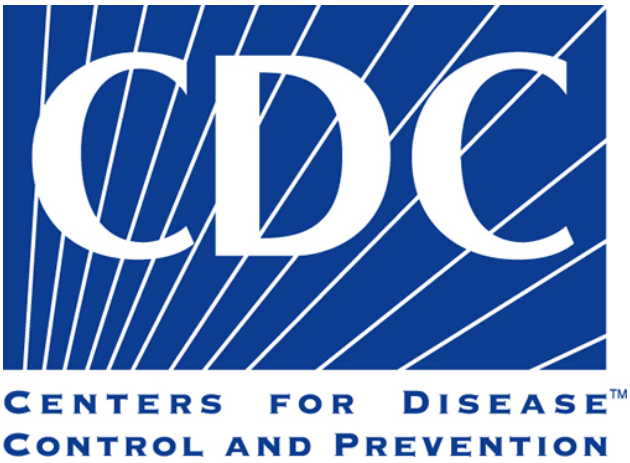

Centers for Disease Control and Prevention

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Enhancing Public Health Surveillance of Autism Spectrum Disorder through the Autism and Developmental Disabilities Monitoring (ADDM) Network

CDC-RFA-DD23-2301

Application Due: September 9, 2022

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DD23-2301. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Enhancing Public Health Surveillance of Autism Spectrum Disorder through the Autism and Developmental Disabilities Monitoring (ADDM) Network

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD23-2301

E. Assistance Listings Number:

93.998

F. Dates:

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

Recommended but not Required

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.
Due Date: 07/29/2022
LOI must be sent via email to:
Anita Washington
addm@cdc.gov

2. Due Date for Applications:
September 9, 2022

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
The CDC program will hold an Informational Conference Call for potential applicants to ask questions on July 21, 2022, at 1:00 pm Eastern. Applicants can access the latest information related to the call at https://www.cdc.gov/ncbddd/autism/addm.html.

F. Executive Summary:

Summary Paragraph
This NOFO will fund recipient organizations to participate in the Autism and Developmental Disabilities Monitoring (ADDM) Network, a population-based, multiple source records-based surveillance system for autism spectrum disorder (ASD). The goal of ADDM is to provide estimates of the prevalence and characteristics of children with ASD, monitor disparities by race/ethnicity and socioeconomic status, provide data to inform planning for resource and service needs, and foster activities to increase ASD awareness and reduce barriers to ASD identification. Funding will be offered through two components. Component A (required) will focus on activities among 4-year-old and 8-year-old children while Component B (optional) will focus on activities among 16-year-old children. Recipients will be required to define a geographic surveillance area for activities, establish MOUs with multiple medical and education sources, obtain and review records, abstract data elements in accordance with established ADDM procedures, and provide clean record-level de-identified data that does not contain the 18 HIPAA variables to CDC. The data elements include comprehensive evaluations, ASD tests, IQ and adaptive tests, individual education plans, individualized family service plans, and other services. Recipients will also be required to conduct education and community outreach activities, which may include presentations, reports, and publications.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
9. Up to 9 Component A awards and up to 3 Component B awards. Only applicants that are funded under Component A will be considered for Component B funding.

d. Total Period of Performance Funding:
$18,000,000

e. Average One Year Award Amount:
$450,000
Average award if funded only for Component A: $450,000
Average award if funded for Component A and Component B: $600,000

f. Total Period of Performance Length:
4

g. Estimated Award Date:
December 02, 2022

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
In the early 1990's, the number of children identified with autism spectrum disorder (ASD) began to rise. In order to understand the scope of ASD in the United States, the Children's Health Act of 2000 authorized CDC to create the Autism and Developmental Disabilities Monitoring (ADDM) Network to track the number and characteristics of children with ASD and other developmental disabilities using CDC's Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP) as a guide. The ADDM Network is the largest ongoing tracking system for ASD in the United States. Most recently, the ADDM Network found 1 in 44 eight-year-old children had ASD in the included communities, and identification of ASD by age 4 was higher in a younger cohort, which suggests ASD identification is continuing to increase. Accurate and timely data continue to be urgently needed, and CDC and its public health partners continue to provide the best available community-level estimates of ASD prevalence and progress in early ASD detection, along with other critical information regarding the characteristics, co-occurring conditions, and functional levels of children with ASD. Previous data have suggested that current ASD identification varies by sex, race/ethnicity, socioeconomic status, and geographic location. Therefore, data from diverse communities provide valuable information about whether previously observed disparities in ASD identification continue to persist. These findings can be used to develop policies to improve health equity, measure progress in timely ASD detection and service provision, and inform programs such as Learn the Signs. Act Early. ("Learn the Signs. Act Early." | CDC).

There has been substantial interest among ASD stakeholders in obtaining more information on the characteristics of ASD among adolescents, including services related to the transition to adulthood. In response, the ADDM Network began monitoring ASD among 16-year-old children that were previously ascertained by the Network at age 8 in some sites. Data collected by the ADDM Network can provide unique population-based information on transition planning, the planned trajectory (e.g., employment, independent living, education) for the immediate post-high

school years, as well as detailed data on the changing situation (diagnostic practices, child characteristics, services available) of children with ASD as they grow.

This will be the sixth funding cycle for ADDM Network activities. During the previous cycle, the ADDM Network underwent several extensive changes and modernization efforts to improve the program's timeliness, efficiency, and focus on public health practice. Notably, it resulted in the expanded data collection of early ASD identification among 4-year-olds to all ADDM Network sites, monitoring 16-year-olds with ASD at some sites, and expanded the types of data sources that can be integrated into the ADDM Network (such as Medicaid and/or early childhood data systems).

b. Statutory Authorities

Sections 301(a) and 317C of the Public Health Service Act, as amended [42 U.S.C. §§ 241(a) and 247b-4, as amended].

c. Healthy People 2030

This program addresses the HP2030 topic area of Children, Mental Health and Mental Disorders, objective MICH-18, increase the proportion of children with autism spectrum disorder who receive special services by age 4 years.

d. Other National Public Health Priorities and Strategies

Data from the ADDM Network are used to inform the strategic planning of the Interagency Autism Coordinating Committee (IACC, http://iacc.hhs.gov/index.shtml), a Federal advisory committee charged with coordinating work regarding autism spectrum disorder across federal agencies.

e. Relevant Work

This is the sixth funding cycle announcement for the ADDM Network, which CDC has funded since 2000 (http://www.cdc.gov/ncbddd/autism/addm.html). Estimates of ASD prevalence and characteristics have been reported biennially for 2000-2018, in addition to dozens of scientific publications from analyses of characteristics of children with ASD. During the previous cycle, the ADDM Network underwent several extensive changes and modernization efforts to improve the program's timeliness, efficiency, and focus on public health practice. Notably, it resulted in the expanded data collection of early ASD identification among 4-year-olds to all ADDM Network sites, monitoring 16-year-olds with ASD at some sites, and expanded the types of data sources that can be integrated into the ADDM Network (such as Medicaid and/or early childhood data systems). As a result of these activities, the ADDM Network is well-positioned to address contemporary public health issues regarding ASD and contribute data to education and outreach activities aimed at increasing access to services for children and teens with ASD.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short Term Outcomes	Intermediate Outcomes	Long term Outcomes

COMPONENT A: 4 and 8-year-old ASD surveillance Conduct ASD surveillance activities among 4- and 8-year-old children	**Improved comprehensive collection of multi-source data to estimate ASD prevalence and monitor progress in early identification of ASD among 4- and 8-year-old children** **Improved comprehensive collection of multi-source data to describe characteristics of 16-year-old children with ASD** **Enhanced partnerships with and dissemination of data to community stakeholders** **Improved reliability & efficiency of ADDM Network surveillance**	Improved understanding of ASD prevalence including disparities by age, socioeconomic factors, and geographic location Increased use of ADDM Network data by stakeholders to improve early identification of ASD Increased use of ADDM Network data by stakeholders to link children with ASD to services Increased use of ADDM Network data by stakeholders to improve planning for post high school outcomes for teens with ASD	Decreased disparities in ASD identification and service delivery Decreased age of ASD identification Improved policies & plans that address ASD research agendas & services for children with ASD Improved pathways for transition to adulthood among children and adolescents with ASD
COMPONENT B (optional) 16-year-old ASD surveillance Conduct a surveillance snapshot among 16-year-old children with ASD			
Community Data for Action (Component A only) Use ADDM Network data to conduct community education and outreach activities			
Monitoring and Evaluation (Components A and B) Conduct evaluation and performance measurement activities			

i. Purpose

The purpose of this Notice of Funding Opportunity (NOFO) is to develop and enhance the capacity of programs to implement a population-based, multiple-source surveillance program for autism spectrum disorder. This program will monitor the number and characteristics of children with ASD, and describe health and service needs of adolescents with ASD. These data can be used to monitor disparities by race/ethnicity and socioeconomic status, and provide data to inform planning for resource and service needs.

ii. Outcomes

ADDM Network recipients are expected to demonstrate measurable progress toward addressing short-term outcomes depicted in the logic model.

The short-term outcomes for Components A and B include the following:

Improved comprehensive collection of multi-source data to estimate ASD prevalence and monitor progress in early identification of ASD among 4- and 8-year-old children.

Improved comprehensive collection of multi-source data to describe characteristics of 16-year-old children with ASD.

Enhanced partnerships with and dissemination of data to community stakeholders.

Improved reliability & efficiency of ADDM Network surveillance.

iii. Strategies and Activities

Applicants must select Component A (Strategy 1) or both Component A (Strategy 1: 4-year-old and 8-year-old ASD Surveillance) and the optional Component B (Strategy 2: 16-year-old ASD Surveillance). All applicants are responsible for addressing Strategies 3 (Community data for action) and 4 (Monitoring and Evaluation). The outcomes to be achieved during the period of performance will be the result of the following strategies and activities:

Strategy 1 (S1): [Component A] – 4-year-old and 8-year-old ASD Surveillance

Conduct surveillance activities to estimate ASD prevalence among 4-year-old and 8-year-old children.

Applicants must address the following activities in their application:

Activity 1 (A1): Define a surveillance area:

Applicants must describe their proposed surveillance area. Surveillance areas must be defined by census tract(s) or county(s) and must be contiguous regions that contain between 12,000 (suggested minimum) - 25,000 (strongly recommended maximum) for 4-year-old children and between 12,000 (suggested minimum) - 25,000 (strongly recommended maximum) for 8-year-old children. The surveillance area should not be defined by school district or zip code as these geographies do not always correspond with census tract. The surveillance area description should include a list of the county names with Federal Information Processing Standards (FIPS) codes if the surveillance area is defined by county, or FIPS codes if limiting to specific census

tracts within a county. The description should also include summary population estimates for the proposed area (e.g., total number of 4- and 8-year-old children, age, sex, and race/ethnicity).

Activity 2 (A2): Establish agreements for access to data sources:
Applicants must describe the types of data sources they anticipate will be available for surveillance in their proposed surveillance area. All relevant sources within the surveillance area should be included, in addition to sources that are outside the surveillance area but may provide information for a significant number of children who reside within the surveillance area. Sources should include a range of facilities that provide evaluation of and services for children with developmental disabilities, particularly ASD. Applicants should specify which data sources have already agreed to participate in the project (as evidenced with a signed letter of support (LOS) or memorandum of understanding/memorandum of agreement (MOU/MOA)) and which sources have not yet been approached or have not yet agreed to participate. Any such LOS or MOU/MOA should clearly articulate the planned activities, data to be shared with the applicant and ultimately what data will be provided to CDC. Applicants must file the letter of support or MOU/MOA, as appropriate, name the file "LOS" or "MOU/MOA", and upload it as a PDF file at *www.grants.gov*.

- Health Sources (e.g., physician offices and hospital networks) that provide diagnostic and developmental assessment information (*required*)
- Education Sources (e.g., school districts or state department of education) that provide evaluations to determine eligibility for special education services under Part B of IDEA, e.g., psychological evaluations to determine special education eligibility, physical therapy and occupational therapy evaluations, speech/language pathology assessments (*required*)
- Early Intervention Sources that provide evaluations to determine eligibility for Early Intervention services under Part C of IDEA, or physical therapy and occupational therapy evaluations, and speech/language pathology assessments (*encouraged, but not required*)
- Medicaid (*encouraged*, *but not required*)

Activity 3 (A3): Use standardized ADDM Network methodology to conduct surveillance among 4- and 8-year-old children to estimate the prevalence of ASD
Applicants must describe how they plan to implement the standardized ADDM Network surveillance methodology (described below) to conduct surveillance activities. This should include, but is not limited to, gaining access to required records, technical expertise in managing data, and staffing assigned for project coordination and data abstraction.

ADDM Network surveillance relies on review and abstraction of both health and education records to gather information necessary to estimate the prevalence of ASD. Agreements to access records are made at the institutional level in the form of contracts, memoranda, or other formal agreements. Site staff then make data requests that include personally identifiable information (PII) to those data sources based on a child's year of birth and either 1) eligibility classifications in special education or 2) International Classification of Diseases Ninth Revision (ICD-9) or Tenth Revision (ICD-10) billing codes for a selected list of childhood disabilities or psychological conditions. This list is intentionally broad (not limited to ASD) in order to cast a wide net that will encompass all potential cases at each source. Records are screened to confirm

year of birth and residency in the surveillance area at least one day during the surveillance year. If these requirements are met, records are further reviewed to determine if there is information (e.g., an ASD ICD code, special eligibility classification of ASD, or an ASD diagnosis from a qualified professional) to qualify that child for record abstraction. Qualified records are abstracted for the required ADDM Network data elements. These data elements include, but are not limited to, information from diagnostic or developmental assessments, evaluations to determine eligibility for special education services, ASD tests, individual education plans (IEPs), and intelligence quotient (IQ) and adaptive tests. Data are collected from birth through the current surveillance year and assembled into a single composite record for each child.

Activity 4 (A4): Staff Training and Data Quality Assurance

Initial training on confidentiality, ADDM Network methodology, data abstraction, and data quality assurance and quality control (QAQC) will be provided to site project coordinators by CDC. QAQC includes, but is not limited to, re-review of at least 10% of abstracted records. Site project coordinators will be responsible for monitoring QAQC and conducting ongoing training, in consultation with CDC as needed. Applicants should describe their plan for conducting staff training and implementing QAQC. In addition, sites must agree to appoint a Confidentiality Officer and maintain CDC and site standards pertaining to confidentiality.

Activity 5 (A5): Data Management and Reporting

Recipients will store data locally at their site using a CDC-developed data collection and management system. CDC will provide technical support for this system including computer programs for importing, cleaning, and downloading data. Sites are required to host and be able to use REDCap, statistical analysis software (SAS), and R for data management. At the conclusion of each surveillance cycle, data will be cleaned and exported from the site's REDCap system using a computer program furnished by CDC. This program removes all personal identifiers and creates summary data files that sites are required to provide to CDC. CDC will append data from all sites into a pooled dataset. The pooled dataset will be analyzed, and prevalence estimates will be published in the Morbidity and Mortality Weekly Report (MMWR) or other peer-reviewed publication. The pooled dataset will be provided to all ADDM Network sites for further analysis on special topics of interest (according to the ADDM Network Studies Guidelines (please see Autism and Developmental Disabilities Monitoring (ADDM) Network | CDC). A subset of this dataset may be requested by outside investigators in the form of a public-use dataset. While CDC and the ADDM Network sites will work together to identify which data elements will be included in a public-use dataset, pursuant to the CDC Data Management and Sharing Policy (http://www.cdc.gov/maso/Policy/ReleasingD ata.pdf) all federally-funded programs must furnish data for public use.

Sites will be required to complete all data collection and related activities within the timeframe specified by CDC (typically within 18 months from the start of the surveillance year (e.g., surveillance year 2022, January 2, 2023 – June 30, 2024). CDC will provide computer programs for data cleaning, census linkages, and final data extraction. Applicants will be responsible for linking site data to state birth certificates according to specifications provided by CDC. Sites are required to report data to CDC typically within 60 days of the end of the surveillance year (e.g., August 2024). The data provided to CDC will be maintained, stored, and managed consistent with applicable federal law.

Applicants should describe their ability to locally host a REDCap database, ability to use SAS and R software, how they will adhere to routine data cleaning methods, their site's process for birth certificate linkage, and their ability to meet data submission deadlines.

Strategy 2 (S2): [Component B] – 16-year-old ASD Surveillance (Optional) ***Conduct a surveillance snapshot among 16-year-old children with ASD***

Applicants may choose to apply for additional funding for 16-year-old ASD surveillance. Many of the activities in Component B overlap those in Component A, however, the activities may need to be adapted. Applicants should address each section below.

Activity 6 (A6): Define a surveillance area:

The surveillance area must be the same area as proposed in Component A. Applicants should describe demographics and population estimates for 16-year-olds in this area.

Activity 7 (A7): Establish agreements for access to data sources:

Applicants are expected to use health and education data sources as outlined in Component A, as applicable. Applicants should describe any changes in sources including additional sources that they anticipate using for 16-year-olds, and sources that are not applicable to 16-year-old children (e.g., Early Intervention).

Activity 8 (A8): Use standardized ADDM Network methodology to conduct a surveillance snapshot among children aged 16 years

Applicants must describe how they plan to implement the standardized ADDM Network surveillance methodology (described below) to conduct a surveillance snapshot for children aged 16 years that have an ASD diagnosis. This should include, but is not limited to, gaining access to required records, technical expertise in managing data, and staffing assigned for project coordination and data abstraction.

ADDM Network 16-year-old surveillance relies on review and abstraction of both health and education records for children *with existing ASD diagnoses or ASD special education eligibility*. Agreements to access records, data requests, and screening to confirm year of birth and residency in the surveillance area are done using the same methods as outlined in Component A. However, data abstraction will only apply to those children who have 1) a special education eligibility classification of ASD or 2) an International Classification of Diseases Tenth Revision (ICD-10) billing code for ASD. Records for all children meeting these criteria are abstracted for data elements specific to 16-year-old surveillance. Data are collected from age 12 years through the current surveillance year and assembled into a single composite record for each child. Requirements for data storage, cleaning, export, and reporting are the same as described in Component A.

Activity 9 (A9): Conduct ongoing staff training and data quality assurance

Applicants are required to follow the same methods as outlined in Component A. Applicants should describe additional training or quality assurance activities if they are specifically applicable to 16-year-olds.

Activity 10 (A10): Data Management and Reporting
Applicants are required to follow methods as outlined in Component A. Applicants should describe additional activities if they are specifically applicable to 16-year-olds.

Activity 11 (A11): Pilot data linkages to post-high school exit outcomes
Applicants will participate in a multi-site working group to plan and evaluate approaches to linking education data on children with ASD to Part B Indicator data (Part B Indicator Measurement Table (PDF) (ed.gov) and Vocational Rehabilitation services data. This group will propose and develop indicators that could be derived from these data and explore the completeness/availability of data from these sources. If feasible, recipient sites will conduct at least one linkage to these data during the period of performance. Specific details of the project will be established collaboratively and based upon the assessment of different approaches. Applicants should describe their ability to participate in such a group and describe any previous experience working with or accessing these types of data sources.

Strategy 3 (S3): [Component A] –Community Data for Action
Activity 12 (A12): Evaluate ASD and other developmental disabilities surveillance capacity
In surveillance years 1 and 3, recipient sites will conduct an evaluation of their state/territory's overall capacity for monitoring ASD and other developmental disabilities, describe resources and barriers in the state, opportunities to incorporate additional data sources into their ADDM Network site, or expand tracking to early screening or long-term outcomes. Applicants should describe how they will conduct this evaluation and any previous experience with accessing and/or using state data systems. Applicants must address the following activities in their application:

Activity 13 (A13): Create reports to inform community partners
In surveillance years 2 and 4, after data collection from that surveillance cycle is completed, recipient sites will generate site-specific reports customized to the needs of data sources and providers in their communities. Feedback to data sources directly supports surveillance activities by helping to ensure continuous access to community data sources and fostering use of ADDM Network data for public health practice. Applicants should describe their process for creating and disseminating these reports and the type of data that might be included.

Activity 14 (A14): Conduct community education and outreach
Each ADDM Network site must engage partners and stakeholders through community education and outreach. These activities encourage new and expanded partnerships and increase awareness of ADDM Network activities. Applicants should describe their plan for conducting activities as described below.

- Community collaborations *(required)*:
    - Applicants must establish a collaboration with the Learn the Signs Act Early (LTSAE) program (https://www.cdc.gov/ncbddd/actearly/ambassadors-list.html) in their state (*if applicable*). Evidence of this collaboration can be shown through a letter of support. Ongoing interaction between the ADDM Network site and LTSAE will facilitate data sharing and increase awareness of early intervention services within the community.

- Stakeholder Meetings *(required):*
    - Applicants should hold at least one stakeholder meetings with data sources (e.g., state/local health departments, healthcare facilities, and school systems), partner organizations (e.g., local disability service providers, and autism advocacy organizations) and other local stakeholders (e.g., policymakers) during the period of performance.

- Participation in ADDM Network Education & Outreach calls *(required):*
    - Applicants should participate in ADDM Network Education and Outreach workgroup calls, including hosting one call per calendar year and participating in the development of site-specific pages for the ADDM Network Community Report.

- Applicants should participate in at least one additional activity of their choice. *(required)* Examples might include the following:
    - Community awareness events focused on addressing disparities in identification of children with ASD, particularly in underserved populations.
    - Project website to share site-specific ADDM Network data
    - Trainings/presentations for community stakeholders
    - Strategic outreach to identify program champions or supporters
    - Participation/coordination/leadership in local community groups (e.g., state autism consortium, medical advisor to local partner organization, and board of local children's hospital)
    - Engagement in local news and social media

Strategy 4 (S4): [Components A and B] Monitoring and Evaluation
Applicants must address the following activity in their application:

Activity 15 (A15): Participate in CDC-directed performance monitoring and evaluation
Applicants must agree to participate in routine (typically monthly) meetings with CDC to track efforts toward meeting program objectives. In addition, applicants are expected to provide information requested in CDC's Evaluation and Performance Measurement Plan annually (see Evaluation and Performance Measurement Strategy section). Applicants should describe their ability to meet these expectations.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
Applicants must describe how they plan to work with other CDC-funded ADDM Network sites in order to achieve the outcomes of the NOFO. Examples of required collaborations:

- Collaboration with other ADDM Network sites and CDC to implement datasharing policies and pooling of data across sites. Pooled datasets will be shared among participating ADDM Network investigators. ADDM Network sites will adhere to CDC policy for release and sharing of data (http://www.cdc.gov/maso/Policy/ReleasingData.pdf.)

- Collaboration with other ADDM Network sites to coordinate methods for data collection, case determination, evaluation, analysis, and dissemination for multiple source surveillance.

- Participation on ADDM Network committees (e.g., Project Coordinators/Abstractors, ADDM Network Studies/All Sites Calls, Abstraction Quality Assurance, and Education and Outreach), collaborative meetings, and surveillance publications and reports, as appropriate.
- Collaboration (e.g., data sharing, development of communication materials, and education and outreach activities) with the applicant state's Learn the Signs Act Early (LTSAE) ambassador (https://www.cdc.gov/ncbddd/actearly/ambassadors-list.html).

b. With organizations not funded by CDC:
ADDM Network methodology requires access to individual, personally identifiable health and education records.

(required) In order to gain access to health records, the recipient organization should have the ability to access personally identifiable health data under a Health Insurance Portability and Accountability Act (HIPAA) exemption (e.g., be a state or local health department or be designated as a bona fide agent of the health department). Applicants must provide documentation that establishes this designation. In addition, applicants should provide MOU/MOA or letters of support detailing that they will have access to the necessary data, including individual-level PII for purposes of ADDM surveillance from healthcare sources (e.g., healthcare providers or hospital systems) that house data on the target age population within the recipient's designated surveillance area.

(required) In order to gain access to education records, the recipient organization must establish a MOU/MOA with education entities (e.g., state department of education and/or individual school districts) that house data on the target age population within the recipient's designated surveillance area. Agreements made with education organizations must include language that clearly designates the applicant as a designated agent of the education source and will have the ability to access personally identifiable education records. Applicants are encouraged to use the MOU template that is located on the Autism and Developmental Disabilities Monitoring (ADDM) Network | CDC web page that established requirements needed to meet the Family Educational Rights and Privacy Act (FERPA) exemption requirements and gain this designation.

For ADDM Network surveillance, agreements must be made with health and education sources that cover the applicant's entire proposed surveillance area. However, for the application, applicants only need to provide one signed MOU/MOA from a health source and one from an education source; these sources need not cover the entire proposed surveillance area. If the applicant is funded, they will then be required to provide documentation of agreements that cover the entire surveillance area.

Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov

2. Target Populations
Component A (required): Surveillance of autism spectrum disorder among children aged 4 years and 8 years in 2022 and 2024

- Applicants must identify a core surveillance area composed of populations of 12,000 (recommended minimum) – 25,000 (strongly recommended maximum) for 4-year-old and 12,000 (recommended minimum) - 25,000 (strongly recommended maximum) for 8-year-old children.
- The core surveillance area must be comprised of a contiguous geographic sector lying entirely within one US state or territory, defined by clear state, county, or census tract boundaries. Additional geographic areas may be included, provided that the contiguous portion satisfies the recommended minimum population requirement for the core surveillance area.
- The surveillance area should not be defined by school district or zip code as these geographies do not always correspond with census tract.
- Surveillance area descriptions should be specified either as a list of the county names and Federal Information Processing Standards (FIPS) codes; OR for surveillance areas smaller than county level, a list of census tract FIPS codes.
- Summary population estimates for the proposed area (total number of 4-and 8-year-old children, and by sex, and race/ethnicity) should be given using (U.S. Census Populations With Bridged Race Categories (cdc.gov)) for counties and (American Community Survey Data (census.gov) for census tracts (estimated using 5-year age groups).
- The first surveillance year will include children born in 2014 and 2018 who resided in the surveillance area during 2022. The second surveillance year will include children born in 2016 and 2020 who resided in the surveillance area during 2024.

Component B (optional): ASD surveillance of 16-year-old children

- The surveillance area must be the same area as proposed in Component A. Applicants should describe demographics and population estimates for 16-year-olds in this area.
- The first surveillance year will include children born in 2006 who resided in the surveillance area during 2022. The second surveillance year will include children born in 2008 who resided in the surveillance area during 2024.

a. Health Disparities

The activities will focus on all children who meet the target population criteria. Information collected will be analyzed by sex, race/ethnicity, and socioeconomic factors to identify and describe health disparities among children with autism.

iv. Funding Strategy

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

Evaluation and Performance Measurement

CDC Evaluation and Performance Measurement Strategy

This section outlines evaluation and performance measures for successful implementation and outcome assessment of ADDM Network activities.

Evaluation and performance measurements will focus on 1) surveillance process, including training, data acquisition, cleaning, linking, and reporting, and 2) program outcomes, including efficiency improvements, community education and outreach, analyses, and dissemination of results. Outcome measures will correspond to outcomes as presented in the logic model.

CDC and recipients will use findings from these measures to: 1) ensure program implementation and continuous system improvement, 2) demonstrate achievement of program outputs and short-term outcomes, 3) provide an evidence base for potential future changes to the ADDM Network surveillance methodology, and 4) assess the usefulness, scalability, and effectiveness of community education and outreach strategies. Information will lead to improvements in implementation of current and future ADDM Network activities and demonstrate progress toward reaching ADDM Network program goals. Findings may be disseminated to sites, the whole ADDM Network, or in publications to improve upon or report on the ADDM Network's performance in achieving strategic and scientific objectives.

Evaluation and performance measures must be tracked by sites and reported to CDC as requested. Key questions and performance measures apply to both Component A and Component B.

Key questions and performance measures -

a. PROCESS questions and measures
Component A & Component B:

Define a surveillance area

- Does proposed surveillance area cover a geographically contiguous area?
- Does proposed surveillance area meet the minimum population requirement?
- Percent of surveillance area that has access to both health and education sources

Establish agreements for access to data sources

- Number of health sources with data use agreements in place
- Number of health data requests made
- Number of health data requests received
- Number of education sources with data use agreements in place
- Number of education data requests made
- Number of education data requests received

Use standardized ADDM Network methodology to conduct surveillance among 4- and 8-year-old children to estimate the prevalence of ASD

- Does site use a multiple-source methodology to conduct ASD surveillance?
- Number of health sources imported into the ADDM Network Information System (AIS)
- Number of health records reviewed
- Number of health records abstracted
- Number of education sources imported into AIS
- Number of education records reviewed

- Number of education records abstracted

Staff Training and Data Quality Assurance

- Number of trained data abstractors within six months of award
- Percent agreement on decision to abstract based on 10% sample of records with only diagnostic statements for each data source
- Percent agreement on abstraction of critical fields based on 10% sample of records (critical fields TBD) for each data source

Data Management and Reporting

- Did site transmit final dataset to CDC by established deadline?
- Did site link surveillance case data to census data prior to transmission to CDC?
- Did site link surveillance case data to birth certificate data prior to transmission to CDC?

Create reports to inform community partners

- Did sites create reports that share data with community partners?
- Number partners receiving reports

Conduct community education and outreach

- Number of presentations and outreach events
- Approximate number of people reached through presentations and outreach events
- Number of new partnerships or collaborations established
- Number of "hits" to site websites containing ADDM Network data

Create and implement a site work plan for ADDM Network activities

- Site work plan submitted to CDC within six months of notification of award

Evaluate ASD and other developmental disabilities surveillance capacity

- Did site produce a report documenting capability for state-wide surveillance?

Participate in CDC-directed performance monitoring and evaluation

- Site evaluation plan developed and submitted to CDC within six months of notification of award

Component B (only):

Pilot data linkages to post-high school exit outcomes (16-year-old only)

- Participate in a CDC working group to develop project

- **<u>OUTCOME questions and measures</u>**

Sites should track and report on these measures at the end of the surveillance year. These measures correspond to outcomes in the logic model.

Component A (only):
Improved comprehensive collection of multi-source data to estimate ASD prevalence and monitor progress in early identification of ASD among 4- and 8-year-old children

- Percent of surveillance area covered by educational sources (e.g., school districts or state board of education)
- Percent of surveillance area covered by health sources (e.g., physician offices and hospital systems)
- Number of additional data sources included in surveillance area (e.g., Early Intervention, Medicaid, etc.)

Component B (only):
Improved comprehensive collection of multi-source data to describe characteristics of 16-year-old children with ASD

- Percent of surveillance area covered by educational sources (e.g., school districts or state board of education)
- Percent of surveillance area covered by health sources (e.g., physician offices and hospital systems)
- Number of additional data sources included in surveillance area (e.g., Medicaid, vocational rehabilitation, juvenile justice, etc.)

Component A & B:
Enhanced partnerships with and dissemination of data to community stakeholders

- Number of new collaborations, programs or projects resulting from sharing of ADDM Network data
- Approximate number of inquiries/requests for ADDM Network data received by the ADDM Network site

Improved reliability & efficiency of ADDM Network surveillance

- Did site meet QA/QC measures? (Please describe)
- Did site meet proposed outcome measures in their site work plan? (Please describe)

Applicants must include an evaluation plan that aligns with the strategies and activities in the logic model, includes the key questions and performance measures, describes personnel assigned to evaluation activities, includes a timeline, describes anticipated outcomes, and describes use of evaluation results for program improvement.

Data Management Plan
All sites funded under this cooperative agreement will collect data for surveillance activities

using a CDC-provided data collection and management system. CDC will provide technical support for installing the system and performing upgrades and will also provide computer programs for data cleaning and data download. At the conclusion of each surveillance collection cycle, data will be exported from site's system using a computer program furnished by CDC. This program removes all personal identifiers and creates summary data files that sites are required to provide to CDC. Once the data are received by CDC, it is subject to applicable federal law for datasharing. CDC will append data from all sites into a pooled dataset. This dataset is used to develop ADDM Network prevalence reports and will be furnished to all participating ADDM Network sites for further analysis on special topics of interest. A subset of this dataset may be requested by outside investigators in the form of a public-use dataset. While CDC and the ADDM Network sites will work together to identify which data elements will be included in a public-use dataset, pursuant to the CDC Data Management and Sharing Policy (http://www.cdc.gov/maso/Policy/ReleasingD ata.pdf) all federally-funded programs must furnish data for public use. Data at CDC will be monitored, stored, and managed consistent with applicable federal law.

Applicants must include a data management plan that includes, but is not limited to, the type of data that will be collected, procedures for collecting the data, how data will be stored, procedures for providing access to the data, provisions for maintaining data privacy, confidentiality, and data security.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

CDC and recipients may determine the need to update their organization's evaluation and performance measurement plan during the period of performance. Recipients can submit an updated evaluation plan in the appendix of their annual continuation applications and should note where changes have been made to the plan since the first submission in budget year 1.

c. Organizational Capacity of Recipients to Implement the Approach

All applicants must demonstrate their existing or potential capacity to successfully execute all proposed strategies and activities to meet the project requirements of each funding component to which they are applying. Applicants should indicate their understanding to share data with CDC as described in the NOFO. Applicants should address infrastructure (the applicant organization's physical space, equipment, and capacity to work remotely), partnership development, evaluation and performance monitoring, financial reporting, budget management and administration, personnel management (including developing staffing plans, and developing and training workforce), and expertise and experience related to all component-specific project focus areas. Applicants must provide (as attachments) CVs/resumes for proposed NOFO-funded personnel and an overall organizational chart for their organization and other relevant organizations involved in the project. Applicants must name the attachments "CVs/Resumes" and "Organizational Charts" and upload them as PDF files under "Other Attachment Forms" at ***www.grants.gov***.

Key capacity considerations to address in the application:

- Applicants must describe their experience related to autism and developmental disabilities population-based surveillance, and describe the current operational capacity to conduct multiple source surveillance utilizing a record review methodology.
- Applicants must describe their resources and staffing levels for this project. The exact personnel and percentage of time allotted may vary by site. However, there are basic project staff requirements, including having actively involved Principal Investigator(s), a Project Coordinator (at least 75% effort on project), an Epidemiologist (at least 20%), Record Abstractors (at least two full-time equivalent), and at least 15% data management/programmer support.
- Each applicant must provide evidence (e.g., MOU/MOA or letter of support) from the state government or governing body that they would have access to health and education records including individual level Personally Identifiable Information (PII). Applicant

may also provide evidence (e.g., MOU/MOA or letter of support) from the state government or governing body outlining access to early intervention or Medicaid data. Applicants must name the attachments "Health_1", "Health_2", etc., "Education_1", "Education_2", etc., "Early Intervention_1", "Early Intervention_2", etc., "Medicaid_1", "Medicaid_2", etc., and upload them as PDF files under "Other Attachment Forms" at ***www.grants.gov***.

- Applicants must demonstrate that they have adequate technical and facility resources to meet the project's goals, including informational technology (IT) infrastructure to utilize and maintain a Research Electronic Data Capture (REDCap) database and support a SAS license for basic programming. Applicants should have the ability to
    - Manage raw data from health sources and education sources including formatting data into CDC-specified formats for upload and management by the ADDM Information System (composed of REDCap, SAS, and R programs)
    - Configure CDC-provided SAS/R programs to run locally (such as configuring local network locations or editing credentials to access data via Application Programming Interface (API))
    - Understand and use record linkage software (CDC currently uses a SAS-callable linkage program that is integrated into the rest of the ADDM Network data management workflow)

d. Work Plan

Applicants are required to provide a work plan that provides both a high-level overview of the entire four-year period of performance and a detailed description of the first year of the award for Components A and B, as applicable. The work plan must demonstrate how the outcomes, strategies, activities, timelines, and staffing/collaborations work together. Information on performance measures should be included in the work plan.

For each component, the First-Year Work Plan should include the following:

- Program strategies
- Program activities
- Performance Measures
- Timeframe
- Persons responsible
- Activity completion date

For each component, the Four-Year Overview of the Project Work Plan should include the following:

- Intended strategies, activities, and outcomes for the entire four-year period of performance

An example work plan template is shown below with example activities for Strategy 1, Component A:

Strategy	Activity	Performance Measure	Person Responsible	Timeframe	Activity Completion Date
S1: Component A 4 and 8-year- old ASD Surveillance	A1: Define surveillance area	Does proposed surveillance area cover a geographically contiguous portion of a state or county?			
	A2: Establish agreements for access to data sources				

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

CDC will provide a standardized performance measurement template for recipients to complete. Emphasis will be placed on process measures for yearly reporting and on outcome measures for reporting at the end of the surveillance year activities. CDC will provide feedback on process measures during site-specific monthly calls and on aggregated outcome measures during ADDM Network All Sites calls and through yearly summary reports.

f. CDC Program Support to Recipients

CDC staff will be substantially involved beyond site visits and regular performance and financial monitoring during the period of performance of this cooperative agreement. Substantial involvement means that the recipient can expect federal programmatic partnerships in carrying out the efforts under the award. The CDC program will work in partnership with the recipient to ensure the success of the cooperative agreement by:

i. Technical Assistance

CDC provides the following technical assistance to:

- Assist recipients with surveillance activities including the development of a standardized surveillance case definition and operationalization based on the collaborative use of the ADDM Network model by the ADDM Network.
- Provide technical consultation regarding surveillance methods including data collection and abstraction, quality assurance, evaluation, analyses, and reporting.
- Share with recipients the CDC ADDM Network data collection system used by the ADDM Network for tracking, abstraction, and data management of children with autism spectrum disorder and other developmental disabilities.
- Conduct initial training and provide ongoing technical support in surveillance procedures for abstraction and data management personnel.
- Provide tools and guidelines for extracting clean record-level de-identified data that does not contain the 18 HIPAA variables to be submitted by sites contributing to the ADDM Network pooled datasets.
- Provide updated information on relevant CDC, US Department of Health and Human Services (HHS), and other policies and regulations that affect the programs.
- Lead priority analyses and priority publications from each surveillance year (e.g., MMWR prevalence reports).

ii. Informational Sharing Among Recipients

CDC provides the following technical assistance to:

- Facilitate the development of the ADDM Network Data Sharing Guidelines (used for publication purposes only), and make relevant updates as needed.
- Manage the ADDM Network data sharing proposal system, and schedule monthly proposal updates from ADDM Network site authors. This system fosters collaboration and information sharing among sites.
- Compile datasets and distribute to investigators at participating ADDM Network sites.
- Develop procedures and documentation for data abstraction and data management.

B. Award Information

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

2. Award Mechanism:
UR3
Health Investigations and Assessments of Control, Prevention, and Testing Methods – Cooperative Agreements

3. Fiscal Year:
2023

Estimated Total Funding:
$18,000,000

4. Approximate Total Fiscal Year Funding:
$4,500,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$18,000,000

6. Total Period of Performance Length:
4

year(s)

7. Expected Number of Awards:
9
Up to 9 Component A awards and up to 3 Component B awards. Only applicants that are funded under Component A will be considered for Component B funding.

8. Approximate Average Award:

$450,000
Per Budget Period

Average award if funded only for Component A: $450,000
Average award if funded for Component A and Component B: $600,000

9. Award Ceiling:
$600,000
Per Budget Period

The amount is subject to availability of funds. Ceiling for Component A: $450,000 and Ceiling for Component B: $150,000

10. Award Floor:
$400,000
Per Budget Period

The amount is subject to the availability of funds. Floor for Component A: $400,000 and Floor for Component B: $125,000

11. Estimated Award Date:
December 02, 2022
Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:
12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
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)

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

99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

State controlled institutions of higher education

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities

Community-based organizations

Faith-based organizations

2. Additional Information on Eligibility

The award ceiling for this NOFO is $600,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review.

Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on Expediting the Federal Grant Process with an Administrative Partner located at *https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2*.

The following list of documents are required in the application to be deemed responsive:

- MOU/MOA with at least one health source or a letter of support indicating that the applicant will have access to personally identifiable health data
- MOU/MOA with at least one educational source or a letter of support indicating that the applicant will have access to personally identifiable educational data

If any of these required documents are missing, the application will be deemed non-responsive and will not be passed along for further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

1. Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). 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. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI numbers before accepting any funds.

b. System for Award Management (SAM):

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

c. Grants.gov: The first step in submitting an application online is registering your organization atwww.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option atwww.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their

application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 07/29/2022

The LOI date will generate once the Synopsis is published if Days or a Date are entered.
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.
Due Date: 07/29/2022
LOI must be sent via email to:
Anita Washington
addm@cdc.gov

b. Application Deadline

Due Date for Applications September 9, 2022

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

Due Date for Information Conference Call
The CDC program will hold an Informational Conference Call for potential applicants to ask questions on July 21, 2022, at 1:00 pm Eastern. Applicants can access the latest information related to the call at https://www.cdc.gov/ncbddd/autism/addm.html.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and 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 in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

Recommended but not Required
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The due date for the LOI is July 29, 2022.

Please include the following information in the LOI:

1. Number and title of this NOFO;
2. Descriptive title of the proposed project (including for which components you are applying);
3. Name, address, telephone number, and email address of the Principal Investigator or Project Director; and

4. Name, address, telephone number, and email address of the primary contact for writing and submitting the application.

LOI must be sent by email to:
Ms. Anita Washington, Project Officer
CDC/NCBDDD/DHDD/CDDB
Re: CDC-RFA-DD23-2301
Telephone: 770-488-4104
Email address: addm@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative,

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

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

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

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

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

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

Applicants must name this file "Budget Narrative" and upload it as a PDF file

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

The applicant should include funding in the budget for two individuals for one annual recipient meeting at CDC in Atlanta, GA.

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

13b. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting

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

13c. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additional-requirements/ar-25.html.

14. Funding Restrictions

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

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

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity atwww.grants.gov. Applicants can

complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and

3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 35

Component A

Surveillance Area

To what extent does the applicant describes their proposed surveillance area?

- Does the area represent a contiguous geographic region? ***(1 point)***
- To what extent does the applicant define their proposed area by state, county, or census tracts and provide a list of FIPS codes? ***(3 points)***
- To what extent does the applicant provide demographics (e.g., population, age, sex, race/ethnicity) of 4-year-olds and 8-year-olds in the proposed area? ***(3 points)***

Data Sources

To what extent does the applicant describes the type of data sources they plan to include in the ADDM Network surveillance and the status of participation in the project?

- To what extent does the applicant describe health sources and their status (i.e., agreed to participate, not yet agreed, not yet been approached)? ***(2 points)***

- To what extent does the applicant describe education sources and their status (i.e., agreed to participate, not yet agreed, not yet been approached)? ***(2 points)***
- Does the applicant describe early intervention source(s) or Medicaid and their status (i.e., agreed to participate, not yet agreed, not yet been approached)? ***(1 point)***

Methods

- To what extent does the applicant describe their plan for conducting ADDM Network surveillance using standardized methodology as described in the NOFO. Does the description include activities that will be conducted, process for gaining access to records, and methods for data abstraction and data management? ***(5 points)***

Work Plan

To what extent does the applicant provide a work plan that includes strategies and objectives process or performance measures, estimated timeline(s), and personnel assigned. ***(5 points)***

Training and Quality Assurance

- To what extent does the applicant describes their plan for conducting staff training and implementing QAQC? ***(5 points)***

Community data for action

- To what extent does the applicant describe their plan for conducting an evaluation of ASD surveillance capacity? ***(2 points)***
- To what extent does the applicant describe their previous experience accessing or using state data systems? ***(2 points)***
- To what extent does the applicant describe their plan for creating reports using the ADDM Network data for community partners? ***(2 points)***
- To what extent does the applicant describe their planned participation in community education and outreach activities? ***(2 points)***

ii. Evaluation and Performance Measurement **Maximum Points:** 25

Component A

Data Management and Reporting

- To what extent does the applicant describe their capacity for data management and reporting? Does the description include how they will adhere to routine data cleaning methods, their process for linking to birth certificate data, and their ability to meet data submission deadlines? ***(5 points)***

Monitoring and Evaluation Plan

To what extent does the applicant provide a comprehensive monitoring and evaluation plan?

- To what extent does the plan include key questions and performance measures? ***(3 points)***
- To what extent does the plan describe personnel assigned to evaluation activities? ***(3 points)***

- To what extent does the plan include a timeline? ***(3 points)***
- To what extent does the plan describe anticipated outcomes? ***(3 points)***
- To what extent does the plan describe how the applicant will use results for program improvement? ***(3 points)***

Data Management Plan
To what extent does the applicant provide a data management plan that includes the type of data to be collected, procedures and collecting the data, how data will be stored, procedures for providing access to data, and provisions for maintaining data privacy, confidentiality, and security? ***(5 points)***

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 40

Component A

Infrastructure

- To what extent does the applicant describe their knowledge or experience related to developmental disabilities? ***(5 points)***
- To what extent does the applicant describe organizational capacity sufficient to conduct multiple source surveillance utilizing a record review methodology? ***(5 points)***

Staffing

- To what extent does the applicant provide a staffing plan and project management structure sufficient to meet the outcomes of the project and clearly defines staff roles?

Does the staffing plan include:
Principal Investigator(s) ***(1 point)***
Project Coordinator (≥75% effort) ***(1 point)***
Epidemiologist (≥20% effort) ***(1 point)***
Record Abstractors (≥2 FTE) ***(1 point)***
Data manager/IT programmer (≥15% effort) ***(1 point)***

Authority
To what extent does the applicant provide evidence from the state government or governing body that they would have access to individual-level personally identifiable information from health and education records, if funded?

- To what extent does the applicant provide documentation to access **health records**:

MOU/MOA for the entire surveillance area ***(5 points)*** **OR** MOU/MOA for part of the surveillance area ***(4 points)*** ***OR*** other documentation (e.g., letter of support) ***(3 points)***

- To what extent does the applicant provide documentation to access **education records**:

MOU/MOA for the entire surveillance area ***(7 points)*** **OR** MOU/MOA for part of the surveillance area ***(5 points)*** **OR** other documentation (e.g., letter of support) ***(3 points)***

- To what extent does the applicant provide documentation to access **early intervention** or **Medicaid records**:

  MOU/MOA ***(3 points)*** **OR** other documentation (e.g., letter of support) ***(1 point)***

Technical Capacity
To what extent does the applicant demonstrate that they have adequate technical and facility resources to meet the project's goals?

- To what extent does the applicant describe information technology (IT) infrastructure to utilize and maintain REDCap database? ***(3 points)***
- To what extent does the applicant describe their ability to manage data from health and education sources including formatting, upload and management using REDCap, SAS and R programs? ***(3 points)***
- To what extent does the applicant describe their ability to configure CDC-provided SAS/R programs to run locally (such as configuring local network locations or editing credentials to access data via (Application Programming Interface) API)? ***(2 points)***
- Does the applicant describe their ability to understand and use record linkage software? ***(1 point)***
- Does the applicant describe their ability to support a SAS license? ***(1 point)***

Budget **Maximum Points:** 0
Component A

The budget will be reviewed but not scored. It will be evaluated regarding the extent to which the applicant provides a strong justification for budget activities and whether they align closely with the strategies and activities described in the work plan.

The applicant should include funding in the budget for two individuals for one annual recipient meeting at CDC in Atlanta, GA.

i. Approach **Maximum Points:** 35
Component B

Surveillance Area
To what extent does the applicant describe their proposed surveillance area?

- To what extent does the applicant describe a surveillance area consistent with the area proposed in Component A? ***(2 points)***
- To what extent does the applicant provides demographics (e.g., population, age, sex, race/ethnicity) of 16-year-olds in proposed area? ***(3 points)***

Data Sources
To what extent does the applicant describe the type of data sources they plan to include in ADDM Network 16-year-old surveillance?

- To what extent does the applicant describe, or reference sources described in Component A that are applicable to 16-year-olds? ***(2 points)***
- To what extent does the applicant propose additional sources specific to adolescents and adults? ***(3 points)***

Methodology

- To what extent does the applicant describe their plan for conducting ADDM Network surveillance using standardized methodology as described in the NOFO? To what extent does their description include activities that will be conducted, process for gaining access to records, methods for data abstraction and data management? ***(6 points)***

Work Plan
To what extent does the applicant provide a work plan that includes strategies and objectives, process or performance measures, estimated timeline(s), and personnel assigned? ***(5 points)***

Training and Quality Assurance
To what extent does the applicant describe their plan for conducting staff training and implement QAQC?

- To what extent does the applicant describe or reference plan described in Component A? ***(2 points)***
- To what extent does the applicant propose additional QAQC activities? ***(3 points)***

Linkages
To what extent does the applicant describe their ability to pilot data linkages to post high school outcomes?

- To what extent does the applicant describe their ability to participate in a multi-site working group? ***(3 points)***
- To what extent does the applicant describe previous experience working with or accessing Part B indicator data and vocational rehabilitation service data? ***(6 points)***

ii. Evaluation and Performance Measurement **Maximum Points:** 25

Component B

Data Management and Reporting

To what extent does the applicant describe their capacity for data management and reporting? ***(2 points)***

To what extent does the description include**:**

- How they will adhere to routine data cleaning methods ***(2 points)***
- Ability to meet data submission deadlines ***(2 points)***
- Creating reports for data dissemination ***(2 points)***
- Conducting community outreach activities ***(2 points)***

Monitoring and Evaluation Plan
To what extent does the applicant include a monitoring and evaluation plan that:

- Describes key questions and performance measures ***(2 points)***

- Describes personnel assigned to evaluation activities ***(2 points)***
- Includes a timeline ***(2 points)***
- Describes anticipated outcomes ***(2 points)***
- Describes using results for programmatic improvement ***(2 points)***

Data Management Plan
To what extent does the applicant include a data management plan that includes the type of data that will be collected, the procedures for collecting the data, how data will be stored, procedures for providing access to the data, and provisions for maintaining data privacy, confidentiality, and security? ***(5 points)***

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 40

Component B

Infrastructure

- To what extent does the applicant describe their knowledge or experience related to developmental disabilities? ***(5 points)***
- To what extent does the applicant describe their organizational capacity sufficient to conduct multiple source surveillance utilizing a record review methodology? ***(5 points)***
- To what extent does the applicant describe their previous experience related to teen or adult populations with developmental disabilities? ***(5 points)***

Staffing

- To what extent does the applicant provide a staffing plan and project management structure sufficient to meet the outcomes of the project and clearly defines staff roles?

To what extent does the staffing plan include

- Principal Investigator(s) ***(1 point)***
- Project Coordinator (≥75% effort) ***(1 point)***
- Epidemiologist (≥20% effort) ***(1 point)***
- Record Abstractor (≥2 FTE) ***(1 point)***
- Data manager/IT programmer support (≥15% effort) ***(1 point)***

Authority
To what extent does the applicant provide evidence from the state government or governing body that they would have access to health and education records, if funded?

- To what extent does the applicant provide documentation to access **health records:**

MOU/MOA for the entire surveillance area ***(3 points)*** **OR** MOU/MOA for part of the surveillance area ***(2 points)*** **OR** other documentation (e.g., letter of support) ***(1 point)***

- To what extent does the applicant provide documentation to access **education records:**

MOU/MOA for the entire surveillance area ***(5 points)*** **OR** MOU/MOA for part of the surveillance area ***(4 points)*** **OR** other documentation (e.g., letter of support) ***(2 points)***

- To what extent does the applicant provide documentation to access **other types of data sources** (e.g., post high-school exit information from Part B indicators, vocational rehabilitation, other post high school programs, and juvenile justice)

MOU/MOA ***(7)*** **OR** other documentation (e.g., letter of support) ***(5 points)***

Technical Capacity
Does the applicant demonstrate that they have adequate technical and facility resources to meet the project's goals?

- Does the applicant describe information technology (IT) infrastructure to utilize and maintain a REDCap database? ***(1 point)***
- Does the applicant describe the ability to manage data from health and education sources including formatting, upload and management using REDCap, SAS and/or R programs? ***(1 point)***
- Does the applicant describe their ability to configure CDC-provided SAS and R programs to run locally (such as configuring local network locations and editing credentials to access data via API)? ***(1 point)***
- Does the applicant describe their ability to understand and use record linkage software? ***(1 point)***
- Does the applicant describe their ability to support a SAS license? ***(1 point)***

Budget **Maximum Points:** 0
Component B

The budget will be reviewed but not scored. It will be evaluated regarding the extent to which the applicant provides a strong justification for budget activities and whether they align closely with the strategies and activities described in the work plan.

c. Phase III Review
Applications will be scored and ranked as determined by the objective review panel. Components A and B will be scored separately. Only applications that are funded under Component A will be considered for Component B funding. Applications may be funded out of rank order in order to ensure geographic diversity or provide information on underrepresented populations. Also, applicants will be funded out of rank order based on their ability to access health records, education records, and early intervention or Medicaid records.

The following factors also may affect the funding decision: To ensure maximum U.S. coverage, no more than one application per state will be funded. If multiple applicants from the same state apply under this NOFO only the highest scoring applicant from that state will be selected for funding.

CDC will provide justification for any decision to fund out of rank order.

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

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

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

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

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

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

2. Announcement and Anticipated Award Dates

Anticipated announcement date: 07/08/2022
Anticipated award date: 12/02/2022
Anticipated budget/project start date: 01/01/2023

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

Generally applicable ARs:
AR-9: Paperwork Reduction Act Requirements
AR-10: Smoke-Free Workplace Requirements
AR-11: Health People 2020
AR-12: Lobbying Restrictions (June 2012)
AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
AR-14: Accounting System Requirements
AR-16: Security Clearance Requirement
AR-21: Small, Minority, and Women-owned Business
AR-24: Health Insurance Portability and Accountability Act Requirements
AR-25: Data Management and Access
AR-26: National Historic Preservation Act of 1966
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-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern
AR-34: Accessibility Provisions and Non-Discrimination Requirements
AR-37: Prohibition on certain telecommunications and video surveillance services or equipment

for all awards issued on or after August 13, 2020
Organization-specific ARs:
AR-8: Public Health System Reporting Requirements
AR-15: Proof of Non-profit Status
AR-23: Compliance with 45 CFR Part 87

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. 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.

• Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. 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 taking appropriate steps 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.

3. Reporting

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

- Helps target support to recipients;

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

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

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

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publicly available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.

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

The recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

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

Recipients will be required to update their performance measures 90 days after the end of each budget period. CDC will provide guidance on how to submit the report at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report

should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

No additional final performance and financial report requirements.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

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

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

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

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

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

assistance funds"). Outlined below are the specifics of this requirement:

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Anita Washington
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Email:
addm@cdc.gov

Grants Management Office Information

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

Dixene Hall
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Email:
qsg7@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

All of the items listed under Section H as "optional" are REQUIRED for this NOFO.

I. Glossary

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

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

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

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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

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

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

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

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

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

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

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

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

STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

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

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

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

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

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

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

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

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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

ADDM Network: Autism and Developmental Disabilities Monitoring Network
AIS**:** ADDM Information System (CDC REDcap database)
API: Application Programming Interface
ASD: Autism Spectrum Disorder
FIPS: Federal Information Processing Standards
ICD-9: International Classification of Diseases, Ninth Revision
ICD-10: International Classification of Diseases, Tenth Revision
IDEA: Individuals with Disabilities Education Act
IEP**:** Individualized Educational Plan
IQ: Intelligence Quotient
MMWR: Morbidity and Mortality Weekly Report
PII: Personally Identifiable Information
QAQC: Quality Assurance Quality Control
REDCap: Secure web application for building and managing online surveys and databases.
SAS: Statistical Analysis Software