**Questions from Potential Applicants and CDC Responses for NOFO DP 24-062 Health Promotion and Disease Prevention Research Centers: 2024 Special Interest Project Competitive Supplements (SIPS)**

| SIP Number | Category | Question from Applicant | CDC Responses |
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| General | General - Application | There is a discrepancy in the deadline for this RFA – the NOFO states the deadline is 3/4/24 but the communication below, as well as the information found here on the PRC website, states 3/1/24. Can you please confirm the deadline is 3/4/24 as it's stated in the NOFO? | The application due date in the NOFO is correct which is 3/4/24. |
| General | PI | We are a newly funded PRC and were wondering who was eligible to apply for the Special Interest Projects (SIP) within our institution. Does the lead PI need to be a current member of the proposed budgeted PRC? How about other co-investigators or staff? Does the center director need to be involved in some aspect of the SIP? | Refer to **Section III. Eligibility Information, 8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions** of the NOFO which states "any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support".<br>The SIP PI/PD may be anyone that meets the qualifications from within the selected recipient PRC institution (RFA-DP-24-004 Core Award). The PI/PD named on RFA-DP-24-004 Notice of Award MUST be included as a Co-PI on the SIP, if not already proposed as the SIP PI/PD. Additional SIP PIs/PDs are permitted but must be referred to as SIP Co-PI/PD. |
| General | Evaluation Translation Plan | Does the Annual Action Plan count towards the 30 page appendices limit? Or is it uploaded in a different way?<br>Should Evaluation Plan/Performance Measurement and Dissemination & Translation Plan be included as part of the Research Strategy Section of the Research Plan or as appendices? | Supporting material included as appendices may not exceed 10 PDF (maximum of 30 pages) attachments. The appendices should include materials that show evidence of the applicant's ability to successfully conduct the proposed project and other evidence deemed necessary to support the contents of the proposal. The Annual Action Plan, Evaluation Plan and Dissemination and Translation Plan may be included as supporting material in the application. |
| SIP24-012 | Eligibility or Responsiveness | I'm at the [name of institution] PRC and had a question about SIP-24-012 Advancing Research in Immunization Services Network (ARISe)-- we e are considering applying for this and wondering about applying for the collaborating vs. collaborating and coordinating center. If we apply for both components but are not selected as the coordinating center, will our application still be considered for a collaborating center? | Failure to successfully compete for the coordinating center award would not preclude an applicant from being considered for a collaborating center award. |
| General | Eligibility or Responsiveness | What is the criteria used for being eligible to apply for funding associated with this NOFO? | The only applicants eligible to apply to RFA-DP-24-062 are the 20 institutions called Health Promotion and Disease Prevention Research Centers (PRCs) currently approved for funding under NOFO RFA-DP-24-004, The eligible 20 PRCs are listed in **Section III. Eligibility Information, 3. Additional Information on Eligibility** of NOFO-RFA-DP-24-062. |
| SIP24-013 | Proposal | I'm writing with some questions about SIP-24-013, "Understanding the potential of schools in promoting non-mandated childhood vaccinations" as I have a concept for a project but I want to make sure that it falls within the scope of what this SIP is soliciting. Is there someone you could direct me to that I could discuss this with, either by e-mail or Zoom, whichever might be more convenient? | It is up the applicant to determine the content of their proposal based on the intent of the NOFO. |
| SIP24-006 | Proposal | Question 1: Are we applying for a new award or a continuation?<br>Question 2: The information about the requested letter of support presumes that the research project (Component A) will be working with just one state or local health department or partner: **Does the applicant provide a letter of support from a local or state public health department or public health program recipient that specifies the collaborative role the partner will have in the implementation research study.** *[omitted]* | 1. This announcement is a new award.<br>2. Under **"Additional Review Criteria"** for SIP24-006, the NOFO seeks to evaluate prior demonstrated experience of the applicant's proposed study by asking if the applicant provides a LOS from either a public health department or public health program recipient. Depending on their proposal, the applicant should submit a letter or letter(s) that document this relationship. |
| SIP24-001 | Proposal | My questions concern SIP-24-001: Understanding the needs of ovarian cancer survivors. Our group has been studying the quality of life and needs of ovarian cancer patients for many years. {omitted}. One possibility for responding to the SIP would be to propose a new clinical trial {omitted}. It is unclear whether a clinical trial is permissible under the RFA. Also- question on p.29 program must be accessible to persons with limited English proficiency. Would that mean that surveys need to be translated into Spanish? More than one language? An intervention would need to be conducted in Spanish? | For SIP-24-001, proposed activities can build on previous research as long as proposed activities meet the project objectives stated in the NOFO. Whatever research plan the applicant proposes, the project will need to be approved by local institution IRB. Per NOFO **"3. Additional Policy Requirements", "Language Access for Persons with Limited English Proficiency"** is a provision that should be interpreted within the scope of the work proposed and the needs of the individuals who are likely to be encountered within the program proposed. |
| SIP24-008 | Research Plan | SIP-24-008 Managing Epilepsy Well (MEW) Network. Please advise regarding if a single MEW program can be incorporated into a research plan in more than one SIP application (different PRC, different investigators submitting). | As indicated in the NOFO Project Objectives (page 92), applicants are expected to "Conduct an economic evaluation study of at least one evidence-based MEW Network epilepsy self-management program.<br>1. An application can propose to assess any MEW network program and "must provide a letter of support demonstrating evidence of access to data from a study population from a completed MEW Network Program (i.e., for a retrospective study) or approval from MEW Network program principal investigator(s) for implementation of any prospective study to ensure use of the appropriate program protocol and to maintain program fidelity. Documentation should be placed in the appendices of the application." (NOFO page 97).<br>2. Each proposal will be reviewed by an independent external review panel in the determination of scientific merit and priority score. In addition, two of the additional review criteria specific to this SIP are (page 98):<br>a. Does the applicant propose to assess program costs for more than one MEW Network program?<br>b. Does the applicant propose to conduct economic evaluation of more than one MEW Network program?<br>3. CDC funding preferences include "Diversity of MEW Network evidence-based programs" (NOFO, page 98). |
| General | PI | The NOFO states: "The PI/PD named on RFA-DP-24-004 Notice of Award MUST be included as a Co-PI on the SIP, if not already proposed as the SIP PI/PD. Additional SIP PIs/PDs are permitted, but they also must be referred to as SIP Co-PIs/PD."<br>1. By "Co-PI" do you mean "multiple PIs" (i.e., MPI)? Or should we list the role as PI and Co-PI? (I don't think "Co-PI" is a recognized role).<br>2. If the PI on RFA-DP-24-004 will not have a role on the grant (beyond assisting the PI with issues related to the PRC and reporting), can they be included for 0 calendar months? I assume they would still need to include a biosketch, even if they won't work on the project?<br>3. Will reviewers receive guidance on this requirement and what is acceptable (e.g., if 0 calendar months is allowed, will reviewers be given this information and that it is allowed due to the CDC requirement)?<br>4. If the SIP PI is different than the PI on RFA-DP-24-004, and assuming the PI on RFA-DP-24-004 does not have a role on the project, can the SIP PI also include another PI (i.e., MPI)? Would that be considered 3 PIs? Or MPI (2 people) and Co-PI? We are just trying to figure out what sorts of configurations are allowed. | 1) MPIs are permiited.<br>2)If the PRC PI is not going to have a role on the project, 0 calendar months is permitted. A biosketch is required.<br>3) Yes<br>4) Yes, additional SIP PIs may be included as MPIs. You may include an MPI plan. |
| SIP24-004 | Proposal | For SIP 24-004, the RFA identified the following Funding Preferences:<br>• Studies that over sample African American and Hispanic men, and vary across education, socioeconomic status, and insurance coverage.<br>• Studies that engage multiple population-based recruitment sources<br>For "multiple" population-based recruitment sources, is the CDC interested in number (i.e., multiple state registries) or more type (i.e., state registry, national organizations, community groups)? | The NOFO funding preference does not specify the type of sources so it is up to the applicant to determine the population based recruitment source; however, multiple will be two or more. For SIP 24-004, under **"Study Design and Methods"** the NOFO indicates: "It is expected that studies will include a sample of GG1 prostate cancer cases from population-based source(s) (e.g., state cancer registries or equivalent), and will oversample African American and Hispanic patients to provide reliable estimates for those groups" |

**Questions from Potential Applicants and CDC Responses for NOFO DP 24-062 Health Promotion and Disease Prevention Research Centers: 2024 Special Interest Project Competitive Supplements (SIPS)**

| SIP Number | Category | Question from Applicant | CDC Responses |
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| SIP24-013 | Proposal | 1. The RFA mentions the HPV, COVID-19, influenza and serogroup B meningococcal vaccines in the description. The Healthy People 2030 Objectives only refer to the HPV and flu vaccine. Should the focus of a proposal therefore be on these 2?<br><br>2. In the Collaboration/Partnerships section it mentions that we would collaborate with PRC core grantees with immunization/vaccine projects. Can I please inquire what this means? | 1) The NOFO provides examples of the non-mandated childhood vaccines but ACIP recommended (e.g., HPV, COVID-19, influenza, serogroup B meningococcal vaccines), but does not state the number or which of the non-mandated vaccine(s) an applicant's proposal should focus on. (2) The PRC homepage is listed on page 4 of the NOFO in conjunction with the pre-application call information. Special Date(s). The Pre-Application Informational Call will be scheduled in early 2024. Call-in information will be provided on the CDC PRC home page (Prevention Research Centers \| CDC) https://www.cdc.gov/prc/. PRCs that are funded in other SIPs related to immunizations (SIP-24-011 MMR and SIP-24-012 ARIse) may be considered for collaboration after awards are made. |
| SIP24-013 | Proposal | Here are my questions below regarding SIP-24-013, "Understanding the potential of schools in promoting non-mandated childhood vaccinations":<br>1) Does the project have to cover *all* mentioned non-mandated vaccines (flu, Covid, HPV) or can it just focus on one? (I notice 2/3 Healthy People Objectives listed are HPV-related, one is flu)<br>2) Does the project have to totally focus on communication strategies for parents or could we do what were were planning, scheduling "immunization days" at schools and also doing a parent communication and marketing component to promote this?<br>3) Does the communication have to be solely parent focused or could it additionally target kids and school staff<br>4) My PRC's core project is not immunization related, however, under "Collaboration/Partnerships" it states, "PRC core grantees that have projects that include immunizations/vaccines." Do I have to find another PRC to work with and if so how can I find out about which ones have core projects related to immunizations/vaccines?<br>5) It also says I need to collaborate with CDC staff. Which CDC staff should be involved? | 1) The NOFO provides examples of the non-mandated childhood vaccines but ACIP recommended (e.g., HPV, COVID-19, influenza, serogroup B meningococcal vaccines), but does not state the number or which of the non-mandated vaccine(s) an applicant's proposal should focus on.<br>2) The purpose of this project, as stated in the NOFO, is to assess the potential of school-originating, vaccination-related education, communications, and/or other simple interventions to impact parent attitudes about and student vaccination coverage with non-mandated childhood vaccines (e.g., HPV, COVID-19, influenza, serogroup B meningococcal vaccines). The NOFO does not preclude a vaccination drive.<br>3) The primary objective of this project, as stated in the NOFO, is to assess, via a randomized trial, the effectiveness of various parent/caregiver-focused, school-originating education, communications and/or other simple interventions to increase student coverage of non-mandated but ACIP-recommended vaccines (e.g., HPV, COVID-19, influenza, serogroup B meningococcal vaccines). The applicant may determine the focus of their proposal that best aligns with the stated purpose and objectives of the project.<br>4) The PRC homepage is listed on page 4 of the NOFO in conjunction with the pre-application call information. Special Date(s). The Pre-Application Informational Call will be scheduled in early 2024. Call-in information will be provided on the CDC PRC home page (Prevention Research Centers \| CDC) https://www.cdc.gov/prc/. PRCs that are funded in other SIPs related to immunizations (SIP-24-011 MMR and SIP-24-012 ARIse) may be considered for collaboration after awards are made.<br>5) In Section 4.under "Cooperative Agreement Terms and Conditions", the NOFO states the role of CDC Project Scientist/Scientific Collaborator on the project which includes substantial programmatic involvement that is above and beyond the normal stewardship role in awards. CDC staff will serve as consultants on this project, and will provide technical assistance, as requested, on project activities such as evaluation design, data collection and analysis, and data interpretation and dissemination of results. CDC staff may be co-authors on manuscripts. However, CDC staff will not have contact with human subjects or data collected from human subjects. |
| SIP24-005 | Target Population | Our team had a question on the requirements for SIP-24-005: Understanding the impact of reducing social isolation and loneliness on health indices among cancer survivors. Can you please confirm the requirement to include a comparison group of participants who have not had cancer? Per the RFA:<br>Applicants are to propose a study design and methods to include these major project milestones: - Recruit cancer survivors and non-cancer comparison group<br>Target participants are all survivors of adult-onset non-metastatic cancers (excluding skin cancer), who have completed active treatment and a comparison group (no personal cancer history, gender and age-matched to 5-year age group). | Yes, a non cancer comparison group is required. |
| SIP24-012 | General - Application | I had a couple of questions regarding the NOFO and in particular SIP-24-012 Advancing Research in Immunization Services Network (ARISe): If applying for Component A & B:<br>1)Do we have to divide the research strategy in a way that 12 pages address component A and 6 pages address component B?If application does not qualify for A&B, will it be automatically considered for component A only?<br>2)How should specific aims be formatted? Should they be on one page or 2 pages i.e. one page each for each component?<br>3)The total costs annually for A&B are $400,000?<br>4)Additional PI: Can new key personnel be added as PI making the SIP a submission by MPIs or should they be added as Co-I only. | 1) YES the research strategy is limited to 18 pages (12 pages for Component A and 6 pages for Component B). YES, the application will be considered for Component A<br>2) Yes, only one page permitted for specific aims.<br>3) The estimated funding (direct and indirect costs) per recipient per year for Component A and B is $400,000.<br>4) Yes, MPIs are permitted. |
| SIP24-005 | Target Population | I am writing to seek clarification on the recruitment information outlined in SIP-24-005: Understanding the impact of reducing social isolation and loneliness on health indices among cancer survivors. We noticed that the description of the comparison group appears to be in conflict between the two sections.<br>On page 69 – Target Population, it states that the comparison group should have NO personal cancer history (non-cancer survivors). Thus, this intervention can't involve random assignment as the cancer survivors should all be assigned to the intervention group.<br>However, on page 71 – Additional Review Criteria (first bullet point), it states that the comparison group could be socially disadvantaged "OR" elderly cancer survivors. To ensure that we are proposing the correct intervention design (RCT or Quasi-experimental design) in response to the NOFO, we would appreciate it if you could provide clarification on this issue. | The text regarding the comparison group (from page 69 and 71) is not in conflict. The comparison group would mirror the cancer survivor population on all factors except cancer status. Both cancer survivors and comparison groups should emphasize socially disadvantaged and/or the elderly populations. |
| SIP24-005 | Proposal | We are interested in finding out more about SIP-24-005. The SIP specifically calls out major project milestones that include the ability to "formalize relationships with community partners".<br><br>1) Who is considered a community partner?<br>2) Does the community partner need to be identified and formalized prior to submission?<br>3) Can a community partner include a remote tele-therapy intervention? | Page 70 of the NOFO states, **"Collaboration/Partnerships"** section, outlines several examples of community partners. The applicant is expected to collaborate with any of the following organizations to identify potential study participants: healthcare organizations, community-level partnerships/programs, advocacy organizations, mental health organizations, physical activity organizations, faith-based organizations, state- and local-government, state cancer control coalitions, the cancer support community, and non-profit groups. Some examples of these groups are the American Medical Association, American Geriatrics Society, American Association of Retired Persons, American Society on Aging, Gerontological Society of America, National Hispanic Council on Aging, and the American Cancer Society.<br><br>As stated in that section:<br>Applicants should provide documentation of current or planned partnerships with organizations necessary to conduct the proposed project. Applicants should highlight if previous, current, or planned partnerships have prioritized recruitment or engagement with socially disadvantaged patients and cancer survivors. Applicants should determine their community partners based on the information provided in the NOFO. |
| SIP24-013 | Proposal | Our team had a question about the requirements for "SIP-24-013 Understanding the potential of schools in promoting non-mandated childhood vaccinations" from RFA-DP-24-062. We have had a productive and fruitful community-engaged research relationship with a large local school district throughout the COVID-19 pandemic {omitted}. They are eager to pivot to non-mandatory vaccines, but the district is primarily urban and high SVI.<br><br>Is the "half rural" an absolute requirement? If yes, can you share the definitions of rural that are being used for this SIP? For example, at the County (RUCC) or ZIP code level? For reference, this is the section from the Instructions that I am referring to, on page 137:<br>"Awardee will solicit participation of schools/districts located in areas with low COVID-19 vaccination coverage and/or routine vaccination coverage, and high SVI, with at least half being in rural areas" | The NOFO states that the target population is as follows: "Public schools serving students kindergarten through twelfth grade residing in areas with low COVID-19 vaccination coverage and/or low routine vaccination coverage and high SVI, with at least half being in rural areas." The NOFO does not specify a definition of "rural" or the geographic level. |

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| SIP Number | Category | Question from Applicant | CDC Responses |
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| SIP24-006 | Budget | I am working on a grant application for RFA-DP24-062 Health Promotion and Disease Prevention Research Centers: 2024 Special Interest Project Competitive Supplements (SIPS). In developing the budget, (specifically SIP-024-006 with two components, A and B), should the SF 424 budget encompass both components, while ensuring separate budget justification details for each combined? In layman's terms, is it just one SF424 budget for both components? | Yes, the amount listed as being available for funding in a single year covers costs for both component A and B |
| SIP24-013 | Proposal | We are proposing to test a technology-based intervention called {omitted}," featuring three key components. Given the CDC's focus on innovative solutions, would this type of intervention align with the CDC's interests and priorities for the RFA? We are actively securing letters of support from school districts and relevant organizations. Could you please clarify the CDC's expectation on the number of letters required for this RFA? | (1) The NOFO states that the specific interventions will be designed by the awardee, and that the primary objective will be to assess, via a randomized trial, the effectiveness of various parent/caregiver-focused, school-originating education, communications and/or other simple interventions to increase student coverage of non-mandated but ACIP-recommended vaccines. The secondary objectives will include assessing the intervention's acceptability/feasibility from the perspective of the parent, school staff, and potentially the health department staff; cost of the intervention will also be assessed by intervention arm. It is up to the awardee to determine to design an intervention that fits within these parameters.<br>(2) SIP24-013 does not specify that letters of support are needed for application. However, in the **"Project Activities and Submission Requirements"** section (pages 136-137), it states "Awardee will solicit participation of schools/districts located in areas with low COVID-19 vaccination coverage and/or routine vaccination coverage, and high SVI, with at least half being in rural areas"; and in section **"Recruitment Plan"** (page 136), it also states "Applicants must provide details on how states and schools/school districts will be recruited for participation." |
| SIP24-001 | Evaluation Translation Plan | We are working on a proposal for RFA-DP-24-062 (specifically, SIP-24-001) and had a question about some of the requirements.<br><br>Can you please clarify: are the Annual Action Plan, Evaluation/Performance Measurement, and Dissemination and Translation Plan supposed to be separate documents included under the Appendices? Or should they be included as part of another/other existing document(s)? | Supporting material included as appendices may not exceed 10 PDF (maximum of 30 pages) attachments. The appendices should include materials that show evidence of the applicant's ability to successfully conduct the proposed project and other evidence deemed necessary to support the contents of the proposal. The Annual Action Plan, Evaluation Plan and Dissemination and Translation Plan may be included as supporting material in the application. |
| General | General - Application | Have the Q&As from the SIP information call, or any additional Q&As been published, yet? If so, where should I look for them? | The Q&As sent to the reseachinfo@cdc.gov mailbox will be uploaded as an attachment to www.grants.gov approximately 2 weeks prior to the application due date.<br>The script and presentation slides from the preapplication call are located at this link **www.cdc.gov/prc** |
| SIP24-003 | | The following questions pertain to the CPCRN SIP-24-003: I do not see Facilities and Other Resources listed as a requirement in the NOFO – can you confirm whether this should be included in the application?<br>Can you share whether the specific aims are included in the 12/18 page limit for the research strategy? They are listed as if they are separate in section 5, but then on page 59-60 the aims are described in bullets in the research/project plan length section.<br>Very little detail is given about the expectations for the Annual Action Plan, the Evaluation Plan/ Performance Measurement, and Dissemination & Translation plan on page 57. Often times there is a template for this part of CDC application and it is included as an appendix.<br>Can you share if there is an expected template for this part of the application? Can you also share if this is part of the 12/18 page limit or is to be included as an appendix?<br>Very little detail is given about the expectations for the Data Management Plan on page 57. Often times there is a template for this part of a CDC application and it is included as an appendix. We have drafted ours using the current National Center for Chronic Disease Prevention & Health Promotion Data Management Plan (DMP).<br>Can you share if this is the expected template to use for this part of the application? | Please refer to application and submission information in the NOFO and requirements outlined in the NOFO for each proposal. On page 15 and 16 of the NOFO, the components of the PHS 398 research plan are listed. The specific aims is part of the research plan. Specific aims is where the will "state the problem the proposed research addresses and how it will result in public health impact and improvements in population health."<br>The research strategy is another component of the research plan and "should be organized under 3 headings: Significance, Innovation and Approach". The research plan for SIP24-003 is limited to 12 pages for Comp A and 6 pages for Comp B or total of 18 pages for both components.<br>Supporting material included as appendices may not exceed 10 PDF (maximum of 30 pages) attachments. The appendices should include materials that show evidence of the applicant's ability to successfully conduct the proposed project and other evidence deemed necessary to support the contents of the proposal. The Annual Action Plan, Evaluation Plan and Dissemination and Translation Plan may be included as supporting material in the application.<br>Page 57 of NOFO states "if the applicant is collecting public health data, a standalone data management plan that addresses the 5 elements of AR-25 must be submitted in Appendix A. https://www.cdc.gov/grants/additional-requirements/ar-25.html." |
| SIP24-006 | General - Application | Below are 2 questions regarding the above referenced RFA.<br>In the NOPREN FOA (24-006), it was stated that each applicant must apply for both Component A and Component B. However, it appears that NOPREN already has a functional Coordinating Center at {name of PRC} (https://nopren.ucsf.edu/) that hosts a website, seminars, workshops, and supports the networks. These functions align well with Component B requirements as outlined in the RFA.<br>Our questions are:<br>1. If another institution were to get the NOPREN, would the CDC consider creating a new website?<br>2. If another institution were to take over these functions, would this institution be able to use some of the infrastructure already built by the {name of PRC] team?<br><br>We need to answer these questions to complete the Component B application and plan the budget. | 1. Yes 2. NOFO does not specify this information. It is up to the applicant to align their proposal with the objectives and intent of the NOFO (refer to page 76 for objectives and page 81 for additional review criteria for Component B) |
| SIP24-006 | PI | The {omitted} team had a question regarding our application for SIP 24-006. Could you provide some clarity around the Multiple PD/PI Leadership Plan. For context, we understand that our PRC Core PI must be included as a Co-PI on the SIP along with our SIP PI and have included this in our budget and budget justification. However, could you explain if there needs to be a separate "plan" or narrative? | A multiple PI plan should be included if there will be more than one PI leading the SIP (eg, each PI is contributing as a primary investigator and has a level of effort assigned). A biosketch should be included for each personnel on the project. |
| SIP24-001 | Evaluation Translation Plan | 1) Could you please clarify if the following components should be included in the Appendix, Research Strategy, or another place in the proposal?<br>a. Evaluation Plan<br>b. Dissemination & Translation Plan<br><br>2) {PRC A} and {PRC B} have both been recommended for 2024-2029 PRC funding. The {PRC A} and {PRC B} are each planning to submit an application to SIP-24-001. Our team at {PRC A} plans to collaborate with a researcher in the Department of {omitted} and would like to include a subcontract with {PRC B} for her effort (not through the PRC B) – this person is in a different administrative unit from the PRC B. Can you confirm that this is allowable (i.e., not violating the requirement that only one application per SIP per institution is allowed), since one application will be submitted from the {PRC A} and another will be submitted from the {PRC A}? | The NOFO does not list facilities and other resources. Supporting material included as appendices may not exceed 10 PDF (maximum of 30 pages) attachments. The appendices should include materials that show evidence of the applicant's ability to successfully conduct the proposed project and other evidence deemed necessary to support the contents of the proposal. The Annual Action Plan, Evaluation Plan and Dissemination and Translation Plan may be included as supporting material in the application. One application per SIP per proposal refers to the applicant submitting the grant (eg unique DUNS number). In scenario described, Yes if the person being subcontracted is not on the same administrative effort of the {PRC B}. |
| General | General - Application | We received advanced notification that the grant has been recommended for funding and received the invitation to apply for RFA-DP-24-062. Since the status of the grant in eRA Commons is listed as Pending Council Review and not as Awarded, I am emailing to confirm that there will be no issues in submitting our application via system-to-system, through grants.gov. Please confirm if we should submit via grants.gov or if there is an email address that we should submit our application to, should there be any issues in pushing the application forward in the system. | The lisf of eligible institution that may apply to NOFO RFA-24-062 is listed under **"Section III. Eligibility Information, Part 3 Additional Information on Eligibility"** which are the 20 institutions approved for funding under RFA DP24-004. For application submission requirements for NOFO RFA-24-062 please refer to **Section IV. Application and Submission Information** of the NOFO. |