Numbering System (DUNS) and is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the [GSA website](#), [SAM.gov](#), and [Grants.gov-Finding the UEI](#).

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: [NCAGE Tool / Products / NCS Help Center \(nato.int\)](#).
- System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, [SAM.gov](#).
- [Grants.gov](#)
- [eRA Commons](#)

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

All Senior/Key Personnel (including Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principal Investigator (PD/PI) eRA Commons account is affiliated with the eRA

commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have an active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

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

All applicant organizations **must obtain** a Unique Entity Identifier (UEI) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The UEI number is a twelve-digit number assigned by SAM.gov. An AOR should be consulted to determine the appropriate number. If the organization does not have a UEI number, an AOR should register through SAM.gov. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a UEI number.

Additionally, organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later.

SAM.gov is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at [SAM.gov](https://www.sam.gov) and the [SAM.gov Knowledge Base](https://www.sam.gov/knowledge-base).

If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its UEI number to the recipient organization.

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

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

9. Cost Sharing

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

10. Number of Applications

As defined in the HHS Grants Policy Statement, (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>),

applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Only one application per institution (normally identified by having UEI number) is allowed.

The NOFO governs New and Renewal applications.

CDC/NIOSH will not accept any application in response to this NOFO that is essentially the same as one previously reviewed, or as one currently pending initial peer review unless the applicant withdraws the pending application.

If your application is incomplete or non-responsive to the eligibility criteria listed in this section, it will not enter the review process.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because, unlike other platforms, it provides a validation of all requirements prior to submission and prevents errors.

To use ASSIST, applicants must visit <https://public.era.nih.gov> where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.

If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: <https://era.nih.gov/erahelp/assist>. Additional support is available from the NIH eRA Service desk via: <http://grants.nih.gov/support/index.html>

- Email: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552.
Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays.

2. Content and Form of Application Submission

Applicants must use FORMS-G application packages for due dates on or before January 24, 2023 and must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the [How to Apply - Application Guide](#) page.

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide [How to Apply - Application Guide](#) except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly

enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 (R&R) Application Guide to ensure you complete all appropriate “optional” components.

When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

Please use the form and instructions for SF424 (R&R) Form G. For information on Application Submission and Receipt, visit [Frequently Asked Questions – Application Guide, Electronic Submission of Grant Applications](#) .

3. Letter of Intent

Due Date for Letter Of Intent 12/12/2022

12/12/2022

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC/NIOSH staff to estimate the potential review workload and plan the review.

By the date listed in [Part 1. Overview Information](#), prospective applicants are asked to submit a letter of intent that includes the following information:

- Name of Applicant
- Descriptive title of proposed activity
- Name(s), address(es), and telephone number(s) of the PD(s)/PI(s)
- Names of other key personnel
- Participating institution(s)
- Number and title of this funding opportunity

The letter of intent should be sent to:

Michael Goldcamp, PhD
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention (CDC)
Telephone: 304-285-5951
Email: MGoldcamp@cdc.gov

4. Required and Optional Components

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

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide at [How to Apply - Application Guide](#) for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).

Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

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

Other Research Plan Sections

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

All instructions in the SF424 (R&R) Application Guide at [How to Apply - Application Guide](#) must be followed along with any additional instructions provided in the NOFO.

Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

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

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

CDC OMB approved templates may be used (e.g. NCCDPHP template <https://www.cdc.gov/chronicdisease/pdf/nofo/DMP-Template-508.docx>)

Other examples of DMPs may be found here: USGS, <http://www.usgs.gov/products/data-and-tools/data-management/data-management-plans>

Applicants must use FORMS-G application packages for due dates on or before January 24, 2023 and must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the [How to Apply - Application Guide](#) page.

Please use the form and instructions for SF424 (R&R) Form G.

6. Appendix

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

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 12 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 100 pages for all appendices. Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide at [How to Apply - Application Guide](#).

Applicants must use FORMS-G application packages for due date on or before January 24, 2023 and must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the [How to Apply - Application Guide](#) page.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes. Applicants will use a platform or system to submit applications.

ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission. If ASSIST detects errors, then the applicant must correct errors before their application can be submitted. Applicants should view their applications in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application must be resubmitted in ASSIST.

Applicants are able to access, view, and track the status of their applications in the eRA Commons.

Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.

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

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:

Toll-free: 1-866-504-9552; Phone: 301-402-7469

<http://grants.nih.gov/support/index.html>

Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on Federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:
Toll-free: 1-800-518-4726

<https://www.grants.gov/web/grants/support.html>
support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on Federal holidays

It is important that applicants complete the application submission process well in advance of the due date time.

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

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

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

a. If the status states "rejected," be sure to save time stamped, documented rejection notices, and do #2a or #2b

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

a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement explaining why the submission failed.

b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications 01/20/2023

01/20/2023

Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

10. Funding Restrictions

Expanded Authority:

For more information on expanded authority and pre-award costs, go to <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> and speak to your GMS.

All HHS/CDC awards are subject to the federal regulations, in 45 CFR Part 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

Public Health Data:

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

Data Management Plan:

Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.

Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).

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

Human Subjects:

Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.

If the proposed research project involves more than one institution and will be conducted in the United States, awardees are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan in the application, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy or a compelling justification based on ethical or human subjects protection issues or other well-justified reasons is provided. Exceptions will be reviewed and approved by CDC in accordance with Department of Health and Human Services (DHHS) Regulations (45 CFR Part 46), or a restriction may be placed on the award. For more information, please contact the scientific/research contact included on this NOFO.

Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies are not expected to follow the requirement for sIRB.

Program Income:

Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

Unobligated Funds:

Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report submitted in eRA Commons. If the GMO determines that some or all the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

11. Other Submission Requirements and Information**Risk Assessment Questionnaire Requirement**

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant’s CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant’s history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. 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 UEI.

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e., grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more

than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Application Submission

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

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

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11144).

Important reminders:

All Senior/Key Personnel (including any Program Directors/Principal Investigators (PD/PIs) must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

It is also important to note that for multi-project applications, this requirement also applies to the individual components of the application and not to just the Overall component.

The applicant organization must ensure that the UEI number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.

If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the

protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

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

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

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

Section V. Application Review Information

1. Criteria

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

Overall Impact

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

Scored Review Criteria

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

Significance

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

Does the project address an important problem or a critical barrier to training miners in the Western United States? If the aims of the project are achieved, how will miner training be improved? How will successful completion of the aims change the concepts, methods, technologies, and services associated with miner training? Does the applicant institution have a record of related health and safety accomplishments for training development and delivery capacity? Is there a plan for interactions with other NIOSH-supported Miner Safety and Health Training Programs, organizations, and communities? Does the applicant describe the following?

- Outcomes and impacts achieved

- The institution's capacity in mining safety and health or train-the-trainer programs
- Effectiveness of its program delivery and dissemination.

Does the project bring together the expertise of federal and non-federal researchers to accomplish public health efforts that would not otherwise occur, fulfilling the aim of a cooperative agreement? Is there a clear need for programmatic staff involvement from NIOSH during the performance of the proposed project? Is the cooperative agreement of sufficient priority to warrant the commitment of staff resources required for a collaborative effort during the term of the cooperative agreement award?

For Renewal applications: In addition to the criteria above, is there sufficient information provided describing how the training program has achieved the goals of the previous funding period? Is there sufficient information on how the goals for future years build on the previous successes? Is there a plan for interactions with other NIOSH-supported Miner Safety and Health Training Programs, organizations, and communities? Does the applicant describe and provide evidence of the following?

- Recent outcomes and impacts achieved
- Adequate institutional capacity for and effectiveness in delivering programs in mining safety and health training or training the trainers.

Investigator(s)

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

Does the application provide sufficient evidence of the following features?

- Experienced key personnel, with technical qualifications appropriate for this type of miner safety and health training
- Expertise in educational and communication sciences and practice, supporting adult-based education techniques and delivery
- An organizational structure providing adequate knowledge support to facilitate the program
- Lines of responsibility and accountability, clearly delineated when two or more organizations are collaborating on an activity
- Researchers/trainers with the skills and capacity to plan and execute a proactive training delivery subprogram, including new or existing channels of delivery and feedback (well beyond that of a passive, website-based delivery mechanism)

For Renewal applications, does the past performance reflect successful recruitment and retention of qualified, motivated trainers? (Success may be determined by the number of successful trainees, training courses taught, presentations, training materials developed, and relevant publications.)

Innovation

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

Are there innovative, active training activities, channels, and partners that increase the likelihood of successful delivery, such as access to mines, community and training halls, and nontraditional training venues such as Tribal facilities?

Approach

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

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

How adequate are the organization's or consortium's performance and effectiveness in planning, implementing, and operating appropriate miner safety and health training and education programs? Does the research/training plan describe use of appropriate, effective (and in various languages, if needed) adult education methods or techniques? Will these methods and techniques be used for identifying, describing, and accessing specific (target) worker populations? Are anticipated products and impact described, and are timeline or performance milestones measurable?

Is the detailed program plan adequate for miner safety and health training, with regard to the following characteristics?

- Adapting existing curricula
- Training instructors
- Distributing course materials
- Directing worker training
- Conducting program evaluations.

Does the application describe and/or provide evidence of the following features?

- Appropriate combinations of classroom or worksite instruction and hands-on demonstration/instruction that simulates site activities and conditions
- Train-the-trainer courses
- Ability to immediately initiate direct miner safety and health training, program evaluation, and related support activities

- Partnership agreements or procedures for assuring the long-term viability of the program as provided in the letter of supports
- Adequate plans for reaching underserved miner populations, especially those disadvantaged in education, culture, language, literacy, and/or access to training.

In addition, does the application define training and education needs that are specific to miners in the Western United States and provide supporting data from industry, unions, and miners? Does the applicant include a training evaluation plan that reflects appropriate evaluation questions, purposes, and methods for data collection, analysis, and reporting? Does the evaluation plan reflect the proposed project goals and objectives and utilize the most appropriate process and outcome measures to assess outputs and impacts? Does the application describe an evaluation plan to review and determine the quality, effectiveness, and short-term and long-term impacts of the training program? Will the plans for obtaining feedback from current and former trainees and for monitoring trainees' career development and progression adequately measure the quality and effectiveness of the training program? Does the evaluation plan contain data related to tracking the productivity and effectiveness of training? Does the application plan collaborative efforts with NIOSH researchers and subject matter experts?

If the project involves human subjects, do the plans address: 1) the protection of human subjects from research risks, and 2) inclusion (or exclusion) of individuals on the basis of sex/gender, race, and ethnicity, as well as the inclusion or exclusion of children, justified in terms of the scientific goals and research strategy proposed?

Environment

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

Will the project benefit from unique features in the training environment, types and experiences of miners, or collaborative arrangements? Are there appropriate facilities and equipment to support the described miner safety and health training and education activities, including hands-on instruction? Is there evidence that the operation of training facilities assures the protection of prospective trainees during program delivery? Are there appropriate policies and procedures for assuring fitness for training and medical clearance? Does the institution provide an adequate organization mission and adequate capacity for program evaluation?

2. Additional Review Criteria

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

Protections for Human Subjects

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

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

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

Inclusion of Women, Minorities, and Children

When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/maso/Policy/Policy_women.pdf) and the policy on the Inclusion of Persons Under 21 in Research (<https://www.cdc.gov/maso/Policy/policy496.pdf>).

Vertebrate Animals

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

Biohazards

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

Dual Use Research of Concern

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

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website

at: <http://www.phe.gov/s3/dualuse>. Tools and guidance for assessing DURC potential may be found at: <http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx>.

3. Additional Review Considerations

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

Renewals

For Renewals, the committee will consider the progress made in the last funding period.

Is there sufficient information provided describing how the training program has achieved the goals of the previous funding period? Is there sufficient information on how the goals for future years build on the previous successes? Is there a plan for interactions with other NIOSH-supported Miner Safety and Health Training Programs, organizations, and communities? Does the applicant plan for collaborative interaction with NIOSH researchers and subject matter experts? Does the applicant describe and provide evidence of the following?

- Recent outcomes and impacts achieved
- Adequate institutional capacity for and effectiveness in delivering programs in mining safety and health training or training the trainers

Does the past performance reflect successful recruitment and retention of qualified, motivated trainers? (Success may be determined by the number of successful trainees, training courses taught presentations, training materials developed, and relevant publications.)

Applications from Foreign Organizations

N/A

Resource Sharing Plan(s)

HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: <https://www.cdc.gov/grants/additional-requirements/ar-25.html>

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

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

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

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

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

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

CDC OMB approved templates may be used (e.g. NCCDPHP template <https://www.cdc.gov/chronicdisease/pdf/nofo/DMP-Template-508.docx>)

Other examples of DMPs may be found here USGS, <http://www.usgs.gov/products/data-and-tools/data-management/data-management-plans>

Budget and Period of Support

Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: <http://www.cdc.gov/grants/interestedinapplying/application-resources.html>

The budget can include both direct costs and indirect costs as allowed.

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of \$25,000.

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the

indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

4. Review and Selection Process

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

As part of the scientific peer review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

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

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.
- Geographic balance (training sites)
- Degree to which vulnerable or underserved miner groups/workforces are addressed.
- Proposed or current strength of partnerships (and delivery capacity potential) with NIOSH programs (commensurate with a cooperative agreement) and other agencies, in terms of likelihood of new synergy and impact
- Commitment of the applicant institution to collaborative efforts
- Applications duplicating training provided by MSHA or OSHA training programs, or those developed by current NIOSH grantees will be found non-responsive.
- Collaborative interaction with NIOSH researchers and subject matter experts.

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 with 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 45 CFR Part 75, subpart F, or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

5. Anticipated Announcement and Award Dates

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

Section VI. Award Administration Information

1. Award Notices

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission. The UEI is generated as part of SAM.gov

registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the [GSA website](#), [SAM.gov](#), and [Grants.gov-Finding the UEI](#).

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

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

2. CDC Administrative Requirements

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

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

Specific requirements that apply to this NOFO are the following:

Specific requirements that apply to this NOFO are the following:

[*AR-1: Human Subjects Requirements*](#)

[*AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research*](#)

[*AR-3: Animal Subjects Requirements*](#)

[*AR-9: Paperwork Reduction Act Requirements*](#)

[*AR-10: Smoke-Free Workplace Requirements*](#)

[*AR-11: Healthy People 2030*](#)

[*AR-12: Lobbying Restrictions*](#)

[*AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*](#)

[*AR-14: Accounting System Requirements*](#)

[*AR-16: Security Clearance Requirement*](#)

[*AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR*](#)

[*AR-21: Small, Minority, And Women-owned Business*](#)

[*AR-22: Research Integrity*](#)

[*AR-24: Health Insurance Portability and Accountability Act Requirements*](#)

[*AR-25: Data Management and Access*](#)

[*AR-26: National Historic Preservation Act of 1966*](#)

[*AR-28: Inclusion of Persons Under the Age of 21 in Research*](#)

[*AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009*](#)

[AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973](#)

[AR-31: Research Definition](#)

[AR-32: Appropriations Act, General Provisions](#)

[AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern](#)

[AR-36: Certificates of Confidentiality](#)

[AR-37: Prohibition on certain telecommunications and surveillance services or equipment for all awards issued on or after August 13, 2020.](#)

ARs applicable to HIV/AIDS Awards:

[AR-4: HIV/AIDS Confidentiality Provisions](#)

[AR-5: HIV Program Review Panel Requirements](#)

[AR-6: Patient Care](#)

ARs applicable to Conference Awards:

[AR-20: Conference Support](#)

[AR-27: Conference Disclaimer and Use of Logos](#)

Organization Specific ARs:

[AR-8: Public Health System Reporting Requirements](#)

[AR-15: Proof of Non-profit Status](#)

[AR 23: Compliance with 45 C.F.R. Part 87](#)

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

Note to the Applicants

Diversity Supplements: NIOSH support efforts that enhance diversity of the research workforce through recruitment and support for students, post-doctorates, and eligible investigators from diverse backgrounds and groups under-represented in OSH research. To help accomplish this, supplemental funding will be considered after an application is awarded. Please refer to [FOA PA-20-222](#) for information or contact the NIOSH Scientific Program Official (SPO) assigned to this FOA.

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557

prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

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

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

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

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

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

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

Language Access for Persons with Limited English Proficiency Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

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

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

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

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

Data Management Plan(s)

CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, “public health data” means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

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

The AR-25 <https://www.cdc.gov/grants/additional-requirements/ar-25.html> outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this

award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: <https://www.cdc.gov/grants/additional-requirements/ar-36.html>.

4. Cooperative Agreement Terms and Conditions

Principal Investigator (PI)

The PDs/PIs (recipients) will have primary responsibility for the following elements:

- Establish or enhance a Western Miner Safety and Health Training Program to promote a comprehensive training program that educates miners to reduce work-related health risk, promote health, and prevent disease and injury in the workplace
- Define objectives and approaches; collect and analyze data; and publish results, interpretations, and conclusions of the trainings and studies conducted under the terms and conditions of the program award
- Propose evaluation measures for activities conducted in support of all parts of this program, including process evaluation and outcome measures where feasible
- Interface with NIOSH programmatic staff (researchers and subject matter experts) to insure the required collaborative effort during the term of the cooperative agreement award
- Starting in Year 2, report annually the results of a quantitative and qualitative evaluation of the effectiveness and impact of the training program, with regard to changes in the following:
 - safety and health–relevant behavior
 - operational practices that reduce miner risks and reduce incidents
 - frequency and severity of injuries and illnesses
 - productivity and effectiveness of training and other indicators of performance
- Retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies
- Develop the details of the research/training plan, which will be required to describe the technical approaches, target population, access and recruitment, curricula modification, training methodology, and program evaluation
- Prepare written yearly progress reports and participate in regularly scheduled and/or ad hoc conference calls with NIOSH to review progress to date, review planned activities, and exchange ideas for future activities
- Facilitate collaboration with investigators, partners, and institutions to share existing expertise and engage in joint interventions to advance the scientific evidence related to the Miner Safety and Health Training Program
- Meet with NIOSH Scientific Program Official, NIOSH Project Scientist and other staff of the NIOSH Mining Program to review progress, share information, and coordinate training activities. The meeting will be a coordinated effort and should be held on an

annual or bi-annual basis depending on the needs. For budget preparation, assume a full 1-day meeting and two nights lodging in either Atlanta, GA, Pittsburgh, PA or where the centers are located

- Submit draft copies of training manuals, instructor guides, course curricula, and other materials developed for use in training activities supported by NIOSH to the Scientific Program Official for technical comments and suggestions regarding the adequacy, technical accuracy, and suitability of materials for miner training and education
- Send to NIOSH, in approved electronic format, the final copies of all materials developed with support from NIOSH and made available to the public, subject to any specific legal caveats on use or copyright protection. Report is to be Federal Law 508 compliant for public use
- Assign an individual the responsibility for information technology transfer and dissemination, to ensure effective communication and transfer of important training and administrative information to NIOSH Project Scientist. Such information may include trainee-related data, computation and submittal of training data, coordination of special meetings or conferences, submittal of training materials, and other training activities conducted by the program.

NIOSH staff will have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below.

NIOSH Scientific Program Official

The assigned HHS/CDC/NIOSH Scientific Program Official will be responsible for the normal scientific and programmatic stewardship of the award and will be named in the Notice of Award.

The NIOSH Scientific Program Official will have the primary responsibility for the following:

- Grant management, programmatic, scientific, and stewardship responsibilities will be provided by the assigned NIOSH Scientific Program Official named in the notice of grant award. These responsibilities are inherently governmental and are separate from any substantial involvement with scientific and technical matters. This helps ensure that the sponsoring agency is appropriately managing the research and related activities of the recipient institution funded under a cooperative agreement as a federal assistance funding mechanism
- Monitor and evaluate the activities, performance, and accomplishments of the recipient through conference calls, site visits, and review of project reports
- Receive, review, and comment on draft materials and plans consistent with the section description immediately below, such as training materials, evaluation plan, and tools
- Carry out administrative, scientific, and technical related duties such as grant cycle or funding information; programmatic approvals and recommendations; and consultation or technical assistance pertaining to administration requirement of award. Monitor and process Just-In-Time (JIT) information for research projects; approve final reports before release and distribution; communicate guidance and policy; facilitate budget recommendations; and disseminate recipient information such as the Annual Report and research reports

- Provide guidance or information for addressing recipient inquiries.
- Jointly convene a 1-day workshop meeting annually with recipients in cooperation with the NIOSH Project Scientist to review and share recipient information and products, discuss technical and coordination plans or issues, build partnership among the funded institutions, and coordinate partnership and/or training activities.

NIOSH Project Scientist (Mining)

A NIOSH Intramural Scientist will serve as a Project Scientist to provide substantial scientific involvement and subject matter expertise for health protection with policies, programs, and practices that promote safety and health, prevent disease, and advance health and safety training for miners in the Western United States. Specific responsibilities, in coordination with the NIOSH Scientific Program Official, may include the following:

- Upon request of the award recipient, provide expert consultation in the area of occupational health protection with policies, programs, and practices that promote safety and health, prevent disease, and provide other occupational health– related functions and activities as needed
- Serve as a subject matter expert for NIOSH
- Provide technical assistance to recipients in support of their leadership and responsibility for Western mine workers' health
- Coordinate collaboration between NIOSH and the recipients in the creation of miner safety and health programs
- Scientifically collaborate, upon request
- With the Scientific Program Official, facilitate coordination and collaboration among recipients on meeting agendas, prevention activities, and opportunities as needed
- Attend and actively participate in the planning and implementation of recipient meetings as needed
- Help ensure consistent use and delivery of existing miner safety and health training materials
- Facilitate collaborative efforts with NIOSH and others to compile and disseminate program results through presentations, publications, and other relevant channels
- Review educational and training materials developed by the recipients for consistency, appropriateness, and technical accuracy
- Provide technical assistance to recipients for evaluating the impact of the training on improving work practices, reducing work-related injury and illness, and increasing the understanding of safety and health practices in mining environments
- Engage in quarterly communications with the recipients and the NIOSH Scientific Program Official
- Assist NIOSH Scientific Program Official with convening a 1-day workshop meeting annually with recipients, to review and share recipient information and products, discuss technical and coordination plans or issues, build partnership among the funded institutions and between the funded institutions and NIOSH, and coordinate partnership and/or training activities.

Areas of Joint Responsibility

Joint responsibilities include participating in a conference or meeting to be held in conjunction with NIOSH and Partners to disseminate research findings and outcomes to the public health community and stakeholders.

Business and Other Non-Programmatic Management

The assigned CDC Grants Management Officer and Grants Management Specialist are responsible for managing the business, financial, other non-programmatic, and fiscal aspects of a cooperative agreement funded under this announcement. This includes compliance with statutes, regulations, guidelines, and policies for federal assistance awards and certain terms and conditions in the notice of grant award.

Coordination, Communication, and Cooperation

Federal agency personnel involved with all awards made under this announcement will work together cooperatively as a team to help ensure 1) proper stewardship of the funds awarded, 2) accurate and clear communications with the recipient(s), and 3) regular evaluation of recipient progress and performance toward completing the project on time and within budget.

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually

(see <https://grants.nih.gov/grants/rppr/index.htm>; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

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

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

The Federal Funding Accountability and Transparency Act of 2006

(Transparency Act), includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:

1) Information on executive compensation when not already reported through the SAM Registration; and

2) Similar information on all sub-awards/ subcontracts/ consortiums over \$25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over \$25,000. See the HHS Grants Policy Statement (<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>).

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts from all Federal awarding agencies with a cumulative total value greater than \$10,000,000 for any period of time during the period of performance of a Federal award, must report and maintain the currency of information reported in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period.

The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently FAPIIS). This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75 – Award Term and Conditions for Recipient Integrity and Performance Matters.

A. Submission of Reports

The Recipient Organization must submit:

1. **Yearly Non-Competing Grant Progress Report** is due 90 to 120 days before the end of the current budget period. The RPPR form (<https://grants.nih.gov/grants/rppr/index.htm>; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.
2. **Annual Federal Financial Report (FFR) SF 425 ([Reporting | Grants | CDC](#))** is required and must be submitted to the Payment Management System accessed through the FFR navigation link in eRA Commons or directly through PMS **within 90 days after the budget period ends.**
3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required **90 days after the end of the period of performance.**

B. Content of Reports

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

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

a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned

b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to consider in preparing this section include:
 - How will the scientific findings be translated into public health practice or inform public health policy?
 - How will the project improve or effect the translation of research findings into public health practice or inform policy?
 - How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
 - How will the findings advance or guide future research efforts or related activities?
- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or

intervention techniques, inform policy, or use of technology in public health.

Questions to consider in preparing this section include:

- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contribute to documented or projected reductions in morbidity, mortality, injury, disability, or disease?
- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.
- New Budget Period Proposal:
 - Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
 - Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).
- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.
- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate "Not applicable: No publications or presentations have been made."
- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.
- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project's data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.
- Additional Reporting Requirements:

Note to Applicants

- The Recipient Organization must submit: **Annual report** suitable for public distribution submitted to the NIOSH/OEP Scientific program official at the end of the federal fiscal

year (September 30). This report should include narrative descriptions of high-impact outcomes of individual programs that are noteworthy. Specific guidance on report content will be provided by NIOSH.

- Specific guidance for the final report and annual outcome update is available on the [NIOSH OEP website](#) under Grant Closeout.

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through the Payment Management System (PMS) within 90 days after the end of the budget period. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

Additional resources on the Payment Management System (PMS) can be found at <https://pms.psc.gov>.

Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Organizations may verify their current registration status by running the “List of Commons Registered Organizations” query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to <https://commons.era.nih.gov/commons/> for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.

3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- **Research Aim/Project Overview:** The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.
- **Translation of Research Findings:** The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the Period of Performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.
- **Public Health Relevance and Impact:** This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.
- **Publications; Presentations; Media Coverage:** Include information regarding all publications, presentations or media coverage resulting from this CDC-funded activity. Please include any additional dissemination efforts that did or will result from the project.
- **Final Data Management Plan:** Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

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.

7. 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.

Section VII. Agency Contacts

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

Application Submission Contacts

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)

Contact Center Phone: 800-518-4726

Email: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

Email: commons@od.nih.gov

Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

Scientific/Research Contact(s)

Maria Lioce, MD

Office of Extramural Programs

National Institute for Occupational Safety and Health (NIOSH)

Centers for Disease Control and Prevention (CDC)

Telephone: 404-498-2575

Email: MLioce@cdc.gov

Peer Review Contact(s)

Michael Goldcamp, PhD

Office of Extramural Programs

National Institute for Occupational Safety and Health

Centers for Disease Control and Prevention (CDC)

Telephone: 304-285-5951

Email: MGoldcamp@cdc.gov

Financial/Grants Management Contact(s)

Dannette R. Walker Ed.S, PMP

Office of Grants Services (OGS)

Office of Financial Resources (OFR)

Centers for Disease Control and Prevention (CDC)
Telephone: 678-475-4961
Email: qki9@cdc.gov

Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations

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

Authority and Regulations

Awards are made under the authorization of the Occupational Safety and Health Act of 1970, Section 20(a) and 21(a) (29 USC 669(a) and 29 USC 670); Federal Mine Safety and Health Act, Section 501(a), 30 USC 1 (Note), and 30 USC 951(a); and Section 301 of the Public Health Service Act as amended (42 USC 241) and under Federal Regulations 42 CFR Part 52. All awards are subject to 45 CFR Part 75, the terms and conditions, cost principles, and other considerations described in the [HHS Grants Policy Statement](#).