

Centers for Disease Control

Center for Global Health

Global Noncommunicable Disease Prevention and Health Promotion
CDC-RFA-GH19-1954
Application Due Date: 03/25/2019

Signature _____ Date _____

Global Noncommunicable Disease Prevention and Health Promotion
CDC-RFA-GH19-1954
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-GH19-1954. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Global Noncommunicable Disease Prevention and Health Promotion

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-GH19-1954

E. Assistance Listings (CFDA) Number:

93.099

F. Dates:

1. Due Date for Letter of Intent (LOI): **N/A**

2. Due Date for Applications: **03/25/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

N/A

G. Executive Summary:

1. Summary Paragraph:

Worldwide, non-communicable diseases (NCDs) kill over 35 million people each year, representing nearly two-thirds of the world's deaths. More than 80 percent of NCD-related deaths are in low- and middle-income countries, where health systems are often not equipped to respond, and nearly a third of those deaths occur before age 60. The enormous social and economic toll of NCDs worldwide calls for an integrated strategic approach to reduce illnesses and deaths due to NCDs globally.

The purpose of this NOFO is to promote health and prevent NCDs across the globe by supporting capacity building, surveillance and surveys, planning and monitoring, and activities that focus on key NCD conditions and risk factors such as cardiovascular disease, nutrition, reproductive health, and tobacco control.

a. Eligible Applicants:	Single
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Period of Performance Funding:	$25,000,000
e. Average One Year Award Amount:	$5,000,000
f. Total Period of Performance Length:	5
g. Estimated Award Date:	08/15/2019
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this NOFO, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Worldwide, noncommunicable diseases (NCDs) kill over 35 million people each year, representing nearly two-thirds of the world's deaths. More than 80 percent of NCD-related deaths are in low- and middle-income countries, where health systems are often not equipped to respond, and nearly a third of those deaths occur before age 60. The enormous social and economic toll of NCDs worldwide calls for an integrated strategic approach to reduce illnesses and deaths due to NCDs globally.

NCDs such as cardiovascular disease, cancer, diabetes, and chronic lung disease kill more people globally than infectious diseases. Several NCDs share the common risk factors of tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol, as well as high blood pressure and high cholesterol.

Surveys, surveillance, and monitoring for non-communicable disease (NCDs) are crucial to provide countries with needed information to develop prevention strategies, programs, and policies; to assess the progress and impact of these efforts; to determine fiscally responsible use of resources; and to identify effective interventions for global dissemination and learning. The capacity to implement NCD surveillance varies greatly around the world and often is inadequate in low and middle-income countries (LMICs).

The purpose of this NOFO is to promote health, provide expertise and training to regions and countries across the globe to prevent and control non-communicable diseases, their risk factors, and related causes through effective regional, national and community health programs in collaboration with the recipient.

Activities that address NCD prevention and control are outlined as separate program-specific components in the NOFO. These components include: Component A: Global Pregnancy and Infant Registries and Birth Defects Prevention (Birth Defects); Component B: International Micronutrient Malnutrition Prevention and Control Program (IMMPaCt); Component C: Global Youth Tobacco Survey (GYTS); Component D: Global Cardiovascular Health Promotion (CVD); Component E: NCD Surveillance and the NCD Global Monitoring Framework and Global Action Plan.
Applicant may choose to apply for one or more components and will do so through a single application.

b. Statutory Authorities

Section 301(a) and section 307 of the Public Health Service Act (42 USC 241(a) and 242*l*)

c. Healthy People 2020

Global health: Improve public health and strengthen U.S. national security through global disease detection, response, prevention, and control strategies https://www.healthypeople.gov/2020/topics-objectives/topic/global-health

d. Other National Public Health Priorities and Strategies

This NOFO aligns with the CDC Global Health Strategy, 2012-2015, which includes under Goal 1 (Health Impact: Improve the Health and Well-being of People around the World), Objective 1.8: Reduce Burden of Non-communicable Diseases.

Activities in the NOFO also support the U.S. Department of Health and Human Service's Global Strategy. Specifically, it aligns with Strategy Objective 1: Enhance Global Health Surveillance and Objective 8: Address the Changing Global Pattern of Death, Illness and Disability. Both objectives specifically mention NCDs as part of their key priorities.

e. Relevant Work

This NOFO is the 4th cycle of 5-year global NCD cooperative agreements. Recipient will build on NCD prevention, surveillance and health promotion activities previously carried out under DP09-909 and GH14-1420 cooperative agreements.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Logic Model: Global Noncommunicable Disease Prevention and Health Promotion

The logic model below is a depiction of the NOFO's general approach. The strategies and outcomes of the logic model are stated broadly to capture the variety of activities and outcomes that are associated with the discrete projects (components) in this NOFO. Activities listed for each component can be associated with one or more strategies presented in the logic model.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Surveillance Support surveillance systems through surveys, data collection and reporting, monitoring and evaluation ofNoncommunicable Diseases (NCDs) **Generating Evidence** Generate scientific evidence and WHO guidelines for developing, implementing and scaling up interventions to prevent NCDs and its risk factors **Capacity Building** Utilize web-based training, technical exchange and mentorship and training modules to enhance workforce capacity **Partnerships** Develop and maintain internal, external, bi-lateral and multi-lateral partnerships to leverage existing platforms to address global NCDs.	· **Increased evidence of NCD prevalence, trends, and country-level needs in Low to Middle income countries (LMIC's)** · **Strengthened NCD surveillance and information systems** · **Increased implementation of effective strategies to prevent and control NCDs** · **Development and availability of standard training tools and guidelines to address NCDs** · **Enhanced local capacity for NCD surveillance and monitoring, evaluation, and program implementation** · **Strengthened collaborations with global partners** · Improved ability to identify and leverage new resources dedicated to addressing the global NCD burden	· **Increased awareness of NCDs in LMIC's** · **Improved NCD surveillance and monitoring systems** · LMIC's with public health strategic plans that address NCDs · Increased use of evidence-based guidelines, interventions, and programs · **Stronger data to use in setting priorities and decision making** · Increased availability of data on the effectiveness of ongoing prevention activities · Increased ability to track global progress to address NCDs	· **Sustained NCD surveillance systems** · Well- equipped workforce to address NCDs at the country level · **More effective utilization of resources at the country and global level** · **Sustained NCD prevention and control programs and initiatives** · **Increased recognition by high-level country leadership that NCDs are a critical public health priority** · **Decreases in NCDs and its risk factors morbidity and mortality**

i. Purpose

The purpose of this NOFO is to provide expertise and training to regions and countries across the globe to prevent and control non-communicable diseases, their risk factors, and related causes through effective regional, national and community health programs.

ii. Outcomes

As reflected in the logic model, the recipient is expected to show measureable progress made toward short-term, mid-term (intermediate) and long-term outcomes for this five-year project period. Below are the period of performance outcomes by discrete program area:

Component A

Global Pregnancy and Infant Registries and Birth Defects Prevention (Birth Defects)

Short-term outcomes:

- **Enhanced local capacity for pregnancy** and infant registries, birth defects monitoring, and evaluation
- **Development and availability of training tools and guidelines** to capture adverse maternal and infant outcomes, birth defects and to inform prevention efforts
- **Increased quantity and quality of data** related to adverse pregnancy and infant outcomes, birth defects prevalence, trends, and country-level needs in LMIC's

Intermediate outcomes:

- **Increased implementation of effective strategies to prevent** adverse pregnancy and infant outcomes, birth defects, especially neural tube defects
- **Increased awareness** of adverse pregnancy and infant outcomes/birth defects in LMIC's
- Peer reviewed publication and **dissemination of surveillance data**

Long-term outcomes:

- **Strengthened pregnancy and infant registries/birth defects surveillance and information systems** that are integrating into existing Ministry of Health data collection systems
- **Strengthened collaborations with global partners** engaged in promoting health and well-being of pregnant women and infants
- **Improved data quality and data utilization** to inform decision-making for folic acid fortification programs to prevent neural tube defects

Component B

Micronutrient Malnutrition Prevention and Control (IMMPaCt) program

Long-term outcomes:

  - **Strengthened and sustained global surveillance systems** particularly for nutrition.
  - **Resources used effectively** at country and global levels for sustained prevention and control programs and initiatives, particularly for NCD, primary prevention and improved nutrition.

- **Country leadership to demonstrate increased recognition** that reducing NCDs and improved nutrition are critical public health priorities.
- **Decrease in malnutrition, NCDs and NCD risk factors causing morbidity and mortality.**

Component C

Global Youth Tobacco Survey (GYTS)

Short-term Outcomes:

- **Strengthened NCD/tobacco surveillance and information systems** (across five of the six WHO Regions - The Regional office of the Americas (AMRO) is funded separately)
- **Increased implementation of effective strategies to prevent and control NCDs** (across five of the six WHO Regions – AMRO is funded separately). Specifically strategies related to the prevention and control of tobacco use.
- **Development and availability of standard training tools and guidelines** to address NCDs/tobacco (including the translation of developed trainings into various languages to increase global reach and comprehension);
- **Enhanced local capacity** for NCD/tobacco surveillance and monitoring, evaluation, and program implementation; and
- **Strengthened collaborations** with global partners.

Intermediate Outcomes:

- **Improved NCD/tobacco surveillance and monitoring systems**
- Stronger tobacco **data to use in setting priorities and decision-making**.

Long-term Outcomes:

- **Sustained NCD/tobacco surveillance systems**
- More **effective utilization of tobacco resources** at the country and global level.

Component D

Cardiovascular Disease (CVD) Health Promotion

The following short-term outcomes should be achieved:

- **Increased evidence** of NCD/cardiovascular disease prevalence, trends, and country-level needs in LMIC's
- **Strengthened cardiovascular disease surveillance and information systems**
- **Increased implementation of effective strategies** to prevent and control cardiovascular disease
- **Development and availability of standard training tools and guidelines** to address cardiovascular disease
- **Enhanced local capacity** for cardiovascular disease surveillance and monitoring, evaluation, and program implementation

- **Stronger global collaborations**

Intermediate Outcomes:

- **Increased awareness** of cardiovascular disease and its risk factors in LMIC's
- **Improved surveillance and monitoring systems** to reduce premature deaths from heart attacks and strokes
- **Stronger data to use** in setting priorities and decision making

Long-term outcomes:

- Sustained NCD/ cardiovascular disease surveillance systems
- **Increased recognition by high-level country leadership** that cardiovascular disease is a critical public health;
- **Decreases in** cardiovascular disease and its **risk factors, morbidity and mortality**

Component E

Noncommunicable Disease (NCD) Surveillance

Short-term Outcomes:

- **Increased evidence of NCD prevalence**, trends, and country-level needs in LMIC's
- **Strengthened NCD surveillance and information systems**

Intermediate outcomes

- **Increased awareness** of NCDs in LMIC's
- **Improved NCD surveillance and monitoring systems**

Long-term

Sustained NCD surveillance systems

iii. Strategies and Activities

While the activities for this NOFO span across many different funding streams and discrete program projects, all the strategies and activities broadly focus on the areas outlined in the logic model.

Component A

Birth Defects

Support surveillance systems through surveys, data collection and reporting, monitoring and evaluation of NCD :

- Support surveillance systems to monitor the impact of adverse pregnancy and infant outcomes (with a focus on birth defects) on communities and disseminate data for prevention and evaluation. Where possible, this surveillance capacity for birth defects

should be integrated into existing country level data collection systems.

- Provide, enhance, and maintain an online regional pregnancy and infant registry/birth defects surveillance system that provides ongoing, systematic collection, analysis, and evaluation of birth defects data
- Assess the quality of data sources, including describing how the quality of the data sources is assessed. This could include determining the relative contribution of cases from each source, determining the percent of missing data for key variables, and/or calculation of other quality metrics.
- Submit de-identified, de-duplicated individual level data to CDC for analysis via secure transmission, meeting CDC-specified data elements and deadlines. Recipients will complete the necessary requirements to gain access to the CDC secure network.
- Provide or enhance and maintain a database that systematically retrieves, manages and analyzes information on vitamin and mineral status among populations globally and provide resources to support this work at country and regional levels.

Generate scientific evidence for developing, implementing and scaling up interventions to prevent NCDs and its risk factors:

- Generate scientific evidence on frequency of adverse pregnancy and infant outcomes and birth defects and inform guidelines for developing, implementing and scaling up interventions to prevent birth defects, especially neural tube defects
- Provide guidance to countries and regions to support the development, expansion, and implementation of birth defects prevention and surveillance efforts
- Develop, implement and disseminate standard approaches for assessment, monitoring systems and communication planning related to pregnancy and infant surveillance, birth defects prevention, particularly neural tube defects

Utilize web-based training, technical exchange and mentorship and training modules to enhance workforce capacity:

- Utilize web-based and when necessary, in-person training, technical exchanges, and mentorship to enhance workforce capacity for pregnancy, infant and birth defects surveillance and prevention efforts
- Provide resources and tools to develop or enhance surveillance systems and data utilization

Develop and maintain internal, external, bi-lateral and multi-lateral partnerships to leverage existing platforms to address global NCDs.

- Develop and maintain internal, external, bi-lateral and multi-lateral partnerships to support pregnancy and infant surveillance, birth defects surveillance, especially neural tube defect prevention globally and in the South-East Asia Region

<u>Component B</u>

<u>IMMPaCt</u>

Support surveillance systems through surveys, data collection and reporting, monitoring

and evaluation of NCD :

The recipient will carry out and strengthen global nutrition surveillance including of laboratories that conduct vitamin and mineral analyses. Additional strategies and activities include updating global guidance to improve nutritional status, assessment, and implementation of effective policies and programs; and providing technical support to countries and strengthening partnerships to support improved global nutrition.

Component C

GYTS

Support surveillance systems through surveys, data collection and reporting, monitoring and evaluation of NCD:

- Support global tobacco prevention and control programs including surveillance, information management, and program approaches for tobacco prevention and control across five of the six Regions

Utilize web-based training, technical exchange and mentorship and training modules to enhance workforce capacity:

- In consultation with and technical support from the Global Tobacco Control Branch (GTCB/OSH), collaboratively plan and conduct global training and capacity building of in-country leadership regarding data collection and implementation of the Global Youth Tobacco Survey (GYTS) as well as appropriate interpretation and application of resulting data depending on country need and the permissible use of funds

Generate scientific evidence for developing, implementing and scaling up interventions to prevent NCDs and its risk factors:

- Utilize knowledge gained from the country-specific and regional surveillance and training activities to support the development and implementation of national tobacco prevention and control program plans of action

Develop and maintain internal, external, bi-lateral and multi-lateral partnerships to leverage existing platforms to address global NCDs:

- Assist in the development and implementation of strategies to engage and galvanize the principal organizations and partners of the United Nations (UN), non-governmental organizations (NGOs) and businesses in support of tobacco prevention and control.

Component D

CVD Health Promotion

Support surveillance systems through surveys, data collection and reporting, monitoring and evaluation of NCD:

- Strengthen NCD/ cardiovascular disease surveillance and information systems
- Develop and disseminate NCD/cardiovascular disease prevention and control guidelines

- Develop and disseminate NCD/ cardiovascular disease prevention information, such as evidence of effectiveness, standard and best practices, fact sheets, technical materials, manuscripts, and scientific presentations

Generate scientific evidence for developing, implementing and scaling up interventions to prevent NCDs and its risk factors:

- Conduct systematic reviews and review the evidence for effective strategies to prevent and control cardiovascular disease

Utilize web-based training, technical exchange and mentorship and training modules to enhance workforce capacity:

- Enhance local capacity and workforce to address cardiovascular disease by strengthening developing training materials, conducting trainings, and enhancing lab capacity

Develop and maintain internal, external, bi-lateral and multi-lateral partnerships to leverage existing platforms to address global NCDs:

- Build and strengthen collaborations with local and global partners who express interest in CVD health promotion initiatives

Component E

NCD Surveillance

Support surveillance systems through surveys, data collection and reporting, monitoring and evaluation of NCD:

- Evaluate countries capacity for surveillance in NCD's
- Conduct a workshops and prioritization exercises in LMIC's to identify areas for improvement and challenges in NCD surveillance
- Develop timelines and indicators applicable to NCD surveillance and monitor progress of activities

1. Collaborations

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

N/A

b. With organizations not funded by CDC:

Component A

Birth Defects

- Recipient shall collaborate with the World Health Organization's regional office in South East Asia in order to continue to advance ongoing pregnancy and infant

monitoring, birth defects surveillance and prevention work in the region.

- Recipient shall collaborate with the International Clearinghouse on Birth Defects Surveillance and Research and other regional (e.g., All India Institute of Medical Sciences) and global experts in birth defects identification, diagnosis, and/or surveillance as appropriate.
- Recipient shall foster and maintain collaborations with WHO Country offices and Ministries of Health in countries funded to conduct birth defects surveillance
- Recipient may collaborate with global or regional organizations and initiatives, such as the Flour Fortification Initiative, Nutrition International, the Global Alliance for Improved Nutrition, and the United States Agency for International Development, whose work supports prevention of birth defects or monitoring of blood folate concentrations.

Component B

IMMPaCt

- The recipient may collaborate with country officials and subject matter experts from universities; UN, bilateral or multilateral agencies that work in global nutrition and development; and technical advisory groups to achieve outcomes. These collaborations may be necessary to identify data sources for global nutrition surveillance; in order develop global guidance, recommendation and other technical resources.

Component C

GYTS

- Recipient will collaborate with AFRO, EMRO, WPRO, EURO and SEARO, to further the work in regional offices.

Component D and E

CVD Health Promotion and NCD surveillance

- Recipient is encouraged to build and expand collaborative relationships with strategic partners at the international and regional levels to achieve greater impact and sustainability, avoid duplication of efforts, leverage funds, and expand working relationships between ministries of health and education and WHO and CDC.
- Recipient should collaborate with experts at the regional, national, local level located, academic centers, clinical institutions, Ministries of Health and other governmental and non-governmental institutes and organizations whose work centers on prevention of NCDs.

2. Target Populations

Component A

Birth Defects

The target population for the proposed strategies and activities are countries and regions

worldwide that are seeking to build and/or expand pregnancy and infant registries, birth defects programmatic and surveillance capacity in support of birth defects surveillance and prevention initiatives. For birth defects surveillance implementation and capacity building activities, the target audiences are clinicians (primarily pediatricians, neonatologists, OB/GYNs, and nurses) and public health professionals who will be responsible for surveillance implementation

Inclusion: Recipient is encouraged to collaborate with organizations that serve individuals and families affected by neural tube defects and other birth defects.

Component B

IMMPaCt

The recipient will not be limited to working only with specific target populations, but may concentrate efforts among those most vulnerable to malnutrition including young children less than five years of age, women of reproductive age and adolescence.

Component C

GYTS

The target population for the proposed strategies and activities are countries and regions worldwide (excluding the AMRO Countries) that are seeking to build and or expand their tobacco control efforts.

Component D and E

CVD Health Promotion and NCD surveillance

Recipient will carry out activities in LMIC's in the areas of surveillance, monitoring and evaluation, capacity building and training to reduce deaths related to NCD's

a. Health Disparities

Federal disability rights laws apply to foreign assistance programs. Funded programs should consider including people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.), and ensure to the best of their ability that persons with disabilities are not discriminated against in hiring processes, and that facilities and communications are accessible.

The outcomes for IMMPact may benefit all populations worldwide but many products may be focused on those most vulnerable to malnutrition and vitamin and mineral deficiencies including young children less than five years of age, women of reproductive age and adolescents in low-income and middle-income countries. The recipient is also expected to work with any country expressing interest in implementing GYTS and assist in the development of in-country capacity when needed.

iv. Funding Strategy

Proposed period of performance funding amount is $25,000,000 with an average of $5,000,000 for each fiscal year. This is a multicomponent NOFO; the amounts of funding for each component are not related and will depend on the availability of funding by each of the CDC offices supporting those activities. The applicant may choose to apply for one or more

components through a single application.

Funds should used for personnel, travel, supplies and equipment, or contractual support for proposed activities.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Component A

Birth Defects

Proposed process measures/outputs (may include):

Support surveillance systems through surveys, data collection and reporting, monitoring and evaluation of NCD

- Cumulative number of surveys (national, regional or 1st administrative level) with indicators of folate status in the Micronutrients Database of the WHO Vitamin and Mineral Nutrition Information System (VMNIS)
- Number of birth defects surveillance training sessions and number of persons trained during the project period
- Number/frequency of facility (e.g., hospital) site visits for performance review by national or regional surveillance coordinators

Utilize web-based training, technical exchange and mentorship and training modules to enhance workforce capacity

- Number of new tools/documents/publications produced related to pregnancy and infant surveillance and birth defects surveillance and prevention during project period

Proposed outcome measures may include:

Support surveillance systems through surveys, data collection and reporting, monitoring and evaluation of NCD

- Pre-post test results from surveillance review meeting
- Regional, country, or facility level formal evaluation reports measuring consistency, completeness, accuracy, and timeliness of birth defects surveillance reporting

CDC may provide technical assistance to the recipient to scale up a process evaluation if requested and may assist in the conduct an outcome evaluation of the South-East Asia Regional Newborn Birth Defects surveillance system. CDC and the recipient shall use evaluation findings to assess the extent to which planned activities have been implemented and to inform program improvements.

Component B

IMMPaCt

Process measures for strategies and activities may include:

Support surveillance systems through surveys, data collection and reporting, monitoring and evaluation of NCD

- Continued maintenance and upgrade of the surveillance systems and the number of new surveys or laboratories or intervention indicators entered into the surveillance systems.

Generate scientific evidence and WHO guidelines for developing, implementing and scaling up interventions to prevent NCDs and its risk factors

- Number of systematic reviews and summaries of evidence used to develop guidance resources.
- Maintaining systems that make available evidence informed interventions and policies that are easily accessible and responding to questions and requests.

Develop and maintain internal, external, bi-lateral and multi-lateral partnerships to leverage existing platforms to address global NCDs

- To strengthen partnerships, process measures include joint participation in meetings, working groups, global technical advisory groups and conferences.

Proposed outcome measures may include:

Support surveillance systems through surveys, data collection and reporting, monitoring and evaluation of NCD

- Strengthened and improved surveillance systems for nutrition, laboratories and intervention indicators; publications of the global burden of disease for specific nutrition content; publications of resources to improve the quality and quantity of surveillance data.

Generate scientific evidence and WHO guidelines for developing, implementing and scaling up interventions to prevent NCDs and its risk factors

- Number of global guidelines and other resources published and downloaded; the number of countries with evidence informed policies and programs.

Review of process measures will inform whether strategies and activities need adjustment in order to achieve NOFO outcomes. These strategies should result in direct products, such as upgrade and sustained surveillance systems, guidelines and other technical resources that global and country leaders can use to make evidence informed decisions to reduce morbidity and mortality.

Component C

GYTS

Sustained NCD surveillance systems:

CDC will work with recipient to demonstrate program impact through process and outcome evaluation of tobacco funded activities. CDC will use process evaluation to assess the extent to

which planned activities have been implemented and lead to feasible and sustainable outcomes relating to GYTS implementation, completion and application of results. CDC will use outcome evaluation to assess whether funded activities are leading to intended outcomes.

CDC will work with the recipient to receive feedback from low- and middle-income countries on the utility of the activities and to identify areas for quality improvement. Performance measurement will be determined by the recipient's ability to meet established timelines and quality indicators.

Component D and E

CVD Health Promotion and NCD surveillance

CDC will use evaluate recipients achievements and progress towards the objectives of the cooperative agreement. The project as a whole and its components will be subject to ongoing monitoring and evaluation. An annual progress report will be submitted to CDC highlighting activities, achievements, challenges as well as impact within 90 days of the end of the budget period.

Output measures may include:

Utilize web-based training, technical exchange and mentorship and training modules to enhance workforce capacity

- Number of regional (or sub regional) workshops conducted and a report for each drafted
- Training materials developed and disseminated

Generate scientific evidence and WHO guidelines for developing, implementing and scaling up interventions to prevent NCDs and its risk factors:

- **Generation of data to inform strategies on NCD prevention and health promotion**

Develop and maintain internal, external, bi-lateral and multi-lateral partnerships to leverage existing platforms to address global NCDs:

- Development of new or strengthening of existing partnerships for CVD program scale up

ii. Applicant Evaluation and Performance Measurement Plan

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

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

data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Recipient must:

- Have experience in program and performance management, evaluation, performance monitoring, financial reporting, management of travel requirements, development of staffing plans, workforce development and training, management of direct assistance, and development of sustainability plans.
- Describe how its agency is structured; who will have management authority over the project, and provide an organizational chart that identifies lines of authority.
- Describe its experience convening regional Data Analysis, Implementation and Reporting Workshops.
- Describe its experience providing expert guidance and consultation to regions and countries on survey planning, implementation, and data analysis and reporting.
- Describe its experience coordinating activities with other relevant operating units, agencies, organizations, and individuals to facilitate implementation and sustainability.
- Describe its experience developing scientific manuscripts, conference presentations, and other products to facilitate dissemination
- Describe its experience securing additional resources in support of implementation and sustainability
- Describe potential barriers to successful implementation of required activities and how recipient will overcome the barriers.

d. Work Plan

The applicant should describe a detailed work plan that covers the period of performance and a high-level plan for subsequent years for each of the program areas. The work plan should describe how the applicant plans to implement all of the activities and achieve NOFO outcomes.

At a minimum, the work plan demonstrates how the outcomes, strategies, activities, timelines, and staffing/collaborations work together. Additional information on performance measures, data sources, and target population can also be included. At the end of the budget year, recipient will be expected to report on the extent to which proposed short-term objectives have been achieved; the progress of any products against established schedules and indicators; the efficiency and effectiveness of project implementation; the short and long term sustainability of the results; and any measurable impact.

Work plans should align with the activities and outcomes described in the logic model. Work plans also need to include the additional components and planning activities listed below:

Work plans also need to include the additional components and planning activities listed below:

- Include 5-year project outline with activities in support of the outcomes. Include appropriate strategies, data sources, process measures or milestones for accomplishing tasks, and identify the person responsible for accomplishing the program activities.
- Describe administrative roles and functions to support implementation of the award, and assessment processes to ensure successful implementation and quality assurance.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

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

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

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

Monitoring and reporting activities that assist grants management staff (e.g., grants management

officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

The CDC will provide ongoing feedback on performance to the recipient during scheduled calls and in-person meetings.
Monitoring and accountability (programmatic and financial) will occur through frequent performance updates; development and review of the status of budget and annual work plans; and adjustment of work plans as needed to achieve expected outcomes.

Component A

Birth Defects

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

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

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

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

The program's priority performance measures for tracking progress include the following:

- Conference calls (every two weeks when possible, and no less frequently than monthly) with recipient to report on progress, share successes, discuss challenges, and jointly propose solutions
- Monthly written update of the work plan to report on progress and any deviations from work plan
- Annual kick-off meeting and mid-year review meeting to be held in-person when possible

The CDC will provide ongoing feedback on performance to the recipient during scheduled calls and in-person meetings.

Component B

IMMPaCt

Monitoring and accountability (programmatic and financial) will occur through joint participation in quarterly update calls; development and review of the status of annual work plans; and adjustment of work plans as needed to achieve expected outcomes.

Component C

GYTS

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). The HHS Grants Policy Administration Manual (GPAM) specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

- Tracking recipient's progress in achieving the desired outcomes.
- Insuring the adequacy of recipient systems that underlie and generate data reports
- Creating an environment that fosters integrity in program performance and resultsMonitoring may also include the following activities:
- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve objectives within stated timelines.
- Working with recipients on adjusting the work plan based on achievement of objectives and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.

These may include monitoring and reporting activities as outlined in the Federal Government AAGAM 2.01.101-7 C. 1. and 2. that assists grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

Component D and E

CVD Health Promotion and NCD surveillance

Monitoring and accountability (programmatic and financial) will occur through joint participation in conference calls; review of the status of annual work plans and budget; and adjustment of work plans as needed to achieve expected outcomes.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

Component A

Birth Defects

- CDC will work with recipient to share strategies and lessons learned to improve pregnancy and infant monitoring, birth defects surveillance and prevention efforts
- CDC will provide advice on data sharing and reporting requirements, and help ensure

the necessary steps are taken for timely implementation.

Component B
IMMPaCT

- The IMMPaCt program at CDC as well as other subject matter experts in nutritional health will collaborate with the recipient to achieve the expected outcomes. For example are experts in malaria and infectious diseases, birth defects, or CDC laboratories that specialize in the analysis of vitamins and minerals.

Component C
GYTS

- CDC-funded programs (including, but not limited to AMRO) will work closely with the recipient to implement all tobacco strategies and activities, particularly the technical areas including providing expert guidance and consultation and developing scientific manuscripts and other dissemination products.

Component D and E
CVD Health Promotion and NCD surveillance

- The project officer will work closely with the recipient to implement all strategies and activities, particularly technical areas including providing expert guidance and consultation and developing scientific manuscripts and other products for dissemination.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism: E11 Grants for Public Health Special	E11
3. Fiscal Year:	2019
4. Approximate Total Fiscal Year Funding:	$5,000,000
5. Approximate Period of Performance Funding:	$25,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$25,000,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	$5,000,000 Per Budget Period

9. Award Ceiling: $0 Per Project Period

This amount is subject to the availability of funds.

There is not an overall ceiling or component specific ceiling for this NOFO.

10. Award Floor: $0 Per Project Period

There is not an overall floor or component specific floor for this NOFO.

11. Estimated Award Date: 08/15/2019

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

Direct Assistance (DA) is available through this NOFO.

Direct assistance (DA) may be used for personnel only. Consistent with the statutory authority cited in this NOFO, an applicant may request that the Centers for Disease Control and Prevention (CDC) or Agency for Toxic Substances Disease Registry (ATSDR) provide direct assistance (DA) as a part of the grant awarded through this notice of funding opportunity. If your request for direct assistance is approved as a part of your award, CDC or ATSDR, in accordance with the cited statutory authority, may reduce the amount of funding provided directly to you as a part of your award by the amount of the DA provided. Any amount by which your award is reduced to provide DA shall be deemed as part of the total award and shall be deemed to have been paid to you, the recipient.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

2. Additional Information on Eligibility

The World Health Organization (WHO) is the only eligible applicant for this NOFO. No other applications will be solicited.

3. Justification for Less than Maximum Competition

The World Health Organization (WHO) has a unique position among the world's health agencies as the technical agency for health within the United Nations with access to all national health promotion and disease prevention programs and potential surveillance sites through its six regional offices located in Washington, DC; Copenhagen, Denmark; Cairo Egypt; Congo; New Delhi, India; and Manila, Philippines.

- WHO is the only international and intergovernmental agency qualified to conduct activities under this cooperative agreement because:

- WHO is an international public health agency that works to improve health and living standards globally.
- WHO and its Regional Offices are at the apex of global public health organizations and have an exclusive status as the United States government's key partners for global public health.
- WHO is uniquely qualified to conduct and coordinate the surveillance activities, policy and programmatic initiatives that have specific relevance to the objectives of this program announcement and which have a potential to advance knowledge that benefits the Unites States.
- WHO collaborates with other international organizations and works to accomplish its mission by disseminating information and expertise related to effective school health programs that significantly reduce the leading causes of death, disease and disability among youth.
- WHO offers special opportunities for furthering behavioral risk factors surveillance efforts through the use of unique talent resources, populations or environmental conditions in other countries that are not readily available in the United States.

The new activities will build on the following CDC-funded activities.

- Upgrade, expand and maintain vitamin and mineral nutrition information systems and other surveillance systems aimed at monitoring the vitamin and mineral and nutritional status of populations globally and used for developing global estimates of deficiency and disease.
- Develop nutrition surveillance system models for application in specific countries.
- Support global tobacco prevention and control programs including surveillance, training, information management, and program approaches for tobacco prevention and control.
- Utilize knowledge gained from the regional surveillance and training activities to support within each of the six WHO regions and the Member States within each Region the development and implementation of national tobacco prevention and control program plans of action.
- Assist in the development and implementation of strategies to engage and galvanize the principal organizations of the United Nations (UN), non-governmental organizations (NGOs) and businesses in support of tobacco prevention and control.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this NOFO, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

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.

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

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **03/25/2019** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

N/A

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

Risk Assessment Questionnaire Requirement
CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A letter of intent is not applicable to this Notice of Funding Opportunity.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The

Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

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

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

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

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current

negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

CDC will provide funding support for the execution of activities resulting in outcomes, as stated above. Funds should be utilized for personnel, travel, supplies and equipment, or contractual support for proposed activities.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant

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

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

17. Funding Restrictions

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

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

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- 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/additionalrequirements/ar-35.html).

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission:
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.
If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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

CDC.

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

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

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.
An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach — Maximum Points:40

Evaluate the extent to which:

- The overall strategy is consistent with the program logic model/outcomes
- The proposed strategies/activities will help strengthen surveillance systems through surveys, data collection and reporting, monitoring and evaluation of NCDs
- The proposed strategies/activities will help generate scientific evidence for developing, implementing and scaling up interventions to prevent NCDs and its risk factors
- The proposed strategies/activities will use web-based training, technical exchange and mentorship and training modules to enhance workforce capacity
- The recipient will develop and maintain internal, external, bi-lateral and multi-lateral partnerships to leverage existing platforms to address global NCDs

ii. Evaluation and Performance Measurement — Maximum Points:30

To what extent did the applicant describe:

• Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan and other relevant data information.
• How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
• How key program partners will participate in the evaluation and performance measurement planning processes.

Where the applicant is expected to take on specific evaluation studies, to what extent did the

applicant:

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

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:30

To what extent does the applicant demonstrate the following:

• Experience in program and performance management, evaluation, performance monitoring, financial reporting, management of travel requirements, development of staffing plans, management of direct assistance, and development of sustainability plans.
• Describes how its agency is structured; who will have management authority over the project, and provide an organizational chart that identifies lines of authority.
• Describes its experience providing expert guidance and consultation to regions and countries on survey planning, implementation, and data analysis and reporting.
• Describes its experience developing scientific manuscripts, conference presentations, and other products to facilitate dissemination
• Describe to what extent the recipient will use workforce development and training, development and implementation of technical tools and coordinating with MoHs strengthen local capacity.
• Describes its experience coordinating activities with other relevant operating units, agencies, organizations, and individuals to facilitate implementation and sustainability.

Budget

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies

c. Phase III Review

N/A

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

and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

8/15/2019

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

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

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

Report	When?	Required?

Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly	Yes

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

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

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

N/A

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory

Report, Final Invention Statement).

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

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

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be

submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Mame Afua Akyeampong, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road

Atlanta, GA 30333

Telephone: (678) 488-5967
Email: knn8@cdc.gov

Grants Staff Contact

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

Rhonda Latimer , Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd

Atlanta, GA 30341

Telephone: (770) 488-1647
Email: RDLatimer@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: ogstims@cdc.gov

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A

- Funding Preference Deliverables

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assitance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but

by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

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

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

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

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

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

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

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

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

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient

organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

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

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

representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of

the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms