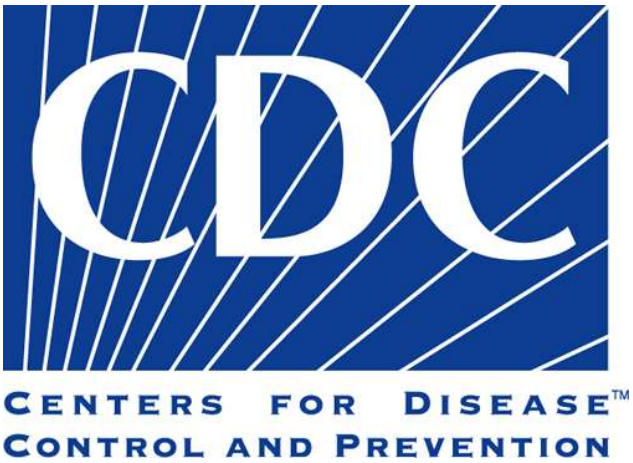


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

National Partnerships to Promote Cancer Surveillance Standards and Support Data Quality and Operations of National Program of Cancer Registries

CDC-RFA-DP-23-0008

06/01/2023

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-23-0008. 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:

National Partnerships to Promote Cancer Surveillance Standards and Support Data Quality and Operations of National Program of Cancer Registries

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)).

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0008

E. Assistance Listings Number:

93.422

F. Dates:

1. Due Date for Letter of Intent (LOI):
04/28/2023
Recommended but not Required
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. Applicants should indicate which component they are planning to apply for.

LOI must be sent via email to Vernellia Johnson, hft9@cdc.gov.

2. Due Date for Applications:
06/01/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call
CDC will host an informational call for interested applicants.
April 19, 2023, 2:00 pm Eastern Standard Time
Call in number 1-866-880-0098, passcode 21336557

F. Executive Summary:

Summary Paragraph
The National Program of Cancer Registries (NPCR) depends on standard setters to define data items, providers and laboratories to report data, registry staff to collect and curate data, and information systems to exchange data. NOFO will enable organizations with long-standing expertise in cancer surveillance to work in tandem to develop standards, guidelines, and processes to improve NPCR data collection and exchange. Recipients will share information and collaborate on designing, testing, mapping and/or implementing common data across their respective organizations.

This is a 3 component NOFO. Applicants may only apply for one component.

- ***Cancer Data Standards Integration (Comp. 1)*** will coordinate data item development, vetting, and definitions to be included in North American (NAACCR) data standards, evaluate the alignment of NAACCR standards with current and emerging national healthcare data standards, and educate NPCR registries to support high-quality registry practice.
- ***Cancer Staging and Care Quality (Comp. 2)*** will bridge clinical expertise on tumor, node, and metastasis (TNM) cancer staging and quality metrics with cancer surveillance operations, including NPCR software; and provide education.
- ***Electronic Cancer Pathology and Laboratory Reporting (Comp. 3)*** will develop and maintain interoperable cancer pathology and biomarker laboratory reporting standards and engage in demonstration projects to facilitate reporting from laboratories to NPCR registries.

a. Eligible Applicants:

Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
3
One award per component

d. Total Period of Performance Funding:
$5,975,000

e. Average One Year Award Amount:
$375,000
Component 1 $515,000; Component 2 $350,000; Component 3 $330,000

*based on the availability of funds

f. Total Period of Performance Length:
5 year(s)

g. Estimated Award Date:
August 30, 2023

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Cancer is the second leading cause of death in the United States for both men and women. More than 1.7 million people are diagnosed with cancer and 600,000 people died from this disease every year. Since 1990, CDC's Division of Cancer Prevention and Control (DCPC) is committed to advancing cancer prevention nationwide for everyone through a variety of activities at the national, state, territorial, and tribal levels. To fulfill this mission, DCPC supports a national surveillance infrastructure that is critical to effective cancer prevention and control planning. The National Program of Cancer Registries (NPCR) was federally mandated in 1992 to support the management and operations of population-based cancer surveillance systems across the United States. Users of NPCR data can examine cancer counts, rates, survival, and trends over time; identify and respond to cancer diagnosis and survival trends in vulnerable population groups; conduct research and support of clinical trials.

Cancer, in most cases, is a mandatory reportable disease. Data collection and exchange standards are necessary to ensure cancer data gets reported for research and public health. A critical success factor for NPCR operations is that data collection from a vast number of diverse reporting sources is standardized through North American Association of Central Cancer Registries (NAACCR) definitions and transmission standards. Furthermore, cancer surveillance

data exchange standards are being modernized and enhanced through CDC's Data Modernization Initiative (DMI). NPCR is very active in accelerating DMI by collaborating with partners to create modern, interoperable, and real-time public health data and surveillance systems. NPCR seeks to ensure the cancer data collected by cancer-related clinical accreditation organizations and population-health surveillance organizations are in alignment with each other and national data standards.

This NOFO will fund recipients to facilitate collaborative planning and implementation of data standards and better interoperability to improve the NPCR data collection workflows. Successful implementation of the work described in this NOFO will enhance collaborative work of clinical professional and population-based surveillance organizations focused on cancer to coordinate efforts, leverage expertise, and work directly with various cancer reporting sources to modernize cancer data exchange. Ultimately, these efforts may increase the capacity, efficiency, and flexibility of NPCR to collect timely, accurate and actionable data to decrease cancer deaths and disparities.

b. Statutory Authorities

The activities of this project are supported by Sec 399D of the Public Health Service Act (42 USC 280e-2) which authorizes CDC to make grants to "provide technical assistance to States in the establishment and operation of statewide registries." They are also supported by Sec 301(a) of the PHS Act (42 USC 241(a)) as amended." 2) Sec 399F addresses appropriations for the NPCR and states that not more than 10% of funds is to be expended for activities under 399D. Appropriations bill H.R. 2617, "Consolidated Appropriations Act, 2023, Joint Explanatory Statement on H.R. 2617."

c. Healthy People 2030

This NOFO supports the Healthy People 2030 Cancer Objectives to reduce new cases of cancer and cancer-related illness, disability, and death and Social Determinants of Health Objectives, particularly those related to Healthcare Access and Quality and Health IT.

d. Other National Public Health Priorities and Strategies

HHS Strategic Plan FY 2022 – 2026
CDC Data Modernization Initiative Strategic Implementation Plan
FHIR Roadmap for TEFCA Exchange (sequoiaproject.org)

Cancer Moonshot℠ - NCI

NCCDPHP's Social Determinants of Health Framework

e. Relevant Work

This work will build upon previous CDC NPCR Cooperative Agreements:

- DP13-1311: Standardize Electronic Laboratory and Biomarker Reporting
  DP18-1802: National Partnerships for NPCR Standards, Quality, and Operations

This work will align and enhance the current and planned program activities that support NPCR operations:

- DP21-2104: Promoting Cancer Surveillance Workforce, Education, and Data Use
- DP22-2202: Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations

- Contract 75D30119C04797: Childhood Cancer STAR Project

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA DP23-0008 Logic Model: National Partnerships to Promote Cancer Surveillance Standards and Support Data Quality and Operations of National Program of Cancer Registries ***Bold*** *indicates period of performance outcome*			
Strategies/Activities	**Short-term outcomes**	**Intermediate outcomes**	**Long-term Outcomes**
	*Outcomes without a label are applicable to <u>all</u> components		
<u>All recipients:</u> Develop standards, guidelines, and processes to improve NPCR data collection. ▪ Collaborate to strengthen clinical and public health data sharing to improve NPCR operations. ▪ Educate NPCR registries and reporters on current, new, and emerging cancer data standards. ▪ Design, test, map and/or implement common approaches to improve data standards and interoperability. <u>Component 1: Cancer Data Standards Integration</u> ▪ Manage NAACCR cancer data standards,	▪ Increase collaboration and communication among cancer reporting sources, NPCR registries and CDC. ▪ **Improve change management process for population-based cancer data item development, collection, and registry operations**. Increase knowledge of NPCR registries and reporters on cancer data informatics and modernization and its application to population-based cancer surveillance.	▪ Increased timeliness, completeness, and quality of data reported to NPCR registries. ▪ Improved efficiency in national cancer data collection and sharing ▪ Improved capacity to address health equity ▪ Increase in knowledge and competency of NPCR registry staff to collect and process data from multiple pathways, including direct electronic reports for labs and EHRs. ▪ Increased capacity and	▪ Decreased cancer incidence, morbidity, and mortality ▪ Reduced cancer disparities ▪ Increased health equity ▪ Modernize cancer data exchange

including development, evaluation, and communication of changes. ▪ Educate NPCR registries on cancer registry standards and best practices. ▪ Assess alignment of NAACCR data items to current, new and emerging national data standards. ▪ Develop, refine, and/or evaluate data standards on disadvantaged populations **<u>Component 2 Cancer Staging and Care Quality</u>** • Collaborate with cancer surveillance experts on American Joint Committee (AJCC) TNM staging protocols and CoC quality measures. • Assess feasibility and impact of changes in AJCC staging and CoC data measures on current NPCR data and informatic tools. • Ensure that content of AJCC	<u>Component 1</u>: **Improve data item development and interoperability of NAACCR standards with common healthcare data standards.** <u>Component 2</u>: **Improve interoperability of NPCR software with cancer staging, quality, and EHR data**. <u>Component 3</u>: **Increase electronic submission of data from laboratories into NPCR registries.**	flexibility of national cancer surveillance system to meet new data needs ▪ Improved ease of change implementation on operations of NPCR	

Cancer Staging Protocols can be easily incorporated into NPCR software. • Respond to questions on AJCC TNM staging and CoC quality measures. **<u>Component 3 Electronic Cancer Pathology and Laboratory Reporting</u>** • Develop recommendations, specifications and mapping for interoperable pathology and biomarker data reporting from laboratories. • Engage and assist laboratories and vendors to report directly into a secure cloud environment or to central cancer registries. • Provide expertise that enables NPCR to participate data exchange trials with external reporting sources (e.g., Connectathons, Integrating the Healthcare Enterprise (IHE), Healthcare			

Information and Management Systems Society (HIMMS).			

i. Purpose
This NOFO will ensure uniform cancer data surveillance standards and interoperability to support NPCR operations, including efficiency of data collecting and exchange and enhanced capacity and flexibility to meet new data needs. This NOFO aims to coordinate the development and implementation of NPCR data and processes with other U.S. cancer surveillance systems and accreditation programs so that high-quality, complete, and timely cancer data is available to inform efforts to decrease cancer incidence, morbidity, and mortality and reduce disparities in cancer care and survival.

ii. Outcomes
This NOFO aims to support the CDC program and central cancer registries that comprise NPCR.

All recipients are expected to improve change management processes for population-based cancer data item development, collection, and registry operations by the end of the project period.

- For Component 1 (Cancer Data Standards Integration), the key outcome will be to improve cancer data item development and interoperability of NAACCR standards with common healthcare data standards.
- For Component 2 (Cancer Staging and Care Quality), the key outcome will be to improve interoperability of NPCR software with cancer staging, quality, and EHR data.
- For Component 3 (Electronic Cancer Pathology and Laboratory Reporting) the key outcome will be to increase electronic submission of data from laboratories into NPCR registries.

iii. Strategies and Activities
The program strategies described in the NOFO are intended to direct organizations to focus their strengths and experience to support improving data quality and the operations of NPCR. Multiple stakeholders contribute to population-based cancer data collection and registries therefore major foci of this work are: (1) to enhance activities that support NPCR's mission and (2) to ensure national cancer surveillance partners coordinate their respective activities to advance cancer surveillance standards through collaboration. Applicants may apply to only one Component. They may propose additional strategies and activities (beyond what is included in the logic model) to achieve the outcomes, but at a minimum, **all recipients** will be expected to engage in the following strategies and activities:

- Develop and use of standards, guidelines, and processes to improve NPCR data collection.
- Improve upon the quality and efficiency of NPCR data collection tin and exchange.

- Collaborate to strengthen clinical and public health data and information sharing to improve NPCR operations, data collection and its application to identify and control cancer.
- Educate NPCR registry staff and reporting partners on current, new, and emerging cancer data standards.
- Design, test, map and/or implement common data across organizations and reporting sources to improve data standards and interoperability.

The **Cancer Data Standards Integration Component (Component 1)** recipient will coordinate the development and release of cancer data standards used by U.S. population-based cancer registries, including NPCR. This strategy will involve the management of multiple work groups and decision-making among cancer surveillance organizations and registries. The recipient will develop and maintain working relationships with other national organizations to facilitate the collection, processing, and reporting of cancer surveillance data. The recipient will outline a change management and release process for revised or new cancer surveillance data items. They will demonstrate established relationships with NPCR registries. The recipient will be asked to have a forum for information sharing and provide education on central cancer registry data collection and best practices to NPCR Training Coordinators. Additionally, the recipient will demonstrate knowledge of current national health data exchange standards, particularly standards and requirements for certification by the Office of National Coordinator for Health IT (ONC). Over the period of performance, the recipient will be expected to analyze and propose how current population-based cancer surveillance data items and systems can evolve to become interoperable with these data exchange standards, including the impact on registry operations and data timeliness, completeness, and quality.
The recipient for Component 1: Cancer Data Standards Integration will:

- Manage NAACCR cancer data standards, including development, evaluation, and communication of changes among NPCR central registries and surveillance partners.
    - Provide monthly updates/reports from partner/workgroup meetings.
    - Provide reports and documentation that indicate the connectivity/coordination/overlap of workgroup activities and the impact on data standards integration.
- Educate NPCR registries on cancer registry standards and best practices.
    - Develop and implement at least 4 educational webinars for NPCR Education Training Coordinators annually. Evaluate trainings to assess progress and improvement
    - Provide an annual report of training activities, training outcomes and recommendations
- Assess alignment of NAACCR-NPCR data items to current, new, and emerging national data standards.
    - Prepare reports that compare and map NAACCR Data Items to ONC Core Data Items (United States Core Data for Interoperability (USCDI) and USCDI+), minimal common oncology data element (mCODE), and other relevant standards.
    - Participate in national data standard on interoperability workgroups and meetings to ensure alignment of shared cancer surveillance data.

- Develop, refine, and/or evaluate data standards disadvantaged populations.
    - Identify best practices for coding to identify and address geographic and health disparities, health equity and social determinants of health.
    - Assess capacity of NPCR registries to identify disparities in populations who have increased cancer burden and need data for program planning
    - Provide at least one education and training opportunity to assist registries with addressing disparities

For **Cancer Staging and Care Quality (Component 2)**, the recipient will actively inform and engage cancer surveillance standard setters in the development and updates of the cancer staging system commonly used by clinicians to describe the type, size and extent of spread of cancer and quality of care (i.e., AJCC TNM staging system; National Cancer Database (NCDB); and Commission of Cancer (CoC) measures). They will maintain strong working relations with population-based cancer registries to support the incorporation of changes in TNM staging and National Cancer Database with minimal disruption to NPCR operations. Applicants must already have expert-level knowledge on the AJCC TNM staging system and Standards for Oncology Registry Entry (STORE) manual rationale and rules so that they can provide timely, accurate responses to questions and educational offerings to NPCR registries and reporting facilities. The recipient will be charged with ensuring that AJCC TNM staging protocols can be incorporated into CDC NPCR Registry Plus software applications through a shared dynamic link library that allows seamless integration of current and/or revised TNM staging protocols. Component 2 applicants are also encouraged to propose methods and conduct feasibility testing of new cancer data items. The **Cancer Staging and Care Quality (Component 2)** recipient will specifically:

- Collaborate with cancer surveillance experts on updates and implementation of AJCC TNM staging protocols and CoC quality measures.
    - Include cancer surveillance subject matter experts in development of TNM staging protocols and CoC quality measures.
    - Actively participate in and convene strategic and tactical meetings with population-based cancer surveillance community and organizations that implement NAACCR data standards
- Assess feasibility and impact of changes in AJCC staging and CoC data measures on current NPCR data and informatic tools.
- Ensure AJCC Cancer Staging Protocols content can be easily incorporated into NPCR software.
- Respond to questions from the cancer registry community on AJCC TNM staging and CoC quality measures.

For **Electronic Cancer Pathology and Laboratory Reporting (Component 3),** the recipient will provide subject matter expertise on electronic reporting from laboratories into NPCR registries, particularly interoperable pathology reporting through structured data capture. Recipient is expected to be active in meetings and workgroups focused on the definition and implementation of cancer site, histology, and biomarkers in population-based cancer surveillance. They will be asked to engage with laboratories and central cancer registries to provide education and technical support to advance the uptake and expansion of NPCR-related Data Modernization Initiative. Activities to develop and refine reporting should include

participation in technical discussions and events where implementers and developers come together to advance cancer reporting specifications and solutions through data exchange trials. Specifically, successful recipients for Component 3 Electronic Cancer Pathology and Laboratory Reporting will:

- Develop recommendations, specifications and mapping for interoperable, standardized cancer pathology and biomarker data reporting from laboratories.
    - Promote increased awareness and use of United States Core Data for Interoperability (USCDI, USCDI+) and Fast Healthcare Interoperability Resources (FHIR) HL7 implementation guide.
- Engage and assist laboratories and vendors to report directly into a secure cloud environment or to central cancer registries.
    - Assist laboratories and vendors to participate in NPCR demonstration projects.
    - Promote implementation of standards and/or electronical and automatic reporting directly into a secure cloud environment or to central cancer registries.
- Provide expertise that enables NPCR to participate data exchange trials with external reporting sources (e.g., Connectathons, IHE, HIMMS).

1. Collaborations

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

Coordination and agreement on cancer surveillance standards among recipients is a central goal of this project. Component 1, 2, and 3 recipients are expected to collaborate to ensure their activities are coordinated and complementary. Applicants must describe proposed partnerships and collaborations, along with previous experience and accomplishments, with organizations that support NPCR cancer registries standards and operations. Applicants must describe planned collaboration to improve technical assistance, program guidance, and implementation of CDC NPCR, specifically partnerships that allow for meaningful input into the development or updates of NAACCR central registry standards [Vol II (Vol 2) and Vol V (Vol 5)], FHIR implementation guides, ONC certification standards and education to the cancer surveillance and laboratory community.

Applicants should describe successful past collaboration of working with CDC, NPCR registries, and cancer surveillance stakeholders to develop 1) data items and rules for the cancer staging system used by NPCR, including associated edits to ensure data quality; 2) data architecture to collect and transmit cancer surveillance data; and 3) training programs and materials focused on accurate and timely submission of NPCR cancer data. Applicants are encouraged to engage with NPCR registries and CDC-funded organizations:

- North American Association of Central Cancer Registries;
- National Cancer Registrars Association;
- American College of Surgeons Cancer Programs;
- College of American Pathologists.

Applicants must describe their willingness and capacity to lead and/or participate in stakeholder meetings and training (virtual and in-person). Additionally, applicants are encouraged to work with other programs within CDC Division of Cancer Prevention and Control, CDC Center for

Surveillance, Epidemiology, and Laboratory Services and other collaborative efforts with CDC-funded public health partners.

Applicants are encouraged to submit evidence of successful collaborations as described by MOA, MOUs, and letters of support for any or all of these collaborations. Applicants must file the Letter of support, MOU or MOA, as appropriate, name the file (example: “Component 1_Organization_MOUs/MOAs”, or "Component 1_Organization_ LOS”, etc.) and upload it as a PDF file at www.grants.gov.

b. With organizations not funded by CDC:
Applicants are encouraged to foster collaborative relationships with organizations that can improve the completeness, timeliness, and quality of NPCR. External collaborative partners can include entities from many sectors (governmental, non-profit, professional societies, business, education, and others) that have a common interest in maintaining efficient and secure transmission of electronic medical data and in exploring new, innovative, or efficient means to improve upon capture of data and efficiency of NPCR. To achieve the goals of this NOFO, applicants should, at a minimum, have pre-existing relationships and be able to describe outcomes resulting from successful collaborations with individuals and organizations integral to reporting, abstracting, or collecting cancer surveillance data submitted to CDC.

Applicants under Component 1 (Cancer Data Standards Integration) are asked to describe long-standing relationships/collaborations with population-based central cancer registries; national cancer organizations; and cancer registrars.

Applicants under Component 2 (Cancer Staging and Care Quality) are asked to describe relationships/collaborations with clinicians who provide direct cancer care, including cancer staging and treatment; hospital cancer accreditation programs; and cancer registrars.

Applicants under Component 3 (Electronic Cancer Pathology and Laboratory Reporting) are asked to describe relationships/collaborations with broad network of pathologists and laboratories throughout the U.S.; organizations responsible for defining pathology and biomarkers standards; and health care software vendors with extensive experience in clinical data standards, architecture, and exchange.

Applicants are encouraged to submit requested documentation MOA, MOUs, letters of support for any or all of these collaborations. Applicants must file the Letter of support, MOU or MOA, as appropriate, name the file (example: “Component 1_Organization_MOUs/MOAs”, or "Component 1_Organization_ LOS”, etc.) and upload it as a PDF file at www.grants.gov.

2. Target Populations
The target population that will benefit from this NOFO is all residents who live in a geographic area covered by NPCR, including members of tribes or tribal organizations. The aim of this NOFO is to ensure support for all CDC funded statewide and established territorial NPCR cancer registries in the United States (including DC) as well as cancer registrars and clinicians who collect and submit cancer surveillance data from healthcare facilities and laboratories.

a. Health Disparities

A goal of this funding opportunity is to increase data availability, accuracy, and timeliness so that cancer prevention and control planners can have actionable, complete data to address health equity in cancer. Applicants should describe how their strategies will reduce cancer disparities and improve health among populations at greatest risk, such as people with disabilities, non-English speaking populations, tribal populations, people who live in rural areas and other underserved or disadvantaged communities.

iv. Funding Strategy

Total annual amount of funding budgeted for all 3 components: $1,195,000

For Component 1 (Cancer Data Standards Integration), funding may range up to **$515,000**; Component 1 funding will take into account proper staffing/expertise and direct costs for educating of NPCR registries, leading collaborative standard development, and reviewing and aligning national data standards into surveillance practice.

For Component 2 (Cancer Staging and Care Quality), funding may range up to **$350,000**; Component 2 funding will take into account proper staffing/expertise and direct costs for expertise and consultation on cancer staging and quality measure and development needs for integration of AJCC TNM staging standards into CDC software/informatics.

For Component 3 (Electronic Cancer Pathology and Laboratory Reporting), funding may range up to **$330,000**; Component 3 funding will take into account proper staffing/expertise and direct costs needed for laboratory (pathology) code/standard specification, testing, demonstration, and support of direct, electronic reporting from laboratories to NPCR registries.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

CDC will evaluate the extent to which activities and strategies in the logic model were successfully implemented and led to expected outcomes using the CDC Framework for Program Evaluation in Public Health. *Input* (staff, key partners, infrastructure necessary to enable the work), *process* (implementation of strategies and activities), and *outcome* (progress on achieving the period of performance outcomes) indicators will be used to determine how well the recipient is implementing their program and achieving outcomes that promote NPCR data standards, quality, and operations, including ability to scale throughout NPCR registries.

The performance measures outlined below are recommended for reporting progress as part of the annual progress review (APR) requirement. Recipients may create additional, customized indicators or performance measures based individual strategies and workplan. CDC and recipients will have 6 months after award to discuss and finalize measures. Outcome evaluation for this cooperative agreement will focus on the bolded short-term outcomes in the NPCR logic model and include the following measures:

- **All components: Improve change management process for population-based cancer data item development, collection, and registry operations.** \
    - Number of updated resources for standards available for NPCR Registries to collect cancer surveillance data for population-based cancer rates and trends.

- Number of data items assessed for quality (availability, completeness, timeliness, interoperability, and/or coding accuracy).

- **Component 1: Improve data item development and interoperability of NAACCR standards with common healthcare data standards.**
  - Number of meetings actively attended with cancer surveillance standard setters to discuss new requirements and guidelines.
  - Number of NAACCR data items that align with or map to format and syntax of data elements in ONC Cures Act Final Rule and recent requirements for electronic health information interoperability and through the adoption of Health IT standards, such as:
    - *USCDI Data Classes and Data Elements* and
    - *Health Level Seven (HL7®) Fast Healthcare Interoperability Resources (FHIR®) standards*.

- **Component 2: Improve interoperability of NPCR software with cancer staging, quality, and EHR data.**
  - Number of NPCR registries that can freely integrate AJCC cancer staging protocols content (cancer site and histology, TNM tables and description) into their registry software via a dynamic link library (DLL)

- **Component 3: Increase electronic submission of data from laboratories into NPCR registries.**
  - Number of laboratories able to report cancer cases to NPCR registries via direct electronic reporting, cancer surveillance cloud-based computing platform, or other public health cloud-based platform.

The performance measures and evaluation findings will be used by CDC for continuous improvement of NPCR data collection (timeliness, completeness, and quality) and its applicability to understand cancer in communities and populations across the U.S. Data collection is limited only to data that will be analyzed and used to improve registries operations and effective collaboration with reporting sources and surveillance partners.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

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

The evaluation plan should propose an approach to evaluate participation in the development of data standards, guidelines, and resources used by NPCR, particularly those which incorporate current and emerging Health IT standards and enable direct electronic reporting.

c. Organizational Capacity of Recipients to Implement the Approach

Strong applicants will have the infrastructure and experience to implement the strategies and achieve the goals as outlined in NOFO. Population-based cancer surveillance is a specialized field. Strong applicants will be able to describe current and past collaborations with NPCR. They will have knowledge of operational and educational needs related to changing trends in cancer data collection and management. Strong applicants will also have extensive clinical and historical knowledge in cancer surveillance needed to effectively perform the strategies and activities outlined in the logic model.

Organizational capacity and experience to develop and implement NOFO strategies will be evidenced by:

Components 1, 2, and 3:

- Provides a management plan that identifies a project lead for cancer standards interoperability; shows adequate staffing (e.g., clearly defined roles aligned to proposed activities) and fiscal management (i.e., financial reporting, budget management).
    - Applicants should include an organizational chart that reflects the management and staffing.
    - Applicants should include resumes, CVs or position descriptions for project lead and proposed staff.
- Describes past and current partnerships including the focus and outcomes collaborative work with CDC Cancer Surveillance; NPCR-funded cancer registries; cancer registrars; and cancer surveillance standard setters (i.e., North American Association of Central

Cancer Registries (NAACCR); the American College of Surgeons Cancer Programs and/or National Cancer Registrars Association.

- Describes role in the development and dissemination of cancer staging and data standards (e.g, publication of manuals, definitions, implementation guidance) and/or develops protocol or templates to collect data items reported to CDC NPCR.
- Describes previous experience leading meeting and committees that develop and disseminate standards, evaluations, guidance relevant to central cancer registry operations.
- Documents successful development and delivery of education on data collection, cancer staging and/or central cancer registries operations. For example, applicants should submit a separate document listing title or topic, format (e.g., in-person, webinar, guidance document), and date of educational offerings in last 5 years. Applicants should name the file "Cancer Registry Education 2018-2022" and upload as a pdf at www.grants.gov.

Component 1: Cancer Data Standards Integration

- Describes prior experience in developing, updating, and publishing cancer data definitions used in population-based surveillance.
- Details prior experience developing and implementing cancer surveillance education/training to all NPCR registries and the broader cancer registry community (including having an established communication infrastructure to ensure dissemination).
- Describes past and current capacity to assesses population-based cancer registries on complete, timely, and accurate data collection.

Component 2: Cancer Staging and Care Quality

- Describes development and updating of AJCC TNM Cancer Staging Standards.
- Identifies subject matter expertise and prior training on AJCC TNM Cancer Staging Standards.
- Describes expertise with CoC Standards for Oncology Registry Entry (STORE) manuals and rules.
- Describes relationship(s) with a national network of hospitals and physicians which use TNM cancer staging for care of patients, research, and health care quality improvement efforts.
- Describes prior experience in the development, updating, and dissemination of Application Programming Interface (API) and/or dynamic-link library (or DLL) enabling interoperability in standardized data capture and transmission.

Component 3: Electronic Cancer Pathology and Laboratory Reporting

- Describes established relationships with pathologists and laboratories across the U.S.
- Describes experience with the development of Structured Data Capture (SDC) XML, a standardized electronic pathology reporting specification.
- Describes experience with mapping standardized pathology and biomarker templates to the NAACCR Volume V Pathology Electronic Reporting Standard.
- Describes existing infrastructure to develop, enhance, evaluate, and distribute cancer reporting protocols for pathologists to use in reporting to central cancer registries.

- Documents participation in Integrating the Healthcare Enterprise (IHE) and/or Healthcare Information and Management Systems Society (HIMSS) activities. For example, applicants should submit a separate document listing the year and describing participation relevant to cancer surveillance in IHE and HIMSS over the last 5 years. Applicants should name the file "Health IT Event Participation 2018-2022" and upload it as a pdf at www.grants.gov.

  Applicants are encouraged to submit evidence of organizational capacity as described by CVs, resumes, and/or position descriptions for the project lead and key staff and organizational chart(s). Applicants must file as appropriate, name the file (example: "Component 1_Organization_resume/cv", or Component 1_Organization_ organizational chart, or Component 1_Organization_ position description", etc.) and upload it as a PDF file at www.grants.gov.

d. Work Plan

We encourage applicants to use the following sample work plan template for the first year of the 5-year period of performance to provide a detailed work plan. A high-level narrative plan may be used for subsequent years. The workplan must be organized by strategy and demonstrate activities and milestones to achieve the outcomes. Applicants will include strategies for 'All recipients' and for either Component 1 or Component 2 or Component 3 in the Logic Model.

If applicants use a different work plan format, at a minimum, work plans should include: 1) Proposed Strategies, Activities and Expected Outcomes; 2) Process Measures; 3) Responsible Position/ Party; 4) Collaborators and Partners; 5) Timeline and Completion Date. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

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

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting).

Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

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

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

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

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

CDC will communicate regularly with recipients through the Awards Management Platform (AMP), email, monthly calls, virtual meetings and, as needed, site visits. CDC will also review progress reports, meeting summaries, education, and guidance material to monitor progress and data reports, provide support and ensure effective collaboration among recipients. CDC will determine impact of recipients' activities by sharing results of NPCR Program Data Quality Standards and Program Evaluation Instruments reports submitted from state cancer registries, as appropriate. CDC will also assess impact by consulting with our established, independent NPCR Advisory Group (a select, rotating group of program directors funded NPCR registries) to answer questions and provide feedback regarding the effectiveness, sustainability, and impact of the approaches and activities implemented by recipients.

f. CDC Program Support to Recipients

CDC will be substantially involved in the implementation of this cooperative agreement in partnership and will work with the awarded recipients to:

- Align activities with the NPCR strategic plan priorities, including data modernization activities.
- Support the development, implementation, monitoring, and evaluation of the work plan.
- Identify collaboration and coordination opportunities among recipients, NPCR registries, and partners, as needed.
- Share information, practices, lessons learned, and future plans between recipients during individual monthly calls and through collaborative standing meetings, working groups and conferences.

- Provide technical assistance on NPCR surveillance program standards, operations, including software programs for collecting, receiving, validating, and processing cancer registry data.
- Assist pathologists and laboratories to structure and transmit electronic reports to NPCR Cloud and/or state registries and support central cancer registries to receive reports.
- Provide subject matter expertise on emerging national data standards relevant to NPCR.

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:
U58, Chronic Disease Control Cooperative Agreement

3. Fiscal Year:
2023

Estimated Total Funding:
$5,975,000

4. Approximate Total Fiscal Year Funding:
$1,195,000
Component 1 $515,000; Component 2 $350,000; Component 3 $330,000

*based on the availability of funds

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$5,975,000
Component 1 $2,575,000; Component 2 $1,750,000; Component 3 $1,650,000

*based on the availability of funds

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

7. Expected Number of Awards:
3
One award per component

8. Approximate Average Award:

$375,000
Per Budget Period

Component 1 $515,000; Component 2 $350,000; Component 3 $330,000

*based on the availability of funds

9. Award Ceiling:
$550,000
Per Budget Period

Component 1 $515,000; Component 2 $350,000; Component 3 $330,000

*based on the availability of funds

10. Award Floor:
$330,000
Per Budget Period

Component 1 -$0 -$515,000; Component 2 - $0 -$350,000; Component 3 -$0 -$330,000

*based on the availability of funds

11. Estimated Award Date:
August 30, 2023
Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:
12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities

Community-based organizations

Faith-based organizations

2. Additional Information on Eligibility

This NOFO consists of 3 components: 1,2, and 3. Applications will be considered non-responsive and not receive further review if the following criteria are not met:

1) Applicants must clearly identify in the project abstract the component to which they are applying too. If the applicant does not clearly identify the component to which they are applying in the project abstract, the application will be deemed non-responsive and will not receive further review.

2) Applicants may apply for only 1 component. If more than one component is applied to the application, it will be deemed non-responsive and will not receive further review.

Applicants should consider the following factors when determining which component to apply for organizational capacity; pre-existing partnerships; prior experience; and previous similar activities related to the support of cancer surveillance.

3. Justification for Less than Maximum Competition

N/A

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.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

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

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All

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

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

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

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 04/28/2023

04/28/2023
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. Applicants should indicate which component they are planning to apply for.

LOI must be sent via email to Vernellia Johnson, hft9@cdc.gov.

b. Application Deadline

Due Date for Applications 06/01/2023

06/01/2023
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Informational Conference Call
CDC will host an informational call for interested applicants.
April 19, 2023, 2:00 pm Eastern Standard Time
Call in number 1-866-880-0098, passcode 21336557

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other

sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:
Recommended but not Required

LOI is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. Applicants should indicate which component they are planning to apply for.

LOI must be sent via email to:

Vernellia Johnson, Deputy Chief, Cancer Surveillance Branch
CDC, Division of Cancer Prevention and Control
Email address: hft9@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

Project Narrative subsections that are specific to each component.

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of

Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

- Total Direct costs
- Total Indirect costs

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

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

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

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

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

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

Applicants should budget for travel to include one project kick-off meeting in Atlanta for the first project year.

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

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

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

13a. Funds Tracking

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

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

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

13b. Copyright Interests Provisions

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

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

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

13c. Data Management Plan

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

14. Funding Restrictions

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

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

15. Other Submission Requirements

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

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

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

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

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

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

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

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

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

1. Include the www.grants.gov case number assigned to the inquiry

2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 25

Components 1, 2, and 3

Evaluate the extent to which the applicant:

- Describes an overall strategy and activities consistent with the NOFO and logic model. (10 points)
- Identifies how they will engage national cancer surveillance system leaders and NPCR registries. (5 points)
- Describes specific partnership activities for successful implementation of NOFO strategies. (5 points)
- Describes plans and approach(es) for educating NPCR registries and reporters. (5 points)

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

Components 1, 2 and 3, evaluate the extent to which the applicant: **(15 points)**

- Describes plans to measure and report involvement in maintaining and updating standards, guidance, and resources for NPCR registry standards. (5 points)
- Describes evaluation procedures to assess cancer data quality in term of availability, completeness, timeliness, interoperability, and/or coding accuracy (5 points)
- Describes how evaluation and performance measurements will be used to improve change management process for data item development, data collection, and/or registry operations. (5 points)

Component 1: Cancer Data Standards Integration, evaluate the extent to which the applicant**: (10 points)**

- Describes evaluation procedures to assess incorporation, implementation and/or impact of new data items and guidelines on population-based cancer surveillance. (5 points)
- Describes plans to analyze and report on alignment of NAACCR data items to recent and emerging national health care IT data interoperability standards. (5 points)

Component 2: Cancer Staging and Care Quality, evaluate the extent to which the applicant**: (10 points)**

- Describes plans to measure number and evaluate performance of AJCC cancer staging protocols content (cancer site and histology, TNM tables and description) dynamic link library (DLL) with NPCR registry software. (5 points)
- Describes how evaluation and performance measurements will be used to improve interoperability of NPCR software with cancer staging, quality, and EHR data. (5 points)

Component 3: Electronic Cancer Pathology and Laboratory Reporting: (10 points)

- Describes evaluation and performance metrics for technical assistance, validation and/or transmission of data in standardized electronic formats from laboratories to NPCR registries. (5 points)
- Describes plans to collect information on, analyze, and report the number of laboratories that can transmit cancer cases to NPCR registries via direct electronic reporting, cancer surveillance-cloud-based computing platform, or other public health cloud-based platforms. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 50

For ALL applicants, evaluate the extent to which applicant: (**25 points)**

- Provides a management plan with clearly defined roles, including an Identified project lead for cancer standards interoperability in core staffing. (5 points) Review optional “"Organizational Capacity” file.
- Describes past and current partnerships including the focus and outcomes collaborative work with CDC Cancer Surveillance Branch and NPCR funded registries; NAACCR; the American College of Surgeons Cancer Programs and/or National Cancer Registrars Association. (5 points) Review optional “Supporting Documents” file.
- Describes their role in the development and dissemination of cancer staging and data standards (publication of manuals, definitions, implementation guidance, protocol and/or templates to collect data items reported to CDC NPCR). (5 points)

- Describes previous experience leading meeting and committees that develop and disseminate standards, evaluations, guidance relevant to central cancer registry operations. (5 points)
- Documents successful development and delivery of education on data collection, cancer staging and/or central cancer registries operations. (5 points) Review optional "Cancer Registry Education 2018-2022" file.

For Component 1: Cancer Data Standards Integration, evaluate the extent to which applicant **(25 points),**

- Describes prior experience in developing, updating, and publishing cancer data definitions used in population-based surveillance. (10 points)
- Details experience developing and implementing cancer surveillance education/training to NPCR registries, including an established communication infrastructure to ensure dissemination. (10 points)
- Describes past and current capacity to assesses population-based cancer registries on complete, timely, and accurate data collection. (5 points)

For Component 2 Cancer Staging and Care Quality, evaluate the extent to which applicant **(25 points)**

- Describes history of development and updating AJCC TNM Cancer Staging Standards. (5 points)
- Identifies subject matter expertise and prior training on AJCC TNM Cancer Staging Standards. (5 points)
- Describes relationship(s) with a national network of hospitals and physicians which use TNM cancer staging. (5 points)
- Describe prior experience in the development, updating, and dissemination of Application Programming Interface (API) and/or dynamic-link library (or DLL) enabling interoperability in standardized data capture and transmission. (10 points)

For Component 3 Electronic Cancer Pathology and Lab Reporting, evaluate the extent to which applicant **(25 points)**

- Describes established relationships with pathologists and laboratories across the U.S. (5 points)
- Demonstrate experience with development of Structured Data Capture (SDC) XML, a standardized electronic pathology reporting specification. (5 points)
- Demonstrates experience with mapping standardized pathology and biomarker templates to the NAACCR Volume V Pathology Electronic Reporting Standard. (5 points)
- Describes existing infrastructure to develop, enhance, evaluate, and distribute cancer reporting protocols for pathologists to use in reporting to central cancer registries. (5 points)
- Documents participation in Integrating the Healthcare Enterprise (IHE) and/or Healthcare Information and Management Systems Society (HIMSS) activities. (5 points)

Budget **Maximum Points:** 0

Evaluate the extent to which applicant's budget

- Aligns staffing with proposed work plan.
- Includes travel for the project kickoff meeting in Atlanta.

The budget will be reviewed but not scored.

c. Phase III Review
Applications will be funded in order by score and rank determined by the review panel.

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

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Anticipated Announcement Date: April 24, 2023; Anticipated Award Date: September 29, 2023

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

AR-1: Human Subjects Requirements
AR-10: Smoke-Free Workplace Requirements
AR-11: Healthy People 2030
AR-12: Lobbying Restrictions
AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
AR-14: Accounting System Requirements
AR-16: Security Clearance Requirement
AR-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-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
AR-31: Research Definition
AR-32: Enacted General Provisions
AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

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

idx?node=pt45.1.75

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

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

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	*6 months into award*	*Yes*
Annual Performance Report (APR)	*No later than 120 days before end of budget period. Serves as yearly continuation application.*	*Yes*
Data Performance Measures	N/A	*No*
Federal Financial Reporting Forms	*90 days after the end of the budget period.*	*Yes*
Final Performance and Financial Report	*90 days after end of project period.*	*Yes*

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

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

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

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

• The frequency that evaluations will be conducted.

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

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

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

• Dissemination channels and audiences.

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

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)

- SF-424A Budget Information-Non-Construction Programs.
- Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
- Indirect Cost Rate Agreement.

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

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

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).

No additional requirements.

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

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

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

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

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Vernellia

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

Address:
NCCDPHP/Division of Cancer Prevention and Control
Cancer Surveillance Branch, MS S107-4
4770 Buford Highway
Chamblee, GA 30341-3717

Telephone:
404.498.2466

Email:
hft9@cdc.gov

Grants Management Office Information

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

First Name:
Barbara

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

Address:

Telephone:

Email:
kty4@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

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

- Summary of education provided to cancer registries labeled as "Cancer Registry Education 2018-2022";
- Summary of IHE/HIMMS activities labeled as "Health IT Event Participation 2018-2022", if applicable

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACS: American College of Surgeons
AJCC: American Joint Committee on Cancer
API: Application Programming Interface
CAP: College of American Pathologists
CCR: Central Cancer Registry
CoC: Commission on Cancer
DLL: Downloadable Link Library
FHIR: Fast Healthcare Interoperability Resources
HL7: Health Level Seven
IHE: Integrating the Healthcare Enterprise
IG: Implementation Guide
IT: Information Technology
HIMMS: Healthcare Information and Management Systems Society
NCDB: National Cancer Database
NPCR: National Programs of Cancer Registries
STORE: Standards for Oncology Registry Entry
TNM: Tumor Node Metastasis