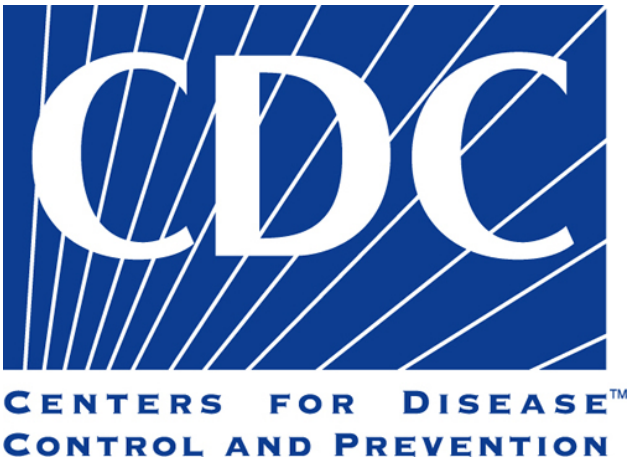


Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

Strengthening the Public Health Systems and Services in US-Affiliated Pacific Islands

CDC-RFA-OT21-2101

05/17/2021

Table of Contents

A. Funding Opportunity Description 2
B. Award Information 19
C. Eligibility Information 21
D. Required Registrations 22
E. Review and Selection Process 33
F. Award Administration Information 36
G. Agency Contacts 43
H. Other Information 44
I. Glossary 45

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-OT21-2101. 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:

Strengthening the Public Health Systems and Services in US-Affiliated Pacific Islands

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-OT21-2101

E. Assistance Listings Number:

93.874

F. Dates:

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

The LOI date will generate once the Synopsis is published if Days or a Date are entered.
Not Applicable
N/A

2. Due Date for Applications:
05/17/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
April 22, 2021
Email USAPIPartnerCoAg@cdc.gov for conference call information.

F. Executive Summary:

Summary Paragraph
CDC announces the availability of funds for a regional, nonprofit organization to strengthen the quality, performance, and sustainability of the US-Affiliated Pacific Islands' (USAPI) governmental and nongovernmental components of the public health system and services through the provision of capacity-building assistance. As a single source opportunity, the eligibility is limited to the Pacific Island Health Officers Association (PIHOA).This NOFO funds activities that increase the capacity for public health leadership, workforce segments, public health departments, and other components of the public health system to improve the lives and wellbeing of people living in the region. Over the five year period of performance, the recipient is expected to increase capacity in the seven strategies: 1) public health workforce; 2) public health systems and infrastructures; 3) public health laws and policies; 4) Translation and implementation of evidence-based public health practices and services for USAPI population; 5) public health monitoring and surveillance systems, 6) communications, and 7) partnership. This five-year cooperative agreement is the second iteration based on the OT16-1601 Cooperative Agreement.

a. Eligible Applicants:
Single

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$ 20,000,000

e. Average One Year Award Amount:
$ 4,000,000
Subject to the availability of funds.

f. Total Period of Performance Length:
5

g. Estimated Award Date:
August 01, 2021

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The US-Affiliated Pacific Islands (USAPI) consist of the US flag territories of American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands, and the following freely associated states: Republic of the Marshall Islands, Republic of Palau, and Federated States of Micronesia. Collectively, their population is estimated to be a little more than 500,000 people, and its jurisdictions span millions of square miles of ocean and five Pacific Time zones.

The USAPI has a high burden of non-communicable diseases (NCDs) and infectious diseases, as well as health threats resulting from climate change (including environmental disasters). This includes high impact of outbreaks throughout the region, including influenza-like illness, dengue, measles.[1] In addition, the region ranks among the world's highest prevalence for some NCDs (e.g., cervical cancer, obesity, high blood pressure, and respiratory disease[2,3]). The World Health Organization identified the need to support USAPI health systems in coping with this double burden of increasing NCDs and infectious diseases.[4]

The public health challenges in the region are exacerbated by widely dispersed populations, limited resources, and fragmented health systems. The *Journal of Public Health Practice* cites a "perfect storm" of social, economic, environmental, political, and health complexities that pose challenges to improving health for all in the USAPI.[5] Suggested solutions include strengthening public health systems, provision of support from US government agencies, and collaborations between organizations to build resiliency.

This NOFO is focused on supporting USAPI public health systems through capacity-building assistance (CBA). CBA is defined as activities that build, strengthen, and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community or individual processes and competencies. CBA is delivered through technical assistance, training, information sharing, technology transfer, materials development, or funding that enable organizations to serve customers better and operate in a comprehensive, responsive, and effective manner.

Lessons learned from previous NOFOs showed that a coordinated and regional approach adds great value, helps optimize resources, and can increase impact. Capacity-building strategies can include workforce development to enhance knowledge, skills, competencies, and create resources; organizational development to enhance management structures, processes, and procedures within and between organizations and different sectors; and partnership development to build relationships to effectively address community needs, manage resources, and communicate with the public. Using component funding, this NOFO will facilitate collaborations on CBA efforts throughout the USAPI. The components (specific projects) maybe funded at different times throughout the period of performance. Some components are expected to be funded throughout the life cycle of the award (Category A) while other components may not be funded throughout the life cycle of the award (Category B). For more on components and the categories refer to the *funding strategy section.*

1. World Health Organization (WHO): Pacific Syndromic Surveillance System

2. Senkomago V, Royalty J, Miller JW, Buenconsejo-Lum LE, Benard VB, Saraiya M. Cervical cancer screening in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in four US-Affiliated Pacific Islands between 2007 and 2015. Cancer Epidemiol. 2017 Oct;50(Pt B):260-267. doi: 10.1016/j.canep.2017.04.011. PMID: 29120834; PMCID: PMC5739878.
3. CDC's National Center for Chronic Disease Prevention and Health Promotion: How CDC Prevents Chronic Diseases and Promotes Health for US Territories and Affiliated Pacific Islands
4. World Health Organization (WHO): Division of Pacific Technical Support
5. Carlin, Margaret MPH; Mendoza-Walters, Alison MPH; Ensign, Karl MPP. Half an Ocean Away: Health in the US-Affiliated Pacific Islands, Journal of Public Health Management and Practice: September/October 2016 - Volume 22 - Issue 5 - p 492-495 doi: 10.1097/PHH.0000000000000467

b. Statutory Authorities

The program is authorized under sections 307 and 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 242(l) and 247b(k)(2), as amended). In addition, this program is authorized under section 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), 2020 (P.L. 116-136), the Paycheck Protection Program and Healthcare Enhancement Act, 2020 (P.L. 116-139), and the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260).

c. Healthy People 2030

This NOFO addresses the Healthy People 2030 focus area of Public Health Infrastructure. The goal is to ensure that all levels of governmental public health have the necessary infrastructure to provide essential public health services effectively. Infrastructure is fundamental to planning, delivering, and evaluating public health. By addressing this focus area work can be done towards the 2030 overarching goal "Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all."

d. Other National Public Health Priorities and Strategies

- Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health
- HHS Plan for Asian American, Native Hawaiian and Pacific Islander Health
- CDC's Public Health Systems & Best Practices
- National Health Security Strategy and Implementation Plan
- HHS Strategic Plan

e. Relevant Work

This opportunity will support advancing the core capabilities of CDC's Strategic Framework and Priorities. CDC collaborates with professional nonprofit, national organizations to coordinate national public health initiatives with a wide array of stakeholders. This NOFO builds on CDC's current program, *CDC-RFA-OT16-1601: Strengthening the Public Health Systems and Services in US-affiliated Pacific Islands* and CDC-*RFA-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's*

Health, by ensuring provision of capacity-building assistance to the USAPI to address public health challenges, such as fragile infrastructure, limited workforce, and insufficient information systems.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-OT21-2101

Logic Model: **Strengthening the Public Health System in the US-Affiliated Pacific Islands**

Bold indicates period of performance outcome

Strategies & Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Public health workforce *Activities to enable improvement of competencies and resources to strengthen leadership and workforce*	**Increased knowledge, skills, resource, support, and structure to enhance competencies among public health leadership and workforce**	**Strengthened workforce qualifications, performance, service delivery, and increase leadership capacity around policy formulation and program implementation**	**Improved multi-sectoral leadership action to strategically address population health needs and build workforce capacity and retention**
Public health system and infrastructure *Activities to strengthen system and agency needs and determine steps to improve operational capacity* Sub-strategies: Accountability performance management, quality improvement; business process improvement; communications; financial management; information technology; other	**Increased implementation of processes and services that build operational efficiency and effectiveness**	**Increased use of performance management systems to monitor and evaluate operational processes**	**Improved operational efficiency and effectiveness**

Public health laws and policies *Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health*	**Increased awareness of how laws and policies affect the public's health among public health practitioners, government and non-governmental agencies, and political leaders**	**Increased practical, legal-and policy-centered tools and resources for public health practitioners, government and non-governmental agencies, and political leaders**	**Increased implementation of evidence-based public health laws and policies by public health practitioners, government and non-governmental agencies, and political leaders**
Translation and implementation of evidence-based public health practices and services for USAPI population *Activities to strengthen the delivery of essential public health services in a comprehensive manner*	**Increased capacity to assess evidence-based public health practices and services for cultural relevance**	**Enhanced capacity to integrate and coordinate culturally relevant practices and services across multiple settings**	**Increased ability to translate and widely implement evidence-based practices and services across multiple settings**
Public health monitoring and surveillance systems *Activities to increase the capacity to support collection, integration, maintenance, dissemination, and interpretation of data across the public health system*	**Increased knowledge and capacity to develop national health data systems and registries**	**Improved collection, maintenance, interpretation, and dissemination of population health data**	**Improved capacity to identify population health needs through data driven decision-making**
Communications Activities to improve the use of communications to affect health decisions and actions	**Improve communication capacity to inform the public effectively and efficiently**	**Strengthened capability to use communication to affect health decisions and actions**	**Increased communication capacity through public health practitioners, government and non-governmental agencies, and political leaders**

Partnerships *Activities to improve the establishment and maintenance of results-driven partnerships*	**Improved capacity to establish and maintain partnerships within and across sectors to create a shared public health vision**	**Strengthened capability to respond to public health priorities collaboratively and strategically**	**Improved capacity to address public health priorities through collaboration and partnerships**

Note the strategy "Public health system and infrastructure" contain sub-strategies to further categorize key activities.

i. Purpose

The purpose of this new funding initiative is to provide capacity-building assistance through a regional, nonprofit organization to strengthen the USAPI's public health leadership, workforce, and public health systems and infrastructure. The recipient will optimize the quality and performance of the public health systems and services of the USAPI using the identified strategies in the logic model.

ii. Outcomes

The recipient's CBA overall award is expected to demonstrate measurable progress among governmental and/or nongovernmental components of the USAPI public health system through the 7 strategies and related outcomes, particularly those that address USAPI public health systems and infrastructure needs of highest priority. As various levels of CBA needs exist for the USAPI, the applicant is encouraged to select outcomes that are achievable by the end of the period of performance.

The recipient is expected to demonstrate progress toward the program's outcomes (award-level). Short-term outcomes should be reached within 12–24 months of initiation of CBA activities and demonstrated progress for intermediate outcomes should occur by the end of the period of performance. Demonstration for some of the long-term outcomes may occur by the end of the period of performance as a result of program efforts outside of the budget periods.

CDC may require or allow the applicant to propose additional related component outcomes other than those identified in the NOFO.

Short-term outcomes

- Increased knowledge, skills, resource, support, and structure to enhance competencies among public health leadership and workforce
- Increased implementation of processes and services that build operational efficiency and effectiveness
- Increased awareness of how laws and policies affect the public's health among public health practitioners, government and non-governmental agencies, and political leaders
- Increased capacity to assess evidence-based public health practices and services for cultural relevance
- Increased knowledge and capacity to develop national health data systems and registries

- Improve communication capacity to inform the public effectively and efficiently
- Improved capacity to establish and maintain partnerships within and across sectors to create a shared public health vision

Intermediate outcomes

- Strengthened workforce qualifications, performance, service delivery, and increase leadership capacity around policy formulation and program implementation
- Increased use of performance management systems to monitor and evaluate operational processes
- Increased practical, legal-and policy-centered tools and resources for public health practitioners, government and non-governmental agencies, and political leaders
- Enhanced capacity to integrate and coordinate culturally relevant practices and services across multiple settings
- Improved collection, maintenance, interpretation, and dissemination of population health data
- Strengthened capability to use communication to affect health decisions and actions
- Strengthened capability to respond to public health priorities collaboratively and strategically

Long-term outcome

- Improved multi-sectoral leadership action to strategically address population health needs and build workforce capacity and retention
- Improved operational efficiency and effectiveness
- Increased implementation of evidence-based public health laws and policies by public health practitioners, government and non-governmental agencies, and political leaders
- Increased ability to translate and widely implement evidence-based practices and services across multiple settings
- Improved capacity to identify population health needs through data driven decision-making
- Increased communication capacity through public health practitioners, government and non-governmental agencies, and political leaders
- Improved capacity to address public health priorities through collaboration and partnerships

iii. Strategies and Activities

This NOFO provides funding to deliver capacity-building assistance to strengthen the USAPI public health system. The logic model is a visual depiction of the program approach and reflects how the selected strategies will lead to achievement of short-, intermediate- and long-term program outcomes. Long-term outcomes may be achieved over the five-year period of

performance. Overall program outcomes should be achieved through the 7 strategies: 1) public health workforce, 2) public health systems and infrastructure, 3) public health laws and policies, 4) Translation and implementation of evidence-based public health practices and services for USAPI population , 5) public health monitoring and surveillance systems, 6) communication, and 7) partnerships . The recipient is not required to work on all strategies at once, but it is expected to achieve measurable progress in all seven strategies and related outcomes by the end of the period of performance through multiple components.

For each component, the applicants are required to address the program strategies to carry out its proposed activities. The selected strategies for each component will be indicated in the corresponding work plans (refer to *work plan section*). The activities listed below are not exhaustive and should be tailored based on the priority needs of the target population(s).

CDC anticipates activities funded under this NOFO will lead to the development of resources such as tools, materials, data, software, trainings, and webinars. Upon funding, recipients are expected to share these resources with CDC and will receive further guidance upon funding.

Note the applicant must ensure compliance with Administrative Requirement-12 (Anti-Lobbying) when engaging in all activities, especially those related to laws, policies, data management and regulations.

Strategy 1: Public Health Workforce – *Activities to enable improvement of competencies and resources to strengthen leadership and workforce (*may include but are not limited to):

- Assess and identify skills sets, competencies, and needs of health officials and other health agency leaders
- Implement evidence-based strategies, such as leadership institutes and workgroups
- Provide training to health officials and other health agency leaders regarding current USAPI public health priorities and the official responsibilities of the health department and governing entity
- Inform leaders on operational definitions and statements of the public health sector roles, responsibilities, and authorities
- Strengthen existing leadership platform for effective leadership practice and multi-sector communication to address shared public health concerns
- Recruit and hire qualified staff with public health backgrounds
- Assess workforce competencies
- Provide technical assistance to deliver essential public health services
- Provide training and professional development
- Develop and sustain supportive work environments
- Create resources to facilitate achievement of public health workforce competencies
- Provide technical assistance to build and sustain workforce competencies

- Promote public health internships and fellowships to recruit and strengthen workforce

Strategy 2: Public Health System and Infrastructure – *Activities to strengthen system and agency needs and determine steps to improve operational capacity* (may include but are not limited to):

- Provide technical assistance to deliver essential public health services
- Assess and identify strengths and weaknesses related to operational efficiency and effectiveness
- Examine capacity to deliver the core functions and essential public health services and the structures needed to carry out these functions
- Determine needs, develop processes, and establish standards to build performance management capacity
- Develop and implement a health department organizational strategic plan
- Facilitate mobilization of public and private sectors to enhance collaboration and partnerships
- Identify strategies to disseminate health information to targeted populations
- Provide technical assistance on developing effective financial management systems

Strategy 3: Public Health Laws and Policies – *Activities to improve the ability to interpret and inform laws, including statutes and regulations, and policies that affect health* (may include but are not limited to):

- Review, study, and disseminate information on existing laws and policies that may apply to public health
- Engage multiple sectors, such as education, court systems, law enforcement, business, and political leaders in identifying priorities and in developing and applying legal tools
- Create and/or engage public health councils of relevant government agencies
- Recruit legal counsel with public health expertise for public health agencies
- Develop practical, legal-centered tools for public health practitioners and policy makers
- Provide consultation and technical assistance to public health agencies
- Evaluate the health effects and costs of legislation, regulations, and policies that could have a meaningful impact on legislation and governance
- Review and analysis of existing laws and policies to determine cultural, geographical, and current relevance and provide revisions as needed
- Develop materials, manuals, and toolkits that build knowledge, skills, and practices in public health policy

Strategy 4: Translation and implementation of evidence-based public health practices and services for USAPI population – *Activities to strengthen the delivery of essential public health services in a comprehensive manner* (may include but are not limited to):

- Provide technical assistance to translate and disseminate evidence-based public health science
- Promote understanding and use of research results, evaluations, and evidence-based practices through inclusive public health research and services
- Promote and facilitate adoption of public health strategies, initiatives to develop, implement, and evaluate effective strategies that promote health
- Create materials, manuals, and toolkits that build knowledge, skills, and practices in evidence-based public health practices and services

Strategy 5: Public Health Monitoring and Surveillance Systems – *Activities to increase the capacity to support collection, integration, maintenance, dissemination, and interpretation of data across the public health system* (may include but are not limited to):

- Provide technical assistance on readiness for implementation, use, and maintenance of information systems
- Create manuals and protocols to ensure best practices and standardization of data and information systems
- Establish data governance through the creation of policies and guiding principles to improve the collection, interpretation, and dissemination of population health data
- Foster health information systems buy-in and understanding of agency staff
- Train staff on data collection, analysis, interpretation, and reporting
- Increase information access, data use, and sharing across public health agencies
- Integrate information systems and public access at the community level

Strategy 6: Communication – Activities to improve the use of communications to affect health decisions and actions (may include but are not limited to):

- Develop communication processes for effective cross-sector collaboration
- Develop communication procedures to provide information to the public
- Create communication campaigns that are relevant, culturally competent, and at a sufficient level of health literacy
- Provide accessible, accurate, actionable, and current information that is culturally sensitive and linguistically appropriate
- Develop communication systems to enable efficient and effective community-centered dialogue
- Develop and disseminate educational materials, health communication and marketing activities, and program evaluation and assessment tools

- Provide information about public health issues and functions to diverse audiences through multiple methods to inform public health decision making

Strategy 7: Partnerships – *Activities to improve the establishment and maintenance of results-driven partnerships* (may include but are not limited to):

- Assess agency's current internal and external partnerships
- Expand organization or program partnerships through community engagement and mobilization
- Perform network analysis to identify opportunities for collaboration
- Leverage partnerships to address specific public health issues or population health needs strategically
- Engage with the public health system and community in identifying and addressing health problems through collaborative processes

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

The recipient is required to collaborate with CDC centers, institutes, and offices (CIOs) as appropriate to plan, implement, and execute CBA activities. The recipient is encouraged to participate in stakeholder meetings and provide expert consultation to CDC and other CDC-funded partners. This collaboration is expected to ensure activities and funding do not duplicate work but instead are coordinated with and complementary to efforts supported under other CDC programs. The recipient should collaborate with other CDC-funded public health partners and CDC to identify and address emerging CBA needs.

b. With organizations not funded by CDC:

The recipient is encouraged to build and maintain strategic partnerships and leverage resources with regional, national, and international organizations. These partnerships are critical to building capacity of public health systems to maximize the impact and reduce duplication of capacity-building activities in the USAPI. It is highly recommended that the recipient collaborates with local organizations that have specialized public health-related capacity-building services and have experience working in the specific jurisdictions. It is highly recommended that the recipient collaborate with regional, national, and international organizations that have specialized public health-related capacity-building services to enhance the proposed capacity-building activities for the USAPI public health system.

2. Target Populations

The applicant should propose to address CBA needs based on the most relevant evidence for the selected target population(s). The applicant must clearly describe the target population(s) and provide a rationale for selecting the target population(s) receiving CBA *for each component*. Potential target populations may include Pacific Island public health agency jurisdictions and their leaders, workforce segments across Pacific Island public health jurisdictions, monitoring and surveillance systems, and/or nongovernmental components of the public health system (e.g., pharmacists, transportation industry, law enforcement, tourism sector).

a. Health Disparities

This program is focused primarily on strengthening the public health infrastructure and services for the USAPI. The strategies and activities address public health needs and priorities to improve the public health system, which can include addressing and improving social determinants of health and decreasing health disparities. The recipient is expected to leverage its established relationships with CDC, current and new partners, and the Pacific Region to create relevant and lasting impact to populations at risk, such as people with high risk health behaviors, socioeconomic disparities, disabilities, non-English speaking populations, tribal populations, people who live in remote areas and other geographically underserved communities; and people with limited health literacy.

iv. Funding Strategy

This award is composed of multiple components and will be funded by component. A component is equivalent to a stand-alone project that requires an activity or activities and associated budget. Note the following key points:

- Each component must be a discrete activity(ies) with an associated budget.
- The recipient should not duplicate efforts across components.
- Once components are awarded, funds cannot be redirected between components.

The Component Funding is split into categories:

Category A: Base funding – These components will be considered throughout the life of this cooperative agreement as funds are available. Applicants will submit a work plan and budget narrative in response to CIO project plans and address strategies and outcomes outlined in the CIO project plan. Refer to the CIO Project Plan attachment.

Category A		
#	**Component Title**	**Proposed Component Funding**
1	Regional Health Policy, Advocacy and Secretariat Support Initiative	$ 400,000
2	Regional Human Resources for Health/Workforce Development	$ 250,000
3	Regional Health Information and Public Health Surveillance Initiative	$ 250,000

Category B: CIO Project Plans – Each component represents a CIO project plan. This is an opportunity for the recipient and CIO to collaborate on CBA activities. The applicant can apply for all components. The applicant should clearly indicate which component it is applying for. The applicant will submit a work plan and budget narrative in response to CIO project plans and address strategies and outcomes outlined in the CIO project plans. As public health priorities emerge, CDC may add additional opportunities to complete CBA activates.

Category B		
#	**Component Title**	**Proposed Component Funding**

4	Building capacity for COVID-19 and Disaster Communications in Asia Pacific	$1,000,000
5	Evaluating the expansion of cervical cancer screening coverage in USAPIs	$913,969
6	Pacific Public Health Fellowship Program (PPHFP)	$ 775,000
7	Lymphatic Filariasis Elimination and Prevention in American Samoa Population	$ 262,336
8	Health Systems Performance Improvement	$ 250,000
9	Building and Enhancing NCD Surveillance and Data Use in the USAPI	$ 200,000
10	Strengthening HIV, STD, viral hepatitis and TB surveillance and prevention in the U.S. Affiliated Pacific Islands	$ 50,000
11	Strengthening Operations and Grants Management in the USAPI	$ 160,000
12	Strengthened USAPI Vector-borne Disease Diagnostic, Surveillance and Vector Control Capacities	$ 105,000
13	Building and Maintaining Pacific Community Influenza Surveillance and Response Capacity	$ 100,000
14	Improving vector-borne disease preparedness and strengthening public health through entomology networks	$ 95,000
15	Tuberculosis (TB) Prevention and Control Laws	$ 80,500
16	Strengthening USAPI Lab-Based Public Health Surveillance and Capacities	$ 50,000
17	Pacific Islands Tuberculosis Nurses Network (PITBNN)	$ 30,800
18	TBD - Emerging Public Health Initiatives	$ TBD

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

ii. Applicant Evaluation and Performance Measurement Plan

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)

- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Organizational capacity ensures the demonstrates the applicants ability to successfully execute the NOFO strategies and meet outcomes. The applicant should have adequate infrastructure (e.g., physical space and equipment), workforce capacity and competence, relevant skill sets, capable information and data systems, accessible electronic information, and communication systems to implement the award. The applicant must provide evidence of adequate program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, workforce development and training, and full capability to manage the required procurement efforts, including the ability to write and award subcontracts in accordance with 45 CFR 75, as applicable. The applicants must name supporting documents clearly. For example CVs/resumes files must be named "CVs&Resumes" as a PDF file and upload to www.grants.gov. Refer to *H. Other Information section* for a list of supporting documents.

Staffing and Partnerships: The applicant must demonstrate adequate capacity and expertise in personnel management and program staffing. Program staffing includes the ability to develop and maintain partnerships and recruit and hire for general staff expansion and specialized expertise. Documentation to illustrate adequate staffing plan and program management structure includes organizational charts, job descriptions, CVs/resumes, and staffing plans that clearly define staff roles and expertise as they relate to the activities and outcomes. Letters of support from other organizations should be used to demonstrate ability to build and maintain partnerships.

Collaboration: The applicant must describe how it will collaborate on *each component* with organizations that are internal and external to CDC to build capacity for the USAPI public health system (refer to Work Plan). The recipient will be strongly encouraged to collaborate with USAPI partners in advancing capacity building for public health services to create relevant and

lasting impact to at risk populations, such as: people with high-risk health behaviors, socioeconomic disparities, disabilities, non-English speaking populations, tribal populations, people who live in remote areas and other geographically underserved communities, and people with limited health literacy. Applicants must provide Letters of support from other organizations to demonstrate ability to build and maintain partnerships (refer above for file naming convention).

Procurement Activities: The applicant must demonstrate expertise in writing, negotiating, awarding, and executing contracts and consulting agreements as they relate to individual components funded under this program. The applicant must also demonstrate expertise in financial reporting, budget management and budget administration. The applicant must be fully capable of managing the required deliverables in accordance with 45 C.F.R. The applicant must submit a CV/resume for staff who will be involved in procurement activities and describe the organization's capacity to execute contracts and consulting agreements.

Relationship with Target Population: The applicant must also describe the nature of its relationship with the target population and history (including number of years) of serving or working with the target population selected for this cooperative agreement. The history should include examples of previous efforts providing CBA, such as the content and format of the CBA provided, and the results of those CBA efforts. If the applicant submits letters of support from members of the target population and related stakeholders, the letters should outline the target population's interest in the CBA services to be provided, the current relationship with the applicant, and previous examples of CBA received from the applicant.

Affiliate Organizations: If applicable, the applicant must provide a description of its affiliate organizations. Affiliates are subsidiary or subordinate organizations that are officially connected to the applicant organization. The description of affiliated organizations should include the name(s) and the affiliate's public health-related area of expertise. The applicant must also submit evidence, such as bylaws, signed board resolution, or other documentation of guiding principles that recognize the affiliate organizations and their relationship with the applicant.

Current CDC CBA Funding: The applicant must provide a description of its current CDC-funded capacity-building projects, including the name of the funding mechanism (CDC-RFA number), target population, type of CBA provided and delivery method, and outcomes achieved.

As illustrated in the Review and Selection Process section of this NOFO, the Organizational Capacity of Applicants to Implement the Approach will be weighed heavily during the Objective Review process. Applicants are strongly encouraged to address all areas of capacity mentioned above.

d. Work Plan

The applicant must provide a component level CBA work plan, with a detailed description of the first year of the component. The applicant is strongly encouraged to use activities indicated under the "Strategies and Activities" section but is expected to augment those activities based on the priority needs of the target population(s). The work plan should provide outcomes, program strategies, activities, and objectives for the priority subpopulation(s) that are proposed within the target population category. The applicant will submit a work plan for each component the

applicant is applying for.

Note: Use the SMART (specific, measurable, achievable, realistic, and time-bound) format. Quantitative baselines should be provided that lead to an increase, decrease, or maintenance over time. Review the logic model provided in section "A.2.a. Approach"

The work plan must, at a minimum, include:
A Year 1 detailed work plan and budget narrative for *each component* the applicant is applying for: (Use the work plan template in related documents section on grants.gov)

1. Expected outcomes for the first year of the component
2. Program activities and strategies to be used during the first year of the period of performance (Select no more than 2 strategies per component)
3. Description of the process measures for the strategies and activities
4. Description of responsible position/party to support implementation of the component
5. Provision of completion date for each outcome measure
6. Estimated cost per strategy

CDC will provide feedback and technical assistance to the recipient to finalize the work plan post-award.

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.

CSTLTS will collaborate with the recipient to determine if other activities are necessary to monitor the award.

f. CDC Program Support to Recipients

Substantial Involvement by CDC: In a cooperative agreement, CDC program staff are substantially involved in post-award program activities, above and beyond routine grant monitoring. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.
CDC program staff will assist, coordinate, or participate in carrying out all efforts under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO. CDC activities for this program are as follows:

- Collaborate to ensure coordination and implementation of strategies to provide capacity-building assistance (CBA) to governmental and nongovernmental components of the public health system.
- Provide guidance and appropriate clearances (policies and scientific) of products co-branded or co-authored by CDC.
- Provide guidance and coordination to funded organization to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
- Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering collaboration between funded organizations that would not normally interact or collaborate on public health efforts.
- Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance.
- Collaborate, as appropriate, to assess progress toward meeting strategic and operational goals and objectives and to establish measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.

CDC Substantial Involvement in Clearance of Products
In addition to requiring CDC clearance of products co-branded or co-authored by CDC, CDC staff will be given an opportunity to review and provide feedback on products developed with program funds, if at least one of the following is true:

- The content of the information product is determined to be potentially sensitive or controversial. The determination of sensitive or controversial content is made by CDC.
    - Includes products that present new science or contradicts previous findings.
- The information product describes or includes content about programs or initiatives of CDC or other federal agencies.

- The information product includes content about or directly relating to priorities or initiatives of the CDC Director, Department of Health and Human Services, the Administration, or Congress.
- The information product describes or includes content related to federal policies, guidelines, or regulations.
- The information product discusses or includes information or statements about public health resources or funding (e.g., types, levels, distribution/allocation strategies) at any level of the public health system (federal, national, state, tribal, local, or territorial).
- The information product discusses or includes information or statements about policy and policy options. "Policy" is defined as "a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions."
- The information product discusses or includes statements related to or prescribing roles and responsibilities of governmental stakeholders at any level (e.g., federal, national, state, tribal, local, or territorial governments).

Review of such products is part of CDC's substantial involvement to improve the quality and effectiveness of products and services. CDC and the recipient should reach consensus on the content of the product prior to publication or dissemination to audiences external to the CDC. It is the responsibility of the CIO Technical Monitor to ensure timely review is completed by the appropriate CDC entities, and consensus on the content is reached within 14 business days of receipt to minimize undue burden on the recipient.

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:
U38 - Uniform National Health Program Reporting System

3. Fiscal Year:
2021
Estimated Total Funding:
$ 4,000,000

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

5. Approximate Period of Performance Funding:
$ 20,000,000
Subject to the availability of funds.

6. Total Period of Performance Length:

5
year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$ 4,000,000
Per Budget Period

Subject to the availability of funds.

9. Award Ceiling:
$ 0
Per Budget Period

No ceiling. Subject to the availability of funds.

10. Award Floor:
$ 0
Per Budget Period

Subject to the availability of funds.

11. Estimated Award Date:
August 01, 2021
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 available through this NOFO.

Consistent with the cited authority for this notice of funding opportunity, direct assistance may be available in the form of equipment, supplies, materials, and/or federal personnel.

The award recipient is encouraged to use the Public Health Associates Program (PHAP) to meet staffing needs. PHAP is a training program for early-career public health professionals. To learn more about the program and how to host an associate visit http://www.cdc.gov/phap

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

2. Additional Information on Eligibility

The organization that meets ALL the following criteria:

- Eligibility is limited to the Pacific Island Health Officers Association (PIHOA) due to its history, knowledge, skills, abilities and relationship with the collective interests of the Ministers, Secretaries, and Directors of Health of the US-Affiliated Pacific Islands (USAPI) and Freely Associated Territories. (see Part II.C.3 for full summary)

The applicant must provide evidence of federally assigned 501(c)(3) with IRS status designation by submitting a copy of the current, valid IRS determination letter. Evidence can be submitted by uploading this documentation in Grants.gov under "Other Attachment Forms." The document should be labeled "Proof of Nonprofit Status"

3. Justification for Less than Maximum Competition

PIHOA is the only membership and member-directed organization for improving the health and well-being of USAPI citizens and is therefore is unique in its knowledge, skills, and abilities to provide the services specified under this cooperative agreement. PIHOA has experience working with CDC specifically on capacity building throughout the pacific region.

PIHOA is a non-profit organization that is led by and represents the collective interests of the Ministers, Secretaries, and Directors of Health and of the USAPI.

1. The organization specifically represents all six USAPI, providing a regional voice for all. PIHOA members represent a USAPI population of more than 500,000 people who live on hundreds of islands and atolls spanning millions of square miles of ocean and crossing five Pacific Time Zones.
2. The PIHOA Board of Directors consists of the Ministers, Secretaries, and Directors of Health of all the USAPI.
3. PIHOA Associate Members include the deputies and senior subordinates in the USAPI's Departments and Ministries of Health, as well as the local public hospitals.
4. PIHOA Affiliate Members are made up of 14 non-profit organizations that serve as pacific professional associations and technical agencies in the USAPI region who provide health services and programs with similar purposes and objectives as PIHOA.

PIHOA has been awarded through CDC-OT16-1601 Cooperative Agreement over the past four years. Through OT16-1601, PIHOA has been able to partner with several CIOs to develop

capacity-building efforts throughout the USAPI in several public health topics. Currently, PIHOA is working with Center for Global Health, Center for Preparedness and Response, CSTLTS, National Center for Chronic Disease Prevention and Health Promotion, National Center for Emerging and Zoonotic Infectious Diseases, and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. PIHOA leverages its current established relationship with CDC and the Pacific Region to help build a lasting and strong impact.

PIHOA is uniquely capable to leverage the cultural insight and diversity of their staff and board members to help improve health outcomes to appropriately and effectively reach their target populations.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

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.

a. Data Universal Numbering System: All applicant organizations must obtain a Data

Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

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

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

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

		received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization		

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 or postmarked by)

Due Date for Letter Of Intent _____

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

b. Application Deadline

Number Of Days from Publication 60

05/17/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

April 22, 2021

Due Date for Information Conference Call
Email USAPIPartnerCoAg@cdc.gov for conference call information.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include

an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:
Not Applicable

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.

Note: The Project Abstract should reflect the entire submission at the award-level. If applicants respond to multiple components, the Project Abstract must cover all components. Include a high-level summary for the period of performance.

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.

For each component submit a budget narrative that align with your work plans.
In addition, submit a copy of indirect cost-rate agreement (if applicable).

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/additionalrequirements/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 (e.g.,

original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by 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:** 45

Demonstrate adequately planning to achieve the CBA program outcomes to carry out the proposed objectives; develops a comprehensive understanding of the target population and the CBA that addresses the needs.

- Provide a clear Project Abstract Summary that outlines an award-level overview of the period of performance
- Demonstrates evidence for the target population(s) priority CBA needs
- Demonstrates a comprehensive understanding of the CBA needs for the target population(s). (e.g., history working with target population on CBA needs)
- Describes how the organization will collaborate with programs and/or organizations either internal or external to CDC (e.g., letters of support and work plans)
- Describes the specific target population(s) that will receive CBA and explains how building their capacity will achieve the program outcomes
- Provide a clear and concise description of the strategies and activities that will be used to achieve the period of performance outcomes

Work plans and budget narratives may be referred to support the ability to address CBA needs. Note, the objective review will be conducted at the award-level. The selected application will move to the Phase III Technical Review, where the specific work plans and budget narratives will be assessed.

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

Evaluate the extent to which the applicant:

- Provides an evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this NOFO
- Affirms the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy
- Describes how key partners will participate in the evaluation and performance measurement planning processes
- Describes how evaluation findings will be used for continuous program quality improvement
- Describes the types of evaluation (i.e., process, outcome, or both) to be conducted, key evaluation questions to be addressed, and measures and data sources to be employed

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

Evaluate the extent to which the applicant addresses:

- Demonstrates relationship with the target population(s)
- Provides examples of an established track record of providing CBA services to the target population
- Demonstrates the target population's interest in the CBA services to be provided (e.g., letters of support)
- Demonstrates the ability to execute the CDC strategies and activities and meet period of performance outcomes
- Demonstrates sufficient staffing capacity to accomplish program goals
- Demonstrates relevant experience and capacity to implement the activities and achieve the component outcomes, experience, and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles (e.g., budget narrative, work plans and key staff CVs)

    1. Indicates appropriate staff member experience
    2. Demonstrates clearly defined roles for staff members

Budget **Maximum Points:** 0

Budget Narrative (reviewed, but not scored): The extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities

i. Approach **Maximum Points:** 0

ii. Evaluation and Performance Measurement **Maximum Points:** 0

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 0

Budget **Maximum Points:** 0

The review will consist of at least three individuals, who will review and score all eligible and responsive applications. Applications will be put into rank order list according to average scores.

c. Phase III Review

The selected applicant will receive a merit review at the components-level. Work Plans in Response to CIO Project Plans will receive a technical review. This will involve a technical review that evaluates for completeness using criteria aligned with the three broad sections described earlier in the NOFO:

1. Approach
2. Evaluation and Performance Measurement
3. Applicant's Organizational Capacity

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

The award will be announced in writing to the recipient on or before August 1, 2021.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

AR-1: Human Subjects Requirements

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

AR-3: Animal Subjects Requirements

AR-7: Executive Order 12372 Review

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

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

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR

AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

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

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

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

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

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

AR-34: Language Access for Persons with Limited English Proficiency
AR-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

ARs applicable to Conference Awards:

AR-20: Conference Support

AR-27: Conference Disclaimer and Use of Logos

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement

for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

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

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

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

The Recipient must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided to successful recipients in the notice of award.

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

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

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

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

• The frequency that evaluations will be conducted.

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

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

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

• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later 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.

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).

CDC will provide additional guidance closer to the end of the period of performance.

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:

First Name:
Devi
Last Name:
Hawkins-Prather
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:

Telephone:
770.488.2543

Email:
duh4@cdc.gov & vyj4@cdc.gov

Grants Management Office Information

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

First Name:

Randolph

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

Address:

Telephone:

Email:
gur2@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
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)

- *By-Laws, if applicable*
- *Board Resolutions, if applicable*

Note: attachments must be clearly named and uploaded to www.grants.gov as PDF files. For example Letters of Support will be compiled into one PDF file and named "Letters of Support"

I. Glossary

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

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

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

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

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

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

Budget Period or Budget Year: The duration of each individual funding period within the 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. http:// www.cdc.gov /grants/additionalrequirements /index.html.

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

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

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

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

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

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a

cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

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

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

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

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

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

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

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

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

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

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Award-level: Total funded amount in a budget period.

Capacity-Building Assistance (CBA): CBA is defined as activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community, or individual processes and competencies. CBA is delivered through technical assistance, training, information sharing, technology transfer, materials development, or funding that enables organizations to serve customers better and operate in a comprehensive, responsive, and effective manner.

CDC CIOs: CDC centers, institutes, and offices (CIOs)

CIO Project Plans*:* These components are projects plans initiated by CIOs. These are opportunities for CIOs and the recipient to collaborate on a project.

Component: A component is a discrete set of activities with an associated budget that received merit review.

OMB: Office of Management and Budget

PRA: Paperwork Reduction Act

Sub-strategies: Secondary strategy to categorize key activities

Supplement Funding: A supplement is the award of additional funds during a current budget period to support a change in a project's scope, expand grant-approved activities, or support increased costs due to unforeseen circumstances.

Additional Terms:
Allowable cost: A cost incurred by a recipient that is: (1) reasonable for the performance of the award; (2) allocable; (3) in conformance with any limitations or exclusions set forth in the Federal cost principles applicable to the organization incurring the cost or in the NoA as to the type or amount of cost; (4) consistent with regulations, policies, and procedures of the recipient that are applied uniformly to both federally supported and other activities of the organization; (5) accorded consistent treatment as a direct or indirect cost; (6) determined in accordance with generally accepted accounting principles; and (7) not included as a cost in any other federally supported award (unless specifically authorized by statute).
Application: A request for financial support of a project/*component*, program, or activity submitted on specified forms and in accordance with OPDIV instructions. (See "Types of Applications and Letters of Intent" in Part I for an explanation of the types of applications.)
Approved budget: The financial expenditure plan for a grant/*cooperative agreement* supported project/*component*, program, or activity, including revisions approved by the OPDIV and permissible revisions made by the recipient. The approved budget consists of Federal funds and, if required by the terms and conditions of the award, non-Federal participation in the form of matching or cost sharing. Expenditures under an approved budget that consists of both Federal and non-Federal shares are deemed to be borne by the recipient in the same proportion as the percentage of Federal/non-Federal participation in the overall budget.
Awarding office: The OPDIV organizational component responsible for the business

management and non-programmatic aspects of the award and administration of grants. When referring to the focal point for recipient-initiated prior approval requests or actions by an awarding office that may require changes in the terms and conditions of award, reference will be to the GMO.

Completion date: The date on which all work under an award is completed or the date in the NoA (as amended) on which Federal sponsorship ends (i.e., the end of a project period*/period of performance*).

Direct costs: Costs that can be identified specifically with a particular sponsored project, an instructional activity, or any other institutional activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy.

Federal funds authorized: The total amount of Federal funds obligated by the OPDIV for use by the recipient. This amount may include any authorized carryover of unobligated funds from one of the two preceding budget periods.

Indirect costs: Costs that are incurred by a recipient for common or joint objectives and cannot be identified specifically with a particular project/***component*** or program. These costs also are known as "facilities and administrative costs."

Key personnel: The PI/PD and other individuals who contribute to the programmatic development or execution of a project or program in a substantive, measurable way, whether or not they receive salaries or compensation under the grant*/cooperative agreement*.

Local government: A county, municipality, city, town, township, local public authority (including any public and Indian housing agency), school district, special district, intra-State district, council of governments (whether or not incorporated under State law), any other regional or interstate government entity (such as regional planning agencies), or any agency or instrumentality of a local government. The term does not include institutions of higher education and hospitals.

Obligations: The amounts of orders placed, contracts and subawards, goods and services received, and similar transactions by a recipient during a budget period that will require payment during the same or a future budget period.

Prior approval: Written consent or issuance of an award by the OPDIV GMO in response to a written request from the recipient to incur a specific direct cost or take other action that requires such approval (as specified in Part II of the HHS GPS). If the costs or other actions are specifically identified in an application, approval of the application, and issuance of an award based thereon, constitutes such authorization. Prior approval for components of indirect costs must be obtained from the cognizant agency or as specified in the applicable cost principles.

Project or program costs: The total allowable costs incurred by a recipient (and the value of in-kind contributions made by third parties) in accomplishing the objectives of the award during the project period*/period of performance*.

Project period: The total time for which support of a *project/component* has been programmatically approved. The total project period*/period of performance* comprises the initial competitive segment, any subsequent competitive segments resulting from a competing continuation award, and any non-competing extensions.

Reasonable cost: A cost whose nature or amount does not exceed that which would be incurred by a prudent person under the circumstances prevailing when the decision was made to incur the cost.

Recipient: The organization or individual that receives a grant or cooperative agreement award from an OPDIV and is responsible and accountable for the use of the funds provided and for the

performance of the grant*/cooperative agreement* supported project*/component* or activity. The recipient is the entire legal entity even if a particular component is designated in the NoA. The term includes "grantee."

Reimbursement: A payment made to a recipient upon its request after it makes cash disbursements. Most reimbursement payments are processed through the Payment Management System (PMS), the Department's centralized grants payment system.

Significant rebudgeting: A threshold that is reached when expenditures in a single direct cost budget category deviate (increase or decrease) from the approved budget amount for that budget category for that budget period by a specified amount, usually more than 25 percent of the total costs awarded. Significant rebudgeting is one indicator of change in scope.

Stipend: A payment made to an individual under a fellowship or training grant in accordance with established levels to provide for the individual's living expenses during the period of training. A stipend is not considered compensation for the services expected of an employee.

Terms and conditions of award: All legal requirements imposed on a grant by the OPDIV, whether based on statute, regulation, policy, or other document referenced in the NoA, or specified by the NoA itself. In addition to general terms and conditions, the NoA may include other conditions that are considered necessary to attain the award's objectives, facilitate post-award administration, conserve grant*/cooperative* ***agreement*** funds

Unallowable cost: A cost specified by law or regulation, Federal cost principles, or term and condition of award that may not be reimbursed under a grant or cooperative agreement

Unliquidated obligations: The amount of obligations incurred by the recipient that has not been paid (for financial reports prepared on a cash basis) or the amount of obligations incurred by the recipient for which an outlay has not been recorded (for reports prepared on an accrual basis).

Unobligated balance: The portion of the funds authorized by the Federal agency that has not been obligated by the recipient.