

Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement
CDC-RFA-OT18-18030501SUPP22
06/10/2022

Signature Date

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Part 1. Overview Information
Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement

Announcement Type:

Revision - Type 3

Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-18030501SUPP22

Assistance Listings Number:

93.772

Key Dates:

Due Date for Applications 06/10/2022

06/10/2022
Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Standard Time on the deadline date.

Additional Overview Content:
Executive Summary

CDC announces a supplemental funding opportunity for the 25 American Indian/Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations awarded under CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement. The CDC-RFA-OT18-1803 recipients are eligible to submit applications for new fiscal year (FY) 2022 Center, Institute, and Office (CIO) Project Plans according to the geographic categories under which they are awarded. The geographic categories are the following: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions

V, VI, and VII; and 3) Category C: HHS Regions VIII, IX, and X.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the Office for State, Tribal, Local and Territorial Support

GPRA goal(s)

- Increase state, tribal, local, and territorial public health agencies' capacity to more efficiently and effectively manage and deliver high-quality programs and services to protect the public's health.
- Increase the infusion of public health knowledge across governmental and non-governmental components of the public health system.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

Section I. Funding Opportunity Description

Statutory Authority

§ 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2), as amended].
§ 4002 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), 2020 (P.L. 116-136)

Background

Historically, tribal public health systems have been separated from the larger US public health system, which has led to limited strategic partnerships with federal, state, and local partners; underdeveloped infrastructure; data access barriers; and diminished public health workforce. Tribal health systems provide public health services across the United States and are central to reducing health disparities in tribal nations. Building tribal public health infrastructure enhances Indian Country's capacity to prevent disease, promote health, and prepare for and respond to emerging threats and chronic challenges.

This program will provide resources for American Indian and Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations to optimize the quality and performance of tribal public health systems, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. Work in these areas will increase the capacity of Indian Country to identify, respond to, and mitigate public health threats and decrease burden of disease among AI/AN communities. This program's ultimate outcomes are: 1) decreased morbidity and mortality among AI/AN communities; 2) advanced capacity of Indian Country to identify, respond to, and mitigate public health threats; 3) improved capacity of the workforce to deliver essential public health services; 4) increased culturally appropriate practice-based evidence programs and policies that are effective and sustainable throughout Indian Country; and 5) improved capacity to collaboratively

and strategically address AI/AN health needs and advance health equity.

Purpose

The purpose of this supplemental NOFO is to announce the availability of funding for the 25 AI/AN tribal nations and regional AI/AN tribally designated organizations awarded funding under CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement. The CDC-RFA-OT18-1803 recipients are eligible to submit applications for new FY 2022 CIO Project Plans according to the Geographic Category (A, B, or C)* for which they received initial funding. The goal of this additional funding is to provide resources to optimize the quality and performance of and allow for the infusion of health equity principles into, tribal public health systems, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. Work in these areas will increase the capacity of Indian Country to identify, respond to, and mitigate public health threats, reduce health disparities, and decrease burden of disease among AI/AN communities.

*The geographic categories are the following: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions V, VI, and VII; and 3) Category C: HHS Regions VIII, IX, and X.

Program Implementation

Recipient Activities

Please review individual Centers, Institutes, and Offices (CIO) Project Plans for specific activities. The activities listed below are not exhaustive and should be augmented based on the target population's priority needs and the outcomes and strategies outlined in the individual CIO Project Plans.

1. *Tribal Public Health Systems Infrastructure Improvement:* Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement, may include, but are not limited to, the following

- Assess and address gaps in organizational performance using tools such as national standards
- Establish and maintain a plan with policies and procedures for urgent and non-urgent communications
- Conduct a comprehensive planning process resulting in a tribal health improvement plan (Public Health Accreditation Board [PHAB] Standard 5.2)
- Assist the target population in building new models that integrate clinical and public health
- Develop and implement a health department organizational strategic plan
- Implement data-driven approaches, such as quality improvement and performance management, within organizational practices, programs, processes, and interventions (PHAB Standards 9.1 and 9.2)
- Establish and maintain effective financial management systems

- Establish and maintain a continuity of operations plan
- Establish and maintain current operational definitions and statements of the public health roles, responsibilities, and authorities (PHAB Standard 12.1)

2. *Tribal Public Health Workforce:* Activities to improve tribal public health workforce competencies and retention may include, but are not limited to, the following:

- Select or develop culturally appropriate trainings, educational materials, and process evaluation tools to build workforce capacity
- Identify and address continuing education for core and discipline-specific competencies and leadership development needs
- Incorporate core and discipline-specific competencies for public health professionals into job descriptions and performance evaluations (Healthy People 2020 Public Health Infrastructure-1)
- Use core and discipline-specific public health competencies, individual training and professional development, and provisions of a supportive work environment to ensure a competent workforce (PHAB Standard 8.2)
- Implement culturally appropriate evidence-based and evidence-informed strategies to develop and sustain supportive work environments
- Promote the use of internships, fellowships, post-graduate programs, and other opportunities to recruit and strengthen the public health workforce
- Inform and educate health officials and other governing leaders on public health issues and functions and their role in strategic workforce development

3. *Tribal Data/Information Systems, Including Epidemiologic Surveillance Capacity Expansion:* Activities to increase the use of data and information systems may include, but are not limited to, the following:

- Create policies to establish data governance
- Identify and implement culturally appropriate strategies and protocols to improve health data collection, interpretation, and dissemination
- Participate in or lead a collaborative process resulting in a comprehensive community health assessment
- Develop and implement strategies and protocols critical for integrating surveillance and monitoring systems to improve health data collection, interpretation, and dissemination
- Create manuals and protocols to improve data quality and standardization of data and information systems
- Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population (PHAB Standard 1.2)
- Develop and implement strategies to promote informatics and health information exchange among health/public health and nongovernmental entities

- Provide and use the results of the health data analysis and assessments to develop recommendations regarding public health policy, processes, programs, and interventions (PHAB Standard 1.4)
- Provide staff training on data collection, analysis, and reporting

4. *Tribal Public Health Programs and Services:* Activities to strengthen the ability to meet public health needs comprehensively may include, but are not limited to, the following:

- Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness
- Assist the target population with identifying and prioritizing programs that efficiently maximize effectiveness in lowering disease rates, preventing injuries, and improving health
- Assess healthcare service capacity and access to healthcare services
- Evaluate the health effects and costs of legislation, regulations, and policies
- Identify and implement strategies to improve linkage to healthcare services (PHAB Standard 7.2)
- Facilitate the target population's cultural adoption of evidence-based and evidence-informed initiatives that promote health and prevent disease and injury
- Identify and use the best available evidence for making informed public health practice decisions (PHAB Standard 10.1)

5. *Tribal Public Health Resources and Communication:* Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country may include, but are not limited to, the following:

- Provide information about public health issues and public health functions through multiple methods to audiences in multiple sectors and community partners (PHAB Standard 3.2)
- Assist the target population with developing and disseminating educational materials, health communication and marketing activities, program evaluation and assessment tools, and training curricula that build their capacity
- Promote the target population's understanding of and support for policies and strategies that will improve the public's health
- Actively communicate research results, evaluations, and evidence-based and evidence-informed practices in a culturally appropriate manner
- Assist the target population in providing and using the results of health data analysis to develop recommendations for public health policy, processes, programs, and/or interventions
- Develop and implement culturally appropriate health communication and marketing activities as a multidisciplinary area of science, practice, and training
- Identify successful practices and develop new mechanisms to inform and mobilize the public and private sectors in collaborative efforts to move toward a healthier population

- Assist the target population in documenting the status of health disparities and health equity outcomes in a culturally appropriate manner

6. *Tribal Public Health Partnerships:* Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels may include, but are not limited to, the following:

- Facilitate mobilization of public and private sectors to enhance collaboration and partnerships that address the target population's public health needs
- Identify successful practices and develop new mechanisms to inform and mobilize the public and private sectors (e.g., transportation agencies, law enforcement agencies, fire departments, school systems, colleges, and universities) in collaborative efforts to move toward a healthier population
- Establish and maintain diverse public health partnerships for meaningful cooperation and achievement of evidence-based and evidence-informed public health strategies and interventions
- Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity (PHAB Standard 12.2)
- Actively engage with the public health system and community in identifying and addressing health problems through collaborative processes
- Increase active participation in partnerships and collaborations with healthcare providers, governmental departments, public health scientific communities, universities, and private sector organizations to pursue identified population health goals
- Encourage the governing entity's engagement in the health department's overall obligations and responsibilities
- Evaluate existing, emerging, or new models that promote collaboration among key stakeholders to address the health and safety of people living with the leading causes of mortality, morbidity, and injury

CDC Activities

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine administrative and programmatic monitoring. CDC anticipates activities funded under this NOFO, including the CIO Project Plans, will lead to the development of resources, such as tools, materials, software, trainings, and webinars. Recipients are expected to share these resources with CDC and will receive further guidance upon funding.

- Collaborate with recipients to ensure coordination and implementation of strategies to provide capacity-building and quality improvement assistance to tribal health systems
- Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations
- Support ongoing opportunities to foster networking, communication, coordination, and collaboration, and serve as a conduit for information exchange, including fostering

collaboration between recipients that would not normally interact with each other or collaborate on tribal public health efforts

- Collaborate with recipients to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance
- Collaborate with recipients, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices

Funding Strategy

Coronavirus Disease 2019 (COVID-19) Funds: 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); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] 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. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.

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.

Section II. Award Information

Type of Award:
CA (Cooperative Agreement)
CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism:
U38

Fiscal Year Funds:
2022

Approximate Total Supplemental Funding:
$7,500,000
This amount is subject to availability of funds. Includes direct and indirect costs.

The funding levels represent approximate funding across multiple CIO Project Plans. Individual awards will vary depending on the activities and the approximate funding available for each CIO Project Plan.

The table below lists the CIO Projects Plans for this FY 2022 supplemental NOFO. All CIO Project Plans will be added to the "Related Documents" section on Grants.gov under this supplemental NOFO. Applicants are eligible to submit applications for FY 2022 CIO Project Plans according to the Geographic Category (A, B, or C) for which they received initial funding. The geographic categories are the following: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions V, VI, and VII; and 3) Category C: HHS Regions VIII, IX, and X.

Project Title	Total Project Funding	Proposed Project Funding Per Recipient	Eligible Geographic Categories
Establishing a peer network for National Diabetes Prevention Program (National DPP) lifestyle coaches and coordinators in tribal organizations	$200,000	$200,000	A, B, and C
Evaluation of colonoscopy screening within the Alaska Tribal Health System	$126,000	$126,000	C
Expanding wastewater surveillance in tribal communities	$250,000	$10,000 - $50,000	A, B, and C
Strengthening vaccine confidence and demand through communication, education, and outreach	$600,000	$200,000	A, B, and C
Supporting the use of data for policy decision-making	$100,000	$100,000	B
Technical assistance for Tribal Nations to build capacity for preparedness and response to infectious disease outbreaks*	$100,000	$50,000	A, B, and C
Tribal epidemiology center drug and opioid overdose capacity support	$1,600,000	$200,000	A, B, and C

Tribal maternal mortality review: Planning for implementation	$2,025,000	$225,000	A, B, and C
Tribal maternal mortality review: Technical assistance for access and use of Vital Records Data	$200,000	$200,000	C
Tribal public health data modernization - Focused investments*	$2,250,000	$250,000	A, B, and C

*Project uses Coronavirus Disease 2019 (COVID-19) funds.

Please note: Any activities involving information collection (e.g., surveys and questionnaires) from 10 or more non-federal individuals/entities are subject to OMB/Paperwork Reduction Act requirements and may require CDC to coordinate an OMB Information Collection Clearance

Approximate Number of Awards:
18

Approximate Average Award:
$150,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range:
$0

Ceiling of Individual Award Range:
$0
This ceiling is for a 12-month budget period.
The individual award ceiling varies among CIO Project Plans. Applicants should review each CIO Project Plan carefully to ensure they do not exceed the ceiling funding amount for a given CIO Project Plan.

Anticipated Award Date:
August 30, 2022

Budget Period Length:
12 month(s)

Period of Performance Length:
1 year(s)

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

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:
07 (Native American tribal governments (Federally recognized))

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

Additional Information on Eligibility
Only the 25 American Indian/Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations awarded under CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement are eligible to submit applications under this supplemental NOFO, CDC-RFA-OT18-18030501SUPP22. All current recipients may apply to one or more CIO Project plans eligible to their geographic category.

Required Registrations

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

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

a. Unique Entity Identifier (UEI):

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

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

b. System for Award Management (SAM):

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

Knowledge Base.

c. Grants.gov:

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

Other

Special Requirements
Please review individual CIO Project Plans for any additional requirements. For each CIO Project application, if a funding amount greater than the project ceiling award is requested, the application will be considered non-responsive and will not be entered into the review process. The recipient will be notified that the application did not meet the eligibility requirements.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort
Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

The CIO Project Plans are organized in this FY 2022 supplemental NOFO by Geographic Category (A, B, or C). Each CDC-RFA-OT18-1803 recipient is permitted to submit Work Plans in response to CIO Project Plans that target the Geographic Category for which the recipient was awarded funding under Funding Strategy 1. All CIO Project Plans are included the "FY 2022 CIO Project Plans" attachment for this supplemental NOFO on Grants.gov. **Applicants are permitted to respond to more than one CIO Project Plan.**

Content: Recipients are expected to carry out program capacity-building and/or quality improvement strategies and activities to achieve the program outcomes and to identify and document additional outcomes accomplished. The capacity-building and quality improvement activities performed under each project should work toward the short-term and intermediate outcomes specified in the CIO Project Plan. For each program outcome:

- Indicate the proposed strategies accompanying activities for accomplishing the identified Outcomes within the budget period.
- Identify a performance measure(s), such as process or outcome, that are associated with each Outcome.
- Provide a timeline for accomplishing proposed objectives, strategies, and activities within the budget period.
- Provide line-item budgets and budget narratives for the categories indicated in the template and narratives for each Work Plan.

Work Plans: To align with the structure of this supplemental NOFO, the Work Plan represents the "Project Narrative."

Applicants must complete a work plan template for each CIO Project Plan for which they would like to apply, using the template provided as Appendix A: Work Plan Template. The submitted work plans in response to CIO Project Plans must include the proposed objectives and accompanying activities, outputs, performance measures, and outcomes for the Year 5 budget period. The work plans must indicate how performance measures are linked to the selected program outcome(s). In addition, each submitted work plan must describe the approach to implement the project, the applicant's organizational capacity, and the applicant's organizational experience, as they relate to the CIO proposed project; detail a plan for collaborative work (if required); and provide a detailed budget narrative. The master document must be uploaded and submitted as the "Project Narrative" on Grants.gov.

Budget Narratives: Applicants must create one budget narrative to accompany each Work Plan in response to a CIO Project Plan. The master budget narrative document must be uploaded and submitted as the "Budget Narrative" on Grants.gov. **A detailed budget narrative is required for each work plan.**

General instructions for submitting responses to CIO Project Plans:

1. **Go to** Grants.gov.
2. **Select "**Applicants."
3. **Select "**Apply for Grants."
4. **Select "**Get Application Package."
5. **Insert** the Supplemental NOFO number only, formatted as: CDC-RFA-OT18-18030501SUPP22.
6. **Download** the application package.
7. **Complete** the Budget Information for Non-Construction Programs (SF424A) form.
8. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF425).
9. **Upload** all Work Plan documents **separately** under "Project Narrative."
10. **Upload** all Budget Narrative documents **separately** under "Budget Narrative."
11. Upload the Indirect Cost Rate Agreement.
12. **Follow** instructions to submit the application package to Grants.gov.

Project Abstract

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Please note: The project abstract should reflect the entire submission, including all multiple CIO Project Plans to which applicants are responding.

Project Narrative

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- 45: Maximum number of pages
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number of all narrative pages; not to exceed the maximum number of pages.

To align with the structure of this supplemental NOFO, the Work Plan represents the "Project Narrative."

- Applicants must complete a work plan template for each CIO Project Plan for which they would like to apply (see "Appendix A: Work Plan Template" on Grants.gov). The submitted work plans in response to CIO Project Plans must include the proposed objectives and accompanying activities, outputs, performance measures, and outcomes for the Year 5 budget period. The work plans must indicate how each performance

measures are linked to the selected program outcome(s). In addition, each submitted work plan must describe the approach to implement the project, the applicant's organizational capacity, and the applicant's organizational experience, as they relate to the CIO proposed project; detail a plan for collaborative work (if required); and provide a detailed budget narrative.

- Applicants must also create a separate budget narrative to accompany each Work Plan in response to a CIO Project Plan. A detailed budget narrative is required for each Work Plan.

Please note: A final performance report will be required for each CIO project work plan, as part of the cooperative agreement's closeout amendment documentation. The final performance report must provide a status of proposed activities, outputs, and outcomes. CDC will provide additional information regarding the final performance report post Funding Strategy 2 award.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

The Project Narrative must include the information as required in the *Work Plan* template:

1. Project Approach: Describe your overall plan for achieving the outcomes outlined in the CIO Project Plan.
2. Work Plan: Describe the objectives, activities, outputs, performance measures (process and outcome), and outcomes related to the selected NOFO strategies and outcomes.
3. Organizational Capacity: Describe your capacity to successfully complete the project outlined in the CIO Project Plan. Include your organization's relevant staffing, systems, and resources.
4. Program Experience: Describe your experience as it relates to the project outlined in the CIO Project Plan. Include products developed; services, training, and technical assistance provided; and relevant target populations supported.
5. Collaborative Work: Describe your plan for collaboration as it relates to the project outlined in the CIO Project Plan. Include specific organizations or entities as applicable.
6. Sub-contractual Work: Describe your plan for sub-contractual work. Include any recommended criteria for identifying and selecting subcontractors.
7. Budget Information: Provide a line item budget for the allocation of funds, following the categories in the SF-424.
8. Additional Attachments: Includes the Budget Narrative, Indirect Cost Rate Agreement, Budget Summary Spreadsheet (excel), and Consultant/Contractor Approval Request.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

Additional information submitted via Grants.gov must be uploaded in a PDF file format and should be titled:

- Table of Contents for Entire Submission

- Project Abstract Summary
- Work Plans (one file for each Project Plan)
- Budget and Budget Narratives (one file for each Project Plan)
- CDC Assurances and Certifications
- Indirect cost rate, if applicable
- Curriculum Vitae for key staff

An itemized Budget and Budget Narrative is required as part of the applicant's submission. If indirect costs are requested in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative.

If requesting indirect costs in the budget, 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.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.docx

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

"*ShortApplicantName*_Y5FS2_*ShortProjectTitle_ShortDocumentTitle*," where ShortApplicantName is the name or abbreviation for the applicant's name, ShortProjectTitle is a shortened but distinct project title, and ShortDocumentTitle is a shortened but distinct document title. So for example, if applicant ABC were to submit CVs that were applicable to a project called Let's Get Healthy, an appropriate file name would be "ABC_Y5FS2_LGH_CVs" or "ABC_Y5FS2_GetHealthy_CVs". If a document is relevant to all project plans being applied for, the ShortProjectTitle may be omitted, so the example would be "ABC_Y5FS2_CVs".

20: Maximum number of allowable electronic attachments

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.

If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Application Deadline Date

Due Date for Applications 06/10/2022

06/10/2022
Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Time on the deadline date.

Eligible applicants will receive an informational call notice from CSTLTSTribalCoAg@cdc.gov.

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 recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C 4712.

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

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

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

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

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

Funding Restrictions

Funding Restrictions:

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

Please review the "Budget Instructions" section within each CIO Project Plan for information on additional funding restrictions.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet
address: http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

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

Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (AOR) will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management

Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-OT18-18030501SUPP22 Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Work Plan **Maximum Points:** 35

Develops a complete and comprehensive plan for the budget period that describes: a) how the applicant will adequately achieve the capacity-building and quality improvement program outcomes, and b) how the plan will focus on capacity-building and quality improvement assistance that addresses the needs of the target population.

1. Objectives (5 points): SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) objectives that address the needs of the target population and relate to the applicants' activities
2. Activities (10 points): Activities are achievable, able to build capacity, and likely to lead to the attainment of the proposed objective
3. Outputs (5 points): Outputs/deliverables that thoroughly represent the direct results of the activities
4. Process Measures (10 points): Process measures are measurable, based on achievable activities, and address the purpose of the project objectives.
5. Outcome Measures (5 points): Outcome measures are measurable, based on achievable activities, and address the purpose of the project objectives.

Approach **Maximum Points:** 20

For each Work Plan submitted, the extent to which the applicant:

1. Describes the overall strategy for accomplishing the objectives of the project (5 points)
2. Describes the target population to receive the capacity-building and quality improvement assistance under this program (5 points)
3. Demonstrates a comprehensive understanding of the capacity-building and quality improvement needs for the target population (5 points)
4. Demonstrates an ability to build and/or access specific organizations or entities that are appropriate for accomplishing the outlined project objectives (5 points)

Organizational Capacity to Implement the Approach **Maximum Points:** 30

For each Work Plan submitted, the extent to which the applicant:

1. Scope of Work (10 points): Demonstrates the applicant’s experience and capabilities to perform the work

2. Staffing (10 points): Demonstrates how the applicant will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities
3. Readiness (10 points): Demonstrates readiness to establish partnerships (e.g., contracts, MOUs, MOAs) in a timely manner and plan for long-term sustainability of the project

Program Experience **Maximum Points:** 15

For each Work Plan submitted, the extent to which the applicant:

1. Content Expertise (5 points): Demonstrates content expertise as it relates to the project
2. Relationship with Target Population (5 points): Demonstrates a relationship with the target population
3. Capacity-Building and Quality Improvement Experience (5 Points): Demonstrates an established track record of providing services to assist capacity-building and quality improvement to the target population.

For each Work Plan submitted, a Budget and Budget Narrative are required. Although the Budget and Budget Narrative are not scored, the applicant should consider the following in development of their budget: Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives and planned program activities?

If indirect costs are requested in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. Depending on the individual CIO Project Plan, the budget should include the following headers:

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

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by Office for State, Tribal, Local and Territorial Support and Office of Grants Services (OGS). Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.
An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

The CIO funding the Project Plans will determine whether an objective review panel or technical review will be used to evaluate complete and responsive applications.

Depending on the individual CIO Project Plan, applications will be 1) compiled and reviewed according to Geographic Category; or 2) complied and reviewed together regardless of Geographic Category. CDC-RFA-OT18-1803 recipients are able to apply for FY 2022 CIO Project Plans in the Geographic Category for which they were awarded under CDC-RFA-OT18-1803. If a CIO uses an objective review panel, the panel will evaluate complete and responsive applications according to the criteria listed in "Section V. Application Review Information: Criteria."

Selection
In addition, the following factors may affect the funding decision:

Final funding determinations will be based on application scores from either the objective review panel process or technical review process. Proposals will be assessed on their feasibility, organizational resources, ability to reach the target populations, and linkages between the project goals and objectives, project activities, and intended outcomes for impact.

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

Anticipated Announcement and Award Dates
August 31, 2022

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A copy of the NoA will be emailed to the recipient fiscal officer identified in the application.

Unsuccessful recipients will receive notification of the results of the application review via email.

Administrative and National Policy Requirements

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. CDC programs must indicate which

ARs are relevant to the NOFO. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO 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. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -
AR-11: Healthy People 2030
AR-12: Lobbying Restrictions
AR-25: Data Management and Access
AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Reporting

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

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

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

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

Recipients must provide CDC with a final performance report for each CIO Project awarded as part of the cooperative agreement's closeout amendment documentation. The final performance report must provide a status of proposed activities, outputs, and outcomes and be submitted via www.Grantsolutions.gov. In addition, recipients must submit a final federal financial report (FFR) for SF-425 form through the Payment Management System (PMS).

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS).

Termination

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

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

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

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

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

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

Reporting of Foreign Taxes (International/foreign projects only)

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

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

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

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

3) Terms: For purposes of this clause:

"Commodity" means any material, article, supplies, goods, or equipment;

"Foreign government" includes any foreign government entity;

"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

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

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

First Name:
Alleen

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

Street 1:

Street 2:

City:

State:

Zip:

Telephone:

Email:
CSTLTSTribalCoAg@cdc.gov

For **financial, grants management, budget assistance and general inquiries**, contact:

Address:

First Name:
Rose

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

Street 1:

Street 2:

City:

State:

Zip:

Telephone:

Email:

RMosley@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.