

Centers for Disease Control and Prevention

Center for Global Health Extramural Research Program Office

Strengthening Public Health Research and Implementation Science (Operations Research) to Control and Eliminate Infectious Diseases Globally

RFA-GH-21-006

Application Due Date: 02/22/2021

Strengthening Public Health Research and Implementation Science (Operations Research) to Control and Eliminate Infectious Diseases Globally

RFA-GH-21-006

TABLE OF CONTENTS

Part 1. Overview Information
- Key Dates
- Required Application Instructions
- Executive Summary

Part 2. Full Text
- Section I. Funding Opportunity Description
- Section II. Award Information
- Section III. Eligibility Information
- Section IV. Application and Submission Information
- Section V. Application Review Information
- Section VI. Award Administration Information
- Section VII. Agency Contacts
- Section VIII. Other Information

Part 1. Overview Information

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

Center for Global Health

Notice of Funding Opportunity (NOFO) Title

Strengthening Public Health Research and Implementation Science (Operations Research) to Control and Eliminate Infectious Diseases Globally

Activity Code

U01

Amendment 1: Summary of Changes

Section VIII. Questions received during the Q&A period and answers added

Part 1. Overview Information

Executive Summary – Budget and Period of Performance – Original version

The estimated total funding (direct and indirect) for the first budget period, 8/31/2012 to 8/30/2022, is estimated to be $2million per year per award. Each award may support activities in up to four countries.

Executive Summary – Budget and Period of Performance – Revised version

The estimated total funding (direct and indirect) for the first budget period, 8/31/2012 to 8/30/2022, is estimated to be $2million per year per award. Each award may support activities in up to two countries.

Section I. Funding Opportunity Description - 2. Approach – Original version
The applicant should submit one (1) overall research proposal in response to this NOFO, which may include no more than one project focused on conducting serosurveillance and/or developing and assessing approaches to conducting serosurveillance in one to four countries in the 4 regions listed below as part of the first year of award proposal.

Section I. Funding Opportunity Description - 2. Approach – Revised version
The applicant should submit one (1) overall research proposal in response to this NOFO, which may include no more than one project focused on conducting serosurveillance and/or developing and assessing approaches to conducting serosurveillance in up to two countries in the 4 regions listed below as part of the first year of award proposal.

Section III. Eligibility Information - 5. Responsiveness - Original version

Applicant cannot apply to conduct the activity in more than four countries in Year one.

Section III. Eligibility Information - 5. Responsiveness - Revised version

Applicant cannot apply to conduct the activity in more than two countries in Year one.

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-GH-21-006

Assistance Listings (CFDA) Number(s)

93.326

Category of Funding Activity:

Health

NOFO Purpose

The purpose of this NOFO is to:

Conduct and monitor epidemiologic and laboratory-based science, surveillance, and research related to COVID-19 and other global public health threats in Africa, Southeast Asia, Eastern Europe and Central Asia, and the Middle East and North Africa (MENA), including, but not limited to, assessments of the extent of pathogen exposures or transmission based on serologic testing, improved understanding of immune responses to infectious pathogens, and assessments of various approaches to collecting and analyzing the results of serologic testing; and,

Incorporate the results of these public health activities into operational disease detection, prevention, and response or control programs in regions noted above, strengthen public health capacity as outlined in the Global Health Security Agenda, and disseminate findings across the region, with partners, and globally.

Key Dates

Publication Date:	**To receive notification of any changes to RFA-GH-21-006, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.**
Letter of Intent Due Date:	**01/20/2021**
Application Due Date:	**02/22/2021**

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 5:00 PM U.S. Eastern Time. Applications must be submitted using the Application Submission System & Interface for Submission Tracking (ASSIST) module which is a web-based service used for the preparation and submission of grant applications to CDC through Grants.gov. ASSIST provides the ability for applicants to prepare their applications online, and offers the applicant additional capabilities including the ability to preview the application image, validate the application

against required business rules, and prepopulate data from an applicant organization's records, therefore identifying issues earlier in the application submission process.

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

Scientific Merit Review:	**04/05/2021**
Secondary Review:	**06/15/2021**
Estimated Start Date:	**08/31/2021**
Expiration Date:	**02/23/2021**
Due Dates for E.O. 12372:	**Executive Order 12372 does not apply to this program.**

Required Application Instructions

ELECTRONIC APPLICATION SUBMISSION VIA ASSIST IS PREFERRED

It is recommended that applicants use ASSIST for the electronic preparation and submission of applications through Grants.gov to CDC. ASSIST is an alternative method to prepare and submit applications, and provides many features to facilitate the application submission process which improves data quality (e.g., pre-population of organization data, pre-submission validation of business rules, and preview of the application image used for review). Use of the Grants.gov downloadable Adobe application packages and submission process will still be supported.

It is critical that applicants follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 25 pages.

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

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

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

Executive Summary

Purpose:

The purpose of this Notice of Funding Opportunity (NOFO) is to support the following activities:

Conduct and monitor epidemiologic and laboratory-based science, surveillance, and research related to COVID-19 and other global public health threats in Africa, Southeast Asia, Eastern Europe and Central Asia, and the Middle East and North Africa (MENA), including, but not limited to, assessments of the extent of pathogen exposures or transmission based on serologic testing, improved understanding of immune responses to infectious pathogens, and assessments of various approaches to collecting and analyzing the results of serologic testing; and,

Incorporate the results of these public health activities into operational disease detection, prevention, and response or control programs in regions noted above, strengthen public health capacity as outlined in the Global Health Security Agenda, and disseminate findings across the region, with partners, and globally

Mechanism of Support: Cooperative Agreement

Funds Available and Anticipated Number of Awards: The estimated total level of funding (in U.S. dollars) available, including direct and in-direct costs, for the entire 5- year project period is **$60 million**

The number of awards will be up to **6 Awards** issued under this NOFO are contingent upon availability of funds and a sufficient number of meritorious applications. Because the nature and scope of the proposed research may vary from year to year, it is also anticipated that the size and duration of the awards may also

Budget and Period of Performance: The estimated total funding (direct and indirect) for the first budget period, 8/31/2021 to 8/30/2022, is estimated to be **$2 million per year per award. Each award may support activities in up to two countries.**

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

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

Eligible Project Directors/Principal Investigators (PDs/PIs): Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. **NOTE:** CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.

Number of PDs/PIs: Applications may include more than one PI however, the first PI listed on the application will be the contact PI for all correspondence. Any additional PIs are permitted but would be referred to, or should be listed as, Co-PIs. Consortia are welcome to apply to this NOFO. A consortium is defined as a formal agreement whereby one PD/ PI and institution is named as lead and may partner with other institutions to implement the award. The lead recipient must perform a substantive role in the conduct of the planned project or program activity and not merely serve as a conduit of funds to another party or parties. The PD/PI of the award must be from the lead recipient. Consortium agreements are considered subawards for the purposes of this award. The consortium agreement must be in effect at the time of application submission. Applicants from institutions not located in the country where the

proposed work will be conducted are encouraged to include collaborators/ Co-PIs from the country. Consortia are also encouraged to be formed and led by a PD/PI from the country in which the work is proposed.

Number of Applications: Only one (1) application per eligible institution (normally identified by a unique DUNS number) is Only one PI can be named primary, even if applying as a consortium.

Application Type: New

Special Date(s): LOI due: January 20, 2021; Receipt date: **February 22, 2021**. Applicants must submit their questions by e-mail to cgherpo@cdc.gov, within 15 days after the publication date of this NOFO in grants.gov. Questions received after this time will not be considered for response. All changes, updates, including the Q/A will be added as an amendment to the NOFO and will be posted on www.grants.gov within a reasonable time

Application Materials: See **Section IV.1** for application

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

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Section 307 of the Public Health Service Act [42 USC 242*l*], as amended and Section 301(a) [42 USC 214(a)], as amended and the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136).

1. Background and Purpose

The U.S. Centers for Disease Control and Prevention (CDC) envisions a world safe and secure from global health threats posed by emerging and re-emerging infectious diseases. In order to work toward this goal, CDC has established country programs in CDC offices in scores of countries in Asia and Africa, and is establishing regional programs, including in Southeast Asia, Eastern Europe and Central Asia, and the Middle East/North Africa (MENA) to protect and promote health through collaboration with partners on science, policy, and evidence-based public health actions to improve global health security. CDC Programs work in close partnership with governments, as well as with other local, national, and international partners to build capacity and generate necessary data to inform country-specific and regional public health policy. These activities and the data collected will assist countries in achieving compliance with the International Health Regulations (IHR 2005) within the framework outlined by the Global Health Security Agenda (GHSA) and further the CDC's global health goals in the areas of serosurveillance, operational disease prevention and control programs, and policy.

For decades, CDC has supported public health programs in Africa, Southeast Asia, Middle East and North Africa (MENA), and Eastern Europe and Central Asia, with multiple countries receiving support through the US President's Emergency Plan for AIDS Relief, the US President's Malaria Initiative, Global Immunizations, and more recently, through the Global Health Security Agenda. These long-term programs have had extensive, documented impact on

the well-being of the populations in host countries and have helped protect populations in the US and globally from the spread of infectious diseases by building local capacity to stop outbreaks at their origin. Africa, Southeast Asia, Middle East and North Africa (MENA), and Eastern Europe and Central Asia are particularly vulnerable to zoonotic and emerging infectious disease threats, because of their size, geographic location, climate, cross-border travel and trade. When new infectious disease threats emerge, there is an urgent need to gather information about how the new pathogen is spread, risk factors for infection, information about the performance of laboratory tests, and the effectiveness of control efforts.

The pandemic of coronavirus-19 (COVID-19) has threatened the vision for a safer and more secure world. COVID-19 is caused by a novel coronavirus, SARS-CoV-2. Optimization of the response to this pandemic requires that critical information about the virus be collected and incorporated into response efforts. While there has been rapid collection of information about modes of transmission and risk factors for infection with SARS-CoV-2, most studies to date have relied on evaluation of persons who have had diagnostic tests done at the time of infection. Limited serologic studies to date have indicated that there are many times as many infections as are detected during acute infection. Measures of true rates of infection at the population level are needed to contribute to overall understanding of the transmission of SARS-CoV-2 and inform future control efforts, including vaccination programs. Identification of previously exposed and currently infected populations can assist with accurate assessment of risk factors for infection and an improved understanding of the full spectrum of clinical manifestations and outcomes of SARS-CoV-2 infection in different populations.

The World Health Organization has developed a protocol for population-based age-stratified sero-epidemiological surveys for SARS-CoV-2. The protocol is designed to facilitate systematic collection of seroprevalence data in a format that facilitates aggregation and analysis of data and serves as a useful starting point for designing surveys in diverse contexts.

In addition to the need for seroprevalence data from diverse regional and national contexts, there is need for greater understanding of the optimal approaches to assessing seroprevalence. For example, while many laboratory assays that detect antibodies or other markers of infection have been developed, more information is needed regarding which of these provide the most useful information about exposure or past infection and about differential performance of these assays in different populations or at different times since infection. A variety of serosurveys have been conducted—including population-based surveys, repeated cross-sectional surveys in groups of individuals and repeated cross-sectional surveys in the same geographic area. However, other approaches are possible, for example, testing of residual samples, and more information is needed about which approaches to serosurveillance are most efficient and logistically feasible and best provide valid information about population seroprevalence. Further, more information is needed about which testing approaches can be feasibly used to distinguish between natural infection and future vaccine-derived immunity in diverse populations.

Results of work supported through this funding announcement will provide useful insights into the spread, distribution, and scale of the pandemic in priority countries and into approaches to collection and use of seroprevalence data.

In addition, analysis of accurate information about who is currently or has previously been infected with COVID-19 will inform the development of control strategies, which can then be

implemented and evaluated in a range of settings.

This NOFO supports activities that will fulfill four broad goals:

1. Conduct high quality sero-epidemiologic studies that inform an understanding of approaches to the collection of seroprevalence data and the extent of pathogen transmission in general populations and populations of specific interest, contributing to both national and global knowledge and databases, and building local capacity to collect, analyze, and routinely report on sero-epidemiologic data.
2. Develop host country public health capacity, prioritizing surveillance, laboratory and public health response capacities,
3. Strengthen host country institutional capacity to conduct research, plan, implement, and evaluate public health programs, including the capacity to detect and respond to emerging and re-emerging infectious diseases; and
4. Incorporate, translate and promote the results of research into operational disease prevention and control programs and policy

Healthy People 2030 and other National Strategic Priorities

Healthy People 2030 goals supported by this NOFO include:

GH-5 - Increase diagnostic testing capacity in host countries and regionally through the Global Disease Detection (GDD) Regional Centers.

Other national and international priorities supported by this NOFO include:

The Department of Health and Human Services' (HHS) Global Health Strategy maintains three goals to support HHS' global health vision of a healthier, safer world: 1) protect and promote the health and well-being of Americans through global health action; 2) provide leadership and technical expertise in science, policy, programs and practice to improve global health; and 3) advance United States interests in international diplomacy, development, and security through global health action.

Public Health Impact

The impact of the research conducted under this NOFO will generate data to inform public health leaders about the extent of and risk factors for COVID-19 in Africa, Southeast Asia, Middle East and North Africa (MENA), and Eastern Europe and Central Asia. This information is needed to better allocate and prioritize resources, implement and improve public health practices and interventions, and develop sustainable laboratory and surveillance systems to identify and mitigate the impact of health threats. Through better understanding of disease threats, and their control and prevention, morbidity and mortality may be lowered, and global health security increased. In addition, the activities funded under this NOFO will strengthen national and regional surveillance and laboratory systems, train the public health workforce, and develop faster and smarter outbreak responses.

Relevant Work

U.S. Centers for Disease Control and Prevention (CDC) has collaborated with various governmental and non-governmental partners in Asia and Africa to prevent, detect, and respond

to emerging and re-emerging disease threats for many years. Key programs include the President's Emergency Plan for AIDS Relief the Global Health Security Agenda, global immunization programs, and the President's Malaria Initiative. In response to the COVID-19 pandemic, CDC has supported a wide range of prevention, surveillance, detection, and mitigation activities.

CDC-sponsored response activities related to the COVID-19 pandemic have included support to incorporate surveillance for COVID-19 into established surveillance systems (both for detection of respiratory pathogens as well as general disease surveillance systems); support to increase laboratory capacity, both at respiratory virus reference laboratories and for general diagnostic and surveillance purposes; and mitigation activities (including establishing triage and strengthening infection prevention and control at health facilities; and support for hand hygiene, social distancing, and appropriate mask use in occupational and community settings). CDC collaborates closely with Ministries of Health as well as with other national, multilateral and regional partners and works with a wide range of partners supporting capacity building, program implementation, and evaluation efforts.

Even with these successful collaborations, there is still a gap in understanding the national and regional burdens for a broad range of infectious diseases, as well as causes and rates of mortality in the populations under surveillance. As a result, there is need for targeted public health research capacity building to improve the ability to detect novel emerging and reemerging pathogens.

CDC and global partners have several activities that support or relate specifically to this NOFO. Prospective applicants should refer to the following websites and related documents for additional information:

https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/index.html

www.cdc.gov/globalhealth

www.cdc.gov/globalhealth/healthprotection/ghs/index.html www.cdc.gov/globalhealth/ihregulations.htm www.cdc.gov/globalhealth/ghi

https://www.who.int/publications/i/item/WHO-2019-nCoV-Seroepidemiology-2020.2

2. Approach

The applicant should submit one (1) overall research proposal in response to this NOFO, which may include no more than one project focused on conducting serosurveillance and/or developing and assessing approaches to conducting serosurveillance in one to two countries in the 4 regions listed below as part of the first year of award proposal. This NOFO will support the GHSA and its targets and will facilitate collaboration toward specific public health protection objectives, including compliance with International Health Regulations (IHR 2005). Applicants are required to partner with National Public Health Institutes, National Institutes of Health, and/or Ministries of Health.

Applicants must focus their application on one to four countries from the following regions. For year 1, CDC has prioritized the following countries:

- **Africa**: Botswana, Cameroon, Democratic Republic of the Congo, Eswatini, Ethiopia, Mozambique, Nigeria, Sierra Leone, Zambia.

- **Southeast Asia**: Indonesia, Myanmar
- **Middle East and North Africa**: Morocco, Egypt
- **Eastern Europe and Central Asia**: Ukraine

The applicant must submit a single research plan and budget during the first year of the project. The research plan should not exceed 25 pages in total. The research plan should address administrative tasks and oversight for the project as well as coordination of research objectives as appropriate in one budget.

In Years 2 – 5 of this cooperative agreement, contingent upon the availability of funds, CDC will work with recipients to expand to additional priority public health research areas and to additional priority countries.

Objectives/Outcomes

For each country proposed, the initial focus should be on conducting sero-epidemiologic activities that focus on collection of important information about the extent, duration of, and risk factors for infection with SARS-CoV-2 in general or priority special populations; and/or approaches to conducting sero-surveillance work. Expected outcomes from these studies include an improved understanding of the extent, duration of, and risk factors for infection with SARS-Cov-2 and/or of the utility of different epidemiologic and laboratory approaches to collection of serosurveillance data. These data will inform ongoing surveillance efforts and development of COVID-19 mitigation strategies, including vaccination, and will contribute to the evidence base needed to guide interventions and enhance public health policy in each country and region.

Applicants should focus their application on the following activities in year 1 and in subsequent years as described below:

Year One

Applicants must apply to conduct SARS-CoV-2 Sero-epidemiologic Studies in Humans

and specify which country or countries will be included.

Subsequent Years (Years Two – Five)

1. Expand activities related to sero-surveillance for SARS-CoV-2 and other health threats
2. Evaluation of disease control activities, including those developed based on information collected through sero-epidemiologic studies of SARS-CoV-2 and laboratory test performance.
3. Expand to new public health activities of regional and local importance.
4. Expand activities to include additional CDC priority countries.

Target Population

The target populations to benefit from the work in this NOFO include, but are not limited to, those individuals infected and affected by COVID-19 and other infectious diseases, or at risk for becoming infected by an infectious disease. The work under this NOFO may also benefit those impacted by increased research and public health capacity at the national and sub-national

level to implement activities in alignment with the objectives of this NOFO.

Recipients of funding are expected to use epidemiologic, social determinants, and linked laboratory, and surveillance data to identify communities disproportionately affected by infectious diseases in the target areas to ensure that program activities that are developed from these data appropriately cover these populations. Recipients should ensure that supported services are accessible and available to all patients regardless of age, sex, race/ethnicity, sexual orientation, gender identity, or socio-economic status in order to achieve the objectives of this NOFO.

Collaboration/Partnerships

Applicants are expected to develop and maintain equitable collaborations with key national organizations, including but not limited to National Public Health Institutes, National Institutes of Health, Ministries of Health and other research institutions.

Applicants must show evidence of support and equitable partnership with the Ministries of Health or other ministries at the national level as appropriate in any country in which activities are proposed.

Applications must include plans to involve local collaborators and improve local workforce capacity in design, conduct, data analysis and interpretation, and development and dissemination of written research products (reports, manuscripts, presentations, etc.).

Applicants must develop and maintain collaborations and share data generated in the surveillance activities with the Ministries of Health in the countries in which they work and with associated organizations for the execution of proposed activities. Projects must include plans for supporting the use of research findings by Ministries of Health.

Consortia of research institutes, health organizations and other relevant parties are encouraged to apply but are not required.

Evaluation/Performance Measurement

Successful applicants will work with CDC to jointly develop formal evaluation criteria and an evaluation plan based on activities within each project as part of the post award process.

Recipients will provide quarterly reporting as outlined in the plan on the agreed upon indicators and on an ad hoc basis as required by CDC. The purpose of collecting and reporting these data is to determine the progress toward achieving increased public health capacity in host countries. The results will also be used for program planning, development and improvement, accountability and reporting, and for sharing with partners and other stakeholders. CDC will work with the recipient throughout the life of this award to ensure that all activities and expected outcomes align with current USG and the recipient's strategies and goals. The recipient should dedicate funds made available under this NOFO for evaluation and performance monitoring within each project.

In the application, the applicant should describe plans for how research and scientific findings will be reported and disseminated (e.g., peer-reviewed journals, scientific presentations, reports, meetings and conferences). The translation of findings should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, health care institutions, professional organizations, community groups, researchers, and other potential

users.

It should be expected that approximately 3% (of a given project's funding) will be dedicated to monitoring, reporting, and evaluation activities. CDC and the recipient will agree upon the specific funding amounts within review of each project's proposal and budget.

Translation Plan

The translation of findings should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, health care institutions, professional organizations, community groups, researchers, and other potential users.

Questions to consider in preparing this section include:

1. How will the scientific findings inform the national governments in the noted regions as well as other stakeholders on needed public health policies or practices at the local, national and regional levels? For example, how will year 1 activities help countries develop near-term approaches to monitor SARS-CoV-2 transmission over time?
2. How will the research project improve or affect the translation of study findings into policy or practice in order to assist countries achieve International Health Regulations (IHR 2005) compliance and improve global health security?
3. How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs and practices? For example, how will year 1 activities inform SARS-CoV-2 mitigation measures or vaccination strategies?
4. How will the research findings advance or guide future scientific efforts or related activities?
5. How will the research activities improve public health outcomes, advance workforce development, improve surveillance and laboratory capacity, and enhance response capacity?

Section II. Award Information

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

Application Types Allowed:

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

Estimated Total Funding:	$60,000,000

Anticipated Number of Awards: 6

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

Award ceiling and floor are for the first 12-month budget period only.

Award Ceiling: $2,000,000 Per Budget Period
Award Floor: $0 Per Budget Period
Total Period of Performance Length: 5 year(s)

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

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

Section III. Eligibility Information

1. Eligible Applicants

Eligibility Category:

Public and State controlled institutions of higher education
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

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

Hispanic-serving Institutions
Historically Black Colleges and Universities (HBCUs)
Tribally Controlled Colleges and Universities (TCCUs)
Alaska Native and Native Hawaiian Serving Institutions

Nonprofits (Other than Institutions of Higher Education):

Nonprofits (Other than Institutions of Higher Education)

Governments:

U.S. Territory or Possession

Other:

Faith-based or Community-based Organizations
Regional Organizations
Foreign Organizations: a Foreign Organization is a public or private organization, whether non-profit or for-profit, located in a country other than the United States (U.S.) and its territories that is subject to the laws of the country in which it is located, irrespective of the citizenship of project staff or place of performance.
Federally Funded Research and Development Centers (FFRDCs): FFRDCs are operated, managed, and/or administered by a university or consortium of universities, other not-for-profit or nonprofit organization, or an industrial firm, as an autonomous organization or as an identifiable separate operating unit of a parent organization. A FFRDC meets some special long-term research or development need which cannot be met as effectively by an agency's existing in-house or contractor resources. FFRDC's enable agencies to use private sector resources to accomplish tasks that are integral to the mission and operation of the sponsoring agency. For more information on FFRDCs, go to https://gov.ecfr.io/cgi-bin/searchECFR

2. Foreign Organizations

Foreign Organizations are eligible to apply.

Foreign (non-US) organizations must follow policies described in the HHS Grants Policy Statement (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf), and procedures for foreign organizations described throughout the SF424 (R&R) Application Guide. International registrants can confirm DUNS by sending an e-mail to ccrhelp@dnb.com, including Company Name, D-U-N-S Number, and Physical Address, and Country. Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://eportal.nspa.nato.int/AC135 Public/Docs/US%20Instructions%20for%20NSPA%20NCAGE.pdf.

Foreign components of U.S. Organizations are eligible to apply.

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

3. Additional Information on Eligibility

• Foreign Organizations: a Foreign Organization is a public or private organization, whether non-profit or for-profit, located in a country other than the United States (U.S.) and its territories that is subject to the laws of the country in which it is located, irrespective of the citizenship of the project staff or place of performance.

• Governmental Organizations – MOH, NPHIs, etc.

Private institutions of higher education Governmental Organizations – MOH, NPHIs, etc. Foreign Organizations are eligible to apply.

Foreign (non-US) organizations must follow policies described in the HHS Grants Policy Statement (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf), and procedures for foreign organizations described throughout the SF424 (R&R) Application Guide. International registrants can confirm DUNS by sending an e-mail to ccrhelp@dnb.com, including Company Name, D-U-N-S Number, and Physical Address, and Country. Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://eportal.nspa.nato.int

/AC135 Public/Docs/US%20Instructions%20for%20NSPA%20NCAGE.pdf.

Foreign components of U.S. Organizations are eligible to apply.

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

4. Justification for Less than Maximum Competition

N/A

5. Responsiveness

Any application that does not fully respond to the items in this section will be deemed "nonresponsive" and will not be moved forward for scientific peer review.

1. Applicants are encouraged to submit a Letter of Intent (LOI) by the due date of LOI. Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CIO staff to estimate the potential review workload and plan the review.

2. Applicant cannot apply to conduct the activity in more than two countries in Year one.
3. Applicant may not exceed budget limit specified in Year 1.
4. Applicants must include coinvestigators from the country/countries in which they propose to work.
5. Applicant must provide letters of support from the national level Ministry of Health, and Ministry of Agriculture when applicable, in the countries where work activities are proposed.
6. If an applicant requests a funding amount greater than the ceiling of $2,000,000 as indicated in Section II. of this NOFO, under Executive Summary and under Application and Submission Instructions, HHS/CDC will consider the application non-responsive and it will not enter the review process. HHS/CDC will notify the applicant that the application did not meet the submission requirements.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://cage.dla.mil/
- System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, https://www.sam.gov/index.html .
- Grants.gov
- eRA Commons

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

All Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principle Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

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

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Web Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.
Additionally, all applicant organizations must register in the **System for Award Management (SAM)**. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/index.html.
If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the recipient organization.

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

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

9. Cost Sharing

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

10. Number of Applications

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications

under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Only one application per institution (normally identified by having a unique DUNS number) is allowed.

Section IV. Application and Submission Information

1. Address to Request Application Package

In order to use ASSIST, applicants must visit https://public.era.nih.gov/assist where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.
If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via:

- E-mail: http://grants.nih.gov/support/index.html
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552. The NIH eRA Service desk is available Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide http://grants.nih.gov/grants/how-to-apply-application-guide.htm and here: https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf, except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 (R&R) Application Guide to ensure you complete all appropriate "optional" components.
When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

Application and Submission Instructions Specific to this NOFO:

Include a "Consortium/Contractual Arrangements" attachment if you have consortia/contracts in your budget. The Agreement must explain the programmatic, fiscal, and administrative arrangements to be made between the applicant organization and the consortium organization(s). If consortium/contractual activities represent a significant portion of the overall project, explain why the applicant organization, rather than the ultimate performer of the activities, should be the grantee.

3. Letter of Intent

Due Date for Letter of Intent: **01/20/2021**

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

Prospective applicants are encouraged to submit a letter of intent by the date listed in Part 1. "Overview Information", that includes the following information:

Name of the Applicant

Descriptive title of proposed research

Applicant should state which countries they plan to work in in Year 1 (maximum 2) Name, address, and telephone number of the PD(s)/PI(s)

Names of other key personnel Participating institutions

Countries where proposed work is expected to be conducted

Number and title of this funding opportunity announcement

The letter of intent should be emailed to:

Dr. Sheila Okoth

Scientific Program Official,

Email: jyo3@cdc.gov

Extramural Research Program Office

Office of the Associate Director of Science Center for Global Health

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

1600 Clifton Road, MS D-69

Atlanta, GA 30333

Telephone: 404-718-4405

Fax: 404-639-7490

Email: jyo3@cdc.gov

To ensure receipt please send LOI as an e-mail only.

4. Required and Optional Components

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

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf and http://grants.nih.gov/grants/how-to-apply-application-guide.htm for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).
Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

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

Other Research Plan Sections

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

All instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf and here: http://grants.nih.gov/grants/how-to-apply-application-guide.htm must be followed along with any additional instructions provided in the NOFO.
Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.
The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should

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

6. Appendix

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

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 25 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 100 pages for all appendices. Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.
CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application

Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-f/general-forms-f.pdf.

9. Submission Dates & Times

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

Organizations must submit applications using the ASSIST web-based application preparation and submission process.

ASSIST will validate applications before submission. If the system detects errors, then the applicant must correct errors before their application can be submitted.

Applicants are responsible for viewing their application in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application resubmitted in ASSIST.

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

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

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

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:
Toll-free: 1-866-504-9552; Phone: 301-402-7469
http://grants.nih.gov/support/index.html
Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:
Toll-free: 1-800-518-4726
https://www.grants.gov/web/grants/support.html
support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

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

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

application.

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

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

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

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

    a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement explaining why the submission failed.
    b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **02/22/2021**

Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

10. Intergovernmental Review (E.O. 12372)

This initiative is not subject to intergovernmental review.

11. Funding Restrictions

Expanded Authority:
For more information on expanded authority and pre-award costs, go to https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf and speak to your GMS.
All HHS/CDC awards are subject to the federal regulations, 45 CFR 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

Protecting Life in Global Health Assistance:
In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additional-requirements/ar-35.html).

Public Health Data:
CDC requires that mechanisms for, and cost of, public health data sharing be included in grants,

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

> **Data Management Plan:**
> Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.
> Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).

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

Human Subjects:
Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.
If the proposed research project involves more than one institution and will be conducted in the United States, awardees are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan in the application, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy or a compelling justification based on ethical or human subjects protection issues or other well-justified reasons is provided. Exceptions will be reviewed and approved by CDC in accordance with Department of Health and Human Services (DHHS) Regulations (Title 45 Code of Federal Regulations Part 46), or a restriction may be placed on the award. For more information, please contact the scientific/research contact included on this NOFO.
Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies are not expected to follow the requirement for sIRB.

12. Other Submission Requirements and Information

Risk Assessment Questionnaire Requirement
CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award

conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.
CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. Upload the questionnaire and supporting documents as an attachment in the "12. Other Attachments" section of the "RESEARCH & RELATED Other Project Information" section of the application. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

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

Duplication of Efforts

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

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

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

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (https://grants.nih.gov/grants/how-to-apply-application-guide.html).

Important reminders:
All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.
The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.
If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

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

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

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

Section V. Application Review Information

1. Criteria

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

Overall Impact

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

Scored Review Criteria

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

Significance

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

In year one, does the project address an important scientific question that will advance understanding of optimal approaches to sero-epidemiologic evaluation of SARS-CoV or understanding of SARS-CoV-2 transmission in the designated priority countries designated? To what extent do the investigators demonstrate an understanding of how the proposed activities advance previous seroprevalence work globally, and in the specific context of the country/countries chosen?

Investigator(s)

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

If the primary institution is based in the US or other upper income country, is there evidence that the institution has current or past presence, ideally with qualified staff, in one or more of the identified countries? For investigators and institution(s) in host countries, is there evidence of scientific research projects that produced results, with or without these or similar partners? Have the PDs/PIs authored scientific publications in peer-reviewed journals in related research areas, jointly or separately? To what extent have PD/PIs demonstrated the ability to support translation of their previous research into policies or practice in these countries?

For each country where work is proposed is at least one Co-Investigator a citizen of or resident of the country? Is it the role and anticipated scientific contribution of each ?in-country? Co-Investigator clearly stated?

Does the PD/PI have **three (3) or more years of** experience working with the National Public Health Institutes, Ministries of Health (or designee) and other scientific partners on public health science **in the proposed countries within the last ten (10) years**? Does this experience include activities and collaborations that physically took place on the ground in each proposed country?

Innovation

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

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?
If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Does the applicant propose SARS-CoV-2 sero-epidemiologic studies in humans in year 1?

Does the applicant expand activities in years 2-5?

Environment

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

Have the investigators previously demonstrated collaborative research endeavors undertaken with a focus on strengthening capacity of host country investigators and institutions? To what extent has the PDs/PI previously collaborated on scientific endeavors that yielded peer-reviewed publications with significant authorship by host country investigators? To what extent do the institutions have track records of producing results as a collaborative research network?

Does the application include letters of support from the national level Ministry of Health, and Ministry of Agriculture etc. where applicable for the countries where work activities are

proposed?

2. Additional Review Criteria

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

Protections for Human Subjects

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

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

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

Inclusion of Women, Minorities, and Children

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

Vertebrate Animals

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

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

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

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

3. Additional Review Considerations

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

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. A copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter should be included with the budget narrative.

Applications from Foreign Organizations

Reviewers will assess whether the project presents special opportunities for furthering research programs through the use of unusual talent, resources, populations, or environmental conditions that exist in other countries and either are not readily available in the United States or augment existing U.S. resources.

> **Applications from Foreign Organizations**
> Reviewers will assess whether the project presents special opportunities for furthering research programs through the use of unusual talent, resources, populations, or environmental conditions that exist in other countries and either are not readily available in the United States or augment existing U.S. resources.

Resource Sharing Plan(s)
HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

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

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

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

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

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

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

Budget and Period of Support

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

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

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

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

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

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

4. Review and Selection Process

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

- Will undergo a selection process in which all responsive applications will be discussed and assigned an overall impact/priority score.

- Will receive a written critique.

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

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

Funding preference:

- In making awards, CDC will examine applications by region in order to achieve geographic distribution/diversity
- Applicants who apply to work in two or more priority countries in regions listed below in year one will be prioritized.
    - **Africa**: Botswana, Cameroon, Democratic Republic of the Congo, Eswatini, Ethiopia, Mozambique, Nigeria, Sierra Leone, Zambia.
    - **Southeast Asia**: Indonesia, Myanmar
    - **M**iddle **E**ast and **N**orth **A**frica: Morocco, Egypt
    - **Eastern Europe and Central Asia**: Ukraine
- Priority regions for year one is Africa and Southeast Asia.
- Priority will be given to partners who have demonstrated the ability to work in the priority regions, and are in more than one country in those regions,

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.

5. Anticipated Announcement and Award Dates

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

Section VI. Award Administration Information

1. Award Notices

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

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

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

2. CDC Administrative Requirements

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

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

Specific requirements that apply to this NOFO are the following:

Specific requirements that apply to this NOFO are the following:

AR-1: Human Subjects Requirements

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

AR-3: Animal Subjects Requirements AR-7: Executive Order 5372 Review

AR-9: Paperwork Reduction Act Requirements AR-10: Smoke-Free Workplace Requirements AR-11: Healthy People 2020

AR-5: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities AR-14: Accou

nting System Requirements

AR-16: Security Clearance Requirement

AR-17: Peer and Technical Reviews of Final Reports of Health Studies &;; ATSDR AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

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

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

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

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

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

AR-34: Language Access for Persons with Limited English Proficiency AR-36:; Certificates of Confidentiality

Organization Specific ARs: AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

AR 23: Compliance with 45 C.F.R. Part 87

ARs applicable to Global Health Assistance Awards:

ARs applicable to Global Health Assistance Awards:

AR-35: Protecting Life in Global Health Assistance

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/textidx?node=pt45.1.75

To view brief descriptions of relevant CDC requirements visit: https://www.cdc.gov/grants

/additionalrequirements/index.html

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

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

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

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

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

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

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

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

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

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

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

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

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

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

The AR-25 https://www.cdc.gov/grants/additional-requirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.
Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: https://www.cdc.gov/grants/additional-requirements/ar-36.html.

4. Cooperative Agreement Terms and Conditions

The following special terms of award are in addition to, and not in lieu of, otherwise applicable:

U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; CDC Project Officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the recipients for the project as a whole, although specific tasks and activities may be shared among the recipients and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:

- Complying with the responsibilities for the Extramural Investigators as described in the

Policy on Public Health Research and Non-research Data Management and Access http://www.cdc.gov/grants/additionalrequirements/ar-25.html

- CDC staff has substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:
- Assisting the PI, as needed, in complying with the Investigator responsibilities described in the Policy on Public Health Research and Non-research Data Management and Access: https://www.cdc.gov/grants/additionalrequirements/ar-25.html
- Recipients will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.
- Additionally, an agency program official or CIO program director will be responsible for the normal scientific and programmatic stewardship of the award and will be named in the award.
- **The Office of Management and Budget (OMB) requires that all projects in which CDC staff will provide technical assistance or advice on any information collections on 10 or more people that are planned or conducted by the awardee, all such information collections – where CDC staff will be or are approving, directing, conducting, managing, or owning data – must undergo OMB project determinations by CDC and might require OMB PRA clearance prior to the start of the project.**
- Areas of Joint Responsibility include: *none*

Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act")

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future

guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

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

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

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:
1) Information on executive compensation when not already reported through the SAM Registration; and
2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

All recipients of COVID funding are required to submit quarterly reports.

A. Submission of Reports
The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

1. **Yearly Non-Competing Grant Progress Report**, is due 90 to 120 days before the end of the current budget period. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing

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

2. **Annual Federal Financial Report (FFR) SF 425** (https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm) is required and must be submitted through the Payment Management System (PMS) **within 90 days after the end of the calendar quarter in which the budget period ends**.

3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required to be submitted **120 days after the end of the period of performance**.

B. Content of Reports

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

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

a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study.

Questions to consider in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contribute to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:
- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate “Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project's data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

N/A

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through the Payment Management System (PMS) within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.
Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.
The due date for final FFRs is 120 days after the Period of Performance end date.
Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).
FFR (SF 425) instructions for CDC recipients are now available at https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm. For further information, contact GrantsInfo@nih.gov. Additional resources on the Payment Management System (PMS) can be found at https://pms.psc.gov.
Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https://era.nih.gov/ for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.
The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.
3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the

stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, health care institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the period of performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity. Please include any additional dissemination efforts that did or will result from the project.

- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

Section VII. Agency Contacts

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

Application Submission Contacts
Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

Scientific/Research Contact

Sheila Okoth

Scientific Project Officer, CGH ERPO

CGH Science Office

Center for Global Health

CDC Telephone: 404-718-4405

E-mail: jyo3@cdc.gov

Peer Review Contact

Hylan Shoob

Scientific Review Officer, CGH ERPO

CGH Science Office

Center for Global Health

CDC Telephone: 404-639-4697

Email: hms4@cdc.gov

Financial/Grants Management Contact(s)

Sharon Cassell

Office of Financial Resources

Office of Grant Services

Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

2939 Brandywine Road, MS TV-2

Atlanta, GA 30341

Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.
All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

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

Statutory Authority

Sections 301 and 307 (k) (1) and (k) (2) of the Public Health Service Act (42 U.S.C. 242 and 247 b (k) (1) and (k) (2)), as amended and the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the ?CARES Act?) (P.L. 116-136).

Q&A Document

1. Could you kindly share when we should expect further information on which countries or region these opportunities will be focused on?
a. The focus of the Notice of Funding Opportunity in terms of regions and countries in year 1 is described in the Approach section under Part 2, 'Section I Funding Opportunity Description (and copied below for reference).
b. 'Applicants must focus their application on one to four countries from the following regions. For year 1, CDC has prioritized the following countries:
i. Africa: Botswana, Cameroon, Democratic Republic of the Congo, Eswatini, Ethiopia, Mozambique, Nigeria, Sierra Leone, Zambia.
ii. Southeast Asia: Indonesia, Myanmar
iii. Middle East and North Africa: Morocco, Egypt
iv. Eastern Europe and Central Asia: Ukraine'
c. 'In Years 2 – 5 of this cooperative agreement, contingent upon the availability of funds, CDC will work with recipients to expand to additional priority public health research areas and to additional priority countries.'

2. With regard to the number of countries our application should propose working in during year 1, we noted a discrepancy in the RFA and would appreciate clarification. On pgs. 5, 7, 10, and 16 the RFA indicates applicants should propose working in "up to four countries;" however, on page 19 under the Letter of Intent section, the RFA indicates that the "applicant should state which countries they plan to work in in Year 1 (maximum 2)."
Applicants may apply to work in up to two countries in year 1. Note that Section 2. Approach of the Notice of Funding Opportunity (page 8 of 44) states that after the initial award, "In Years 2 – 5 of this cooperative agreement, contingent upon the availability of funds, CDC will work with recipients to expand to additional priority public health research areas and to additional priority countries."
The NOFO has been amended to reflect this in the Executive Summary – Budget and Period of Performance (page 3 of 44), Section I. Funding Opportunity Description - 2. Approach (pages 7-8 of 44) and in Section III. Eligibility Information - 5. Responsiveness (page 14 of 44).

3. With regard to the target population, page 9 of the RFA states that the "target populations to

benefit from the work in this NOFO include, but are not limited to, those individuals infected and affected by COVID-19 and other infectious diseases, or at risk for becoming infected by an infectious disease." As this seems to encompass an entire population and is quite broad, would CDC be able to provide any further descriptors that would help narrow down the target populations?
Applicants are requested to focus their applications for year 1 funding specifically on individuals infected and affected by COVID-19. Research and funding for subsequent years (contingent upon the availability of funds) could focus on populations infected, or at risk of being infected, by other infectious diseases.

4. On page 9 of the RFA under the Approach section, it states that applicant's proposal "may include no more than one project focused on conducting serosurveillance and/or developing and assessing approaches to conducting serosurveillance." Could CDC clarify what is meant by "no more than one project?" For example, should (a) applicants propose the same activities/approach in each country in which they propose working? And (b) may applicants submit one proposal to conduct surveillance plus another proposal to compare surveillance approaches?
As stated in the NOFO, Section I. 3. Approach on pages 7-8 of 44 states that "The applicant should submit one (1) overall research proposal in response to this NOFO, which may include no more than one project focused on conducting serosurveillance and/or developing and assessing approaches to conducting serosurveillance."
Applicants are encouraged to submit a single proposal that includes all proposed surveillance activities to be conducted with the proposed funds; the project activities should fit together to answer a major question. Comparisons would be allowed between countries as a sub-objective under the main proposal. Therefore, applicants could choose to propose conducting and/or assessing serosurveillance, in one or a maximum of 2 countries for the first year.

5. Could clarification be provided on whether the 25-page Research Strategy should be single- or double-spaced?
Page 3 of 44 of the NOFO states that "The Research Strategy component of the Research Plan is limited to 25 pages". This 25-page Research Strategy should be single-spaced.

6. Should more than one application be received from a single institution would the first one submitted be reviewed or would all be considered non-responsive?
Please note that the Number of Applications section on page 16 of 44 of the NOFO states that only one application per institution (normally identified as having a unique DUNS number) is allowed. If more than one application is received from a single institution, only the first application will be considered for responsiveness review; all other applications from the same institution will be rejected. If the first application is determined to be responsive, it will be submitted for peer review.

7. Can a PI or Co-PI on one application be a coinvestigator on another application?
Yes, if the applications are not from the same institution.

8. Can an individual be a coinvestigator on more than one application?
Yes, if the applications are not from the same institution.

9. Is the "PHS Human Subjects and Clinical Trials Information Form" required for this application?
Yes, the PHS Human Subjects and Clinical Trials Information Form is required for this

application. Note that Section V. Application Review Information – 2. Additional Review Criteria – i. Protection of Human Subjects on page 27 of 44 of the NOFO states that "If your proposed research involves the use of human subjects and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan."