

Centers for Disease Control

Office for State, Tribal, Local and Territorial Support

Technical Assistance for Response to Public Health or Healthcare Crises
CDC-RFA-OT18-1804
Application Due Date: 03/16/2018

Technical Assistance for Response to Public Health or Healthcare Crises
CDC-RFA-OT18-1804
TABLE OF CONTENTS

Part I. Overview Information
- A. Federal Agency Name
- B. Funding Opportunity Title
- C. Announcement Type
- D. Agency Funding Opportunity Number
- E. Catalog of Federal Domestic Assistance (CFDA) Number
- F. Dates
- G. Executive Summary

Part II. Full Text
- A. Funding Opportunity Description
- B. Award Information
- C. Eligibility Information
- D. Application and Submission Information
- E. Review and Selection Process
- F. Award Administration Information
- G. Agency Contacts
- H. Other Information
- I. Glossary

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-OT18-1804. 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:

Technical Assistance for Response to Public Health or Healthcare Crises

C. Announcement Type: New - Type 1

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

New

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-1804

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.391

F. Dates:

1. Due Date for Letter of Intent (LOI):	**01/30/2018**
2. Due Date for Applications:	**03/16/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

Open, continuous with the next application due date being March 16, 2018

NOTE: CDC may establish ad hoc due dates based on the needs of the crisis, e.g., to meet unanticipated issue related to a public health emergency and/or to allow impacted eligible applicants that missed the cut off date to submit an application for consideration.

Allows for a 60 day application period with an announcement date of January 16, 2018.

Letters of Intent (LOI) are not required but are strongly suggested. LOI should be submitted by email to OSTLTSCrisisNOFO@cdc.gov no later than midnight ET on 1/30/2018.

3. Date for Informational Conference Call:

The Information Conference Calls will be held Monday 2/12/2018 from 3:30-5:00pm EST and Tuesday 2/13/2018 from 2:30-4:00pm EST. The dial-in information for the Information Conference Calls will be posted to https://www.cdc.gov/stltpublichealth/partnerships/index.html NLT Friday 2/2/2018.

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Information Conference Calls. Due

to the volume and variety of questions anticipated, applicants are encouraged to submit questions to OSTLTSCrisisNOFO@cdc.gov by Tuesday, February 6, 2018.

G. Executive Summary:

1. Summary Paragraph:

CDC will strengthen the U.S. public health system's response to public health or healthcare crises by funding organizations to provide expert technical assistance and other forms of support to entities engaged in a public health or healthcare crisis.

The purpose of this NOFO is (1) to establish a pool of organizations capable of rapidly providing essential expertise to parties involved in an emergency response, and (2) to fund select awardees to provide that support, when required, based on determination of need. The awardee will function as a rapid provider of information and/or resources, as well as a coordinator of the project management components involved. While it is impossible to foresee which parties (or types of parties) the awardee would support, examples could include governmental health departments, other governmental departments, hospitals or hospital systems, governors' offices, charitable and other non-profit organizations, or commercial partners.

a. Eligible Applicants: Open Competition

b. NOFO Type: Cooperative Agreement

c. Approximate Number of Awards: 10

The nature of the events that would trigger CDC to activate this NOFO make it difficult to project: (a) the per-award funding amount that would be made available, (b) the number of awards needed, and (c) the length of time required to accomplish intended objectives (i.e., the budget period for those awards). However, for the purposes of planning, CDC proposes a total performance period of 24 months, with an estimated total award amount of $3,000,000 over that period of time. Within that period, CDC estimates 10 individual awards, with an average award amount of $300,000, and two budget periods of 12 months each. The actual numbers of awards, award amounts, and lengths of budget period may vary substantially from these estimates depending on circumstances.

Any longer-term recovery needs exceeding 24 months in length (such as for an outbreak that shifts from an epidemic to an endemic nature) would be addressed by other NOFOs, as appropriate.

d. Total Period of Performance Funding: $3,000,000

The nature of the events that would trigger CDC to activate this NOFO make it difficult to project: (a) the total funding amount that would be made available, (b) the number of awards needed, and (c) the length of time required to accomplish intended objectives. As a result, CDC will utilize a highly temporary funding approach. Specifically, this NOFO will fund only urgently-needed, time-critical activities using budget periods of 60 days at a time. If, after initial award, the agency determines that additional time is required to accomplish objectives, a supplemental will be awarded for another 60 days (to be repeated as deemed necessary by the agency).

Any longer-term recovery needs (such as for an outbreak that shifts from an epidemic to an endemic nature) would be addressed by other NOFOs, as appropriate. However, for the purposes of planning, CDC has proposed an amount of up to $3,000,000 for the total 24-month

performance period.

e. Average One Year Award Amount: $300,000

The nature of the events that would trigger CDC to activate this NOFO make it difficult to project: (a) the per-award funding amount that would be made available, (b) the number of awards needed, and (c) the length of time required to accomplish intended objectives (i.e., the budget period for those awards). However, for the purposes of planning, CDC proposes a total performance period of 24 months, with an estimated total award amount of $3,000,000 over that period of time. Within that period, CDC estimates 10 individual awards, with an average award amount of $300,000, and two budget periods of 12 months each. The actual numbers of awards, award amounts, and lengths of budget period may vary substantially from these estimates depending on circumstances.

Any longer-term recovery needs exceeding 24 months in length (such as for an outbreak that shifts from an epidemic to an endemic nature) would be addressed by other NOFOs, as appropriate.

f. Total Period of Performance Length: 2

g. Estimated Award Date: 06/01/2018

h. Cost Sharing and / or Matching Requirements: N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, 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

CDC will strengthen the U.S. public health system's response to public health or healthcare crises by funding organizations to provide expert technical assistance and other forms of support to entities engaged in a public health or healthcare crisis.

Awardees will perform activities in the following two strategy domains:

STRATEGY 1: Ensure Effective Process Implementation

Process is a critical success factor in response efforts, where lives may depend on the speed of a transaction, placement of personnel, or delivery of equipment. Awardees must have strength in and be able to effectively perform the activities associated with each of the following process areas:

- **Expedited Procurement** (ability to supersede normal acquisition procedures to accelerate delivery);
- **Agile Administration & Operations** (ability to react to requests, develop plans, deploy resources, and perform administrative actions quickly and with highly-coordinated

communication); and
- **Strategic Partnering** (access to and the ability to rapidly engage multi-sector partners to amplify, augment or otherwise improve response efforts).

STRATEGY 2: Provide Critical Content Expertise

The awardee's strength in process implementation (addressed by Strategy 1) serves as the foundation for delivering critical content expertise. Applicants must have demonstrated strength in and be able to provide support in one or more of the following content areas:

- **Administrative Logistics** (travel, transportation, shipping, printing, transcription, convenings and event planning, small purchases, etc.);
- **Communications** (situational awareness, risk communications, media support, project monitoring and reporting, cultural and lingual translation, graphics, writing/editing, training development and delivery, etc.)
- **Human Resources & Specialized Expertise** (recruiting, hiring, general staff augmentation, payroll, onboarding, orientation, and acquisition of specialized expertise, including but not limited to epidemiology, entomology, infectious disease, environmental health, emergency response, etc.)
- **Direct Services** ("Direct Services" here does not mean the provision of care; rather, it refers to an awardee performing specific emergency response activities on behalf of a third party, because of a gap in that third party's capabilities, and because CDC has determined that this gap threatens the effectiveness of the response as a whole)

CDC will use applicants' submissions (particularly the "Strategies and Activities" section) to inventory their capabilities in a database. In the event of a crisis, CDC will use that system to identify potential awardees based on the needs associated with the scenario(s) or threat(s) at hand.

This NOFO is designed to collect responsive proposals from eligible applicants and retain them as "approved but unfunded" (ABU) until a crisis occurs. Specifically, CDC will only make funding available once the agency determines that a public health emergency response is needed. At that time, depending on the nature of the scenario, specific applicants and specific components of their applications will be selected for funding. These funding decisions will take into account various relevant factors such as geographic location, expectations of spread (e.g., with infectious disease-related emergencies), applicant's capabilities, national priorities, impact of the emergency on an eligible jurisdiction, and target populations, etc.

b. Statutory Authorities

This program is authorized under section 311(c)(1) of the Public Health Service Act (42 U.S.C. section 243(c)(1)), subject to available funding and other requirements and limitations.

c. Healthy People 2020

This program addresses the "Healthy People 2020" (http://www.healthypeople.gov) focus areas of "Preparedness" (https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness) and "Immunization and Infectious Diseases" (https://www.healthypeople.gov/2020/topics-objec

tives/topic/immunization-and-infectious-diseases).

d. Other National Public Health Priorities and Strategies

National Health Security Strategy of the United States of America (NHSS), Global Health Security Agenda, International Health Regulations

e. Relevant Work

CDC provides funding and technical assistance to public health agencies nationwide to build and strengthen their abilities to plan, prepare, respond, mitigate, and prevent public health problems and threats. A variety of cooperative agreements for public health emergencies including, but not limited to the Public Health Emergency Preparedness (PHEP) program (CDC-RFA-TP12-1201, and CDC-RFA- TP17-1701**)**, and the Epidemiology and Laboratory Capacity (ELC) program (CK14-1401PPHF**)** etc., provide separate funding mechanisms to support capacity-building, planning, preparedness, and response to public health problems, including emergencies such as pandemic events. Additionally, CDC provides scientific guidance, direct technical assistance and coordination for jurisdictional public health authorities and other organizations to prepare and respond to public health problems, including specific emergencies/events.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
PROVIDING EFFECTIVE PROCESS IMPLEMENTATION • Expedited Procurement • Agile Administration & Operations • Strategic Partnering PROVIDING CRITICAL CONTENT EXPERTISE • Administrative Logistics	• **Support OCCURRED ON TIME** • **Support MET SPECIFICATIONS**	• **Support FULFILLED THE REQUEST**	• Support improved the effectiveness and efficiency of the public health department(s)? response.

• Communications • Human Resources & Specialized Expertise • Direct Services			

i. Purpose

This NOFO will (1) establish a pool of organizations capable of rapidly providing essential expertise to parties involved in an emergency response, and (2) fund select awardees to provide that support, when required. While it is impossible to foresee which parties (or types of parties) the awardee would support, examples could include governmental health departments, other governmental departments, hospitals or hospital systems, governors' offices, charitable and other non-profit organizations, or commercial partners.

ii. Outcomes

The goal of this NOFO is to strengthen the U.S. public health system?s response to public health or healthcare crises by providing specialized support to State, Tribal, Local and Territorial health departments (STLTs) when engaged in a response. Awardees will advance that goal by performing activities that achieve the following short term, mid-term and long term outcomes.

Short Term:

- **Awardee's support OCCURRED ON TIME** ***(e.g, specialist needed by Wednesday)***
- **Awardee's support MET SPECIFICATIONS** ***(e.g., specialist must have Medical Entomology degree)***

Mid-Term:

- **Awardee's support FULFILLED THE REQUEST (e.g., Medical Entomologist wrote vector control plan, supervised spraying activity, conducted post-op evaluation, and wrote and disseminated evaluation report)**

Long-Term:

- Awardee's support improved the effectiveness and efficiency of the public health departments' response.

iii. Strategies and Activities

The uncertain nature of emergencies make this announcement a difficult one for applicants to respond to. Therefore, before addressing strategies and activities, this NOFO will briefly describe the unique nature of the NOFO's design as well as the approach by which the agency expects to implement it. Both of those factors affect CDC's expectations for the narrative content that applicants will provide in the Strategies and Activities section of their application, as well as in

related sections. This information will include guidance for preparing the budget portion of the application.

This NOFO is designed to collect responsive proposals from eligible applicants and retain them as "approved but unfunded" (ABU) until a crisis occurs. Specifically, CDC will only make funding available once the agency determines that a public health emergency response is needed. At that time, depending on the nature of the scenario, specific applicants and specific components of their applications will be selected for funding. These funding decisions will take into account various relevant factors such as geographic location, expectations of spread (e.g., with infectious disease-related emergencies), applicant's capabilities, national priorities, impact of the emergency on an eligible jurisdiction, and target populations.

Given the obvious difficulty applicants face in preparing an application for events that haven't occurred yet, CDC expects your *initial* application to focus more on identifying and describing your capabilities, and less on detailing plans for activities, evaluation and performance measurement. As such, CDC anticipates more specificity in your program narrative sections (e.g., Background, Purpose, Strategies and Activities, Collaborations and Organizational Capacity of Applicant), and more generality in the evaluative and numeric sections (e.g., Outcomes, Applicant Evaluation and Performance Measurement Plan, Work Plan, and Budget Narrative). Again, these expectations apply to your *initial* application. If, in the event of a crisis, the agency selects you for award, CDC program staff will request a detailed, revised work plan and budget, and work with you to develop specific outcome and performance measures tailored to the scenario(s) at hand.

Therefore, rather than detailing specific activities in the Strategies and Activities section of your application, applicants should use this section to identify and provide a detailed description of their organization's capabilities in relation to the needs outlined in the Logic Model, and enumerated below. Applicants should present a complete picture of their strengths and abilities, as CDC will rely heavily on that narrative to assess whether their capability portfolio is a match for the characteristics of a given response.

When identifying and describing their capabilities, as discussed above, CDC encourages applicants to consider where and how they might collaborate with CDC and utilize the agency's in-house expertise and resources to supplement their own. Those resources might include evidence-based guidance documents, agency recommendations, online training resources and/or other health communications materials. For example, the "CDC Train" learning management system (https://cdc.train.org/DesktopShell.aspx) is a free, online and rapidly-accessible way to train workforce in many competency areas. Additionally, the agency's Division of Laboratory Systems and Division of Scientific Education and Professional Development provide laboratory training in a variety of competency areas, including safety and preparedness, and could be a useful resource for awardees to consider leveraging if factors dictate. These are just a few examples of existing resources awardees could leverage to multiply the support they provide to governmental health departments.

When preparing the "Budget Narrative" section of the application, applicants should keep in mind that CDC will use this information as reference only, for the purpose of understanding how your organization might go about performing the work requested. The Budget Narrative is not scored as part of the review and selection process. As such, the dollar amounts you propose will not be evaluated as good or bad; rather, your approach will be considered as an indication of your

readiness for and ability to perform the work described. Should you be selected, CDC program staff will work with you to refine, expand the budget as necessary. When preparing your budget, please follow the below guidance:

1. Plan for a budget period of 12 months (even though actual circumstances could result in a period that is shorter or longer).

2. Plan for the following scenario (even though the actual scenario under which you may be selected could bear no similarity to this one): A public health crisis of undetermined nature has occurred and CDC has awarded your organization funds to (1) mobilize a team of experts to perform an assessment of the situation and associated threats, (2) prepare recommendations for actions to be taken, (3) present those actions to CDC program staff and (4) provide follow-up consultation as needed to CDC programs and/or other entities involved in the response.

As noted in the Logic Model, the grantee will perform activities to provide effective process implementation (Strategy 1) and critical content expertise (Strategy 2) to STLT health departments when responding to a public health or healthcare crisis. Potential activities include but are not limited to those described below.

Strategy 1: Providing Effective Process Implementation

Process is a critical success factor in response efforts, where lives may depend on the speed of a transaction, placement of personnel, or delivery of equipment. Awardees must have strength in and be able to effectively perform the activities associated with each of the following process areas:

Expedited Procurement

This area ensures awardees can procure response-related products or services substantially faster than traditional timelines allow. Applicants should explain their level of onboard experience and expertise in writing, negotiating and executing expedited contracts or other funding agreements, and demonstrate their ability to supersede normal acquisition procedures and timelines without compromising end quality. Reference relevant staff qualifications, internal policies, and examples of past experience.

Agile Administration & Operations

This area ensures awardees have a nimble and responsive operational structure and workforce, capable of supporting rapid action upon request. Applicants should demonstrate their ability to react to requests, develop plans, deploy resources, and perform administrative actions quickly and with highly-coordinated communication. Reference relevant management practices, organization charts, resumes/CVs, and examples of past experience.

Strategic Partnering

This area ensures awardees have the ability to increase the effectiveness and efficiency of a response by partnering with external organizations, when possible, to amplify or augment

response efforts. Applicants should describe the breadth and nature of their current network, reference notable collaborations and achievements, and demonstrate the extent of their relationships with or access to partners across sectors (i.e., public, corporate, charitable, and academic, etc.). Reference relevant MOUs or other arrangements and agreements, as well as examples of past experience.

-

STRATEGY 2: Provide Critical Content Expertise

The awardee's strength in *process implementation* (as discussed above) will serve as the foundation for the NOFO's second strategic focus: delivering critical content expertise. Applicants will provide support to governmental health entities in one or more of the following content areas:

Administrative Logistics This area ensures governmental health entities are able to maintain an effective level of administrative functionality during a response, with the goal of preventing delays and other adverse impacts. Applicants should describe the level of their experience and expertise in providing travel, transportation, shipping, printing, transcription, event planning, and purchasing (e.g., supplies and equipment) support, and should indicate whether resources are onboard or will be obtained through a partner or vendor.

Communications This area ensures governmental entities are able to maintain an effective level of communications functionality during a response. Applicants should describe the level of their experience and expertise in coordinating or implementing the following: situational awareness, risk communications, media support, project monitoring and reporting, cultural and lingual translation, graphics, writing/editing, and developing in-time training for specific threats or scenarios, and should indicate whether resources are onboard or will be obtained through a partner or vendor.

Human Resources & Specialized Expertise This area ensures governmental entities are able to acquire or maintain the staff volume and expertise required to meet response demands. Applicants should describe the level of their expertise and experience in recruiting and hiring for general staff augmentation, recruiting and hiring for specialized medical, scientific or emergency management expertise, and should indicate whether resources are onboard or would be obtained through a partner or vendor.

Direct Services This area ensures governmental entities are able to perform appropriate direct services when needed and to the specifications required. Applicants should describe their experience providing or supporting the provision of direct emergency response services, providing specific examples.

Again, if the applicant is funded, the Program Office will provide details related to the emergency involved and the types of support needed. The applicant will then provide a revised workplan, budget narrative, evaluation, and performance improvement plan, all of which will be specific to the details provided.

1. Collaborations

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

Recipients will collaborate with other CDC Programs and Centers, Institutes, and Offices (CIOs) to ensure that activities and funding are coordinated with, complementary to and not duplicative of efforts supported under other CDC programs such as PHEP and ELC.

During any particular emergency funded under this NOFO, recipients will be expected to collaborate closely with CDC incident management and involved program SME staff, as well as other organizations funded by CDC to address emergency response, including neighboring state and local health departments, sub-jurisdictional entities, tribes, territories, state or local public health organizations, national public health organizations (such as the Association of Public Health Laboratories, Association of State and Territorial Health Officials, Council of State & Territorial Epidemiologists, Association of Schools of Public Health, etc.), other local or regional institutions (e.g., clinical and healthcare institutions) or businesses (e.g., equipment/supply vendors, vector control vendors, etc.).

Where needed, recipients should ask CDC to identify funded partners with whom they might collaborate. For example, in an environmental health emergency, the recipient might work with staff in the National Center for Environmental Health to determine appropriate partners with whom to consult, depending on the nature of the response. Similar examples would apply to infectious disease, biochemical agent or other threat scenarios, etc.

b. With organizations not funded by CDC:

Recipients will collaborate with programs external to and not funded by CDC, with respect to their role in implementing the program strategies outlined in this NOFO. These entities may include State, Tribal, Local and/or Territorial health department jurisdictions; foundations and charitable organizations; other non-profit organizations; or commercial entities. These types of collaborations allow for more efficient use of existing resources and exchange of information among experts working in various areas of public health and other sectors. Recipients are encouraged to use evidence-based collaboration models (e.g., PRECEDE/PROCEED model (http://www.lgreen.net/precede.htm) or Mobilizing for Action through Planning and Partnerships [MAPP] http://www.naccho.org/topics/infrastructure/mapp/framework/ as appropriate.

Recipients are encouraged to partner with other federal agencies and programs, including but not limited to the Hospital Preparedness Program (HPP) administered by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), and other grants and programs directed, managed and/or supported by Department of Homeland Security (DHS), the Federal Emergency Management Agency (FEMA), and the Department of Agriculture and other federal departments impacted or potentially impacted by the public health emergency for which funds will be made available under this NOFO.

No formal MOUs are required.

2. Target Populations

Target populations will vary depending on the particular public health emergency(ies) funded under this NOFO. If selected, awardees will be expected to address appropriate target populations as a part of the action plan they develop in coordination with CDC. CDC program staff will provide guidance as needed.

a. Health Disparities

If selected, awardees will be expected to address and be inclusive of underserved and/or vulnerable populations that may be directly impacted or have increased risk for various public health emergencies, including but not limited to populations with disabilities; ESOL populations; rural populations; lesbian, gay, bisexual, and transgender (LGBT) populations; people with limited health literacy; immunocompromised persons; and/or populations that may otherwise be overlooked by the program. CDC program staff will provide guidance as needed.

iv. Funding Strategy

This NOFO is designed to collect proposals from eligible applicants and retain them as "approved but unfunded" (ABU) until a crisis occurs. Specifically, CDC will only make funding available once the agency determines that a public health emergency response is needed. At that time, depending on the nature of the emergency, specific applicants and specific components of their applications will be selected for funding. These funding decisions will take into account various relevant factors such as geographic location of the emergency, expectations of spread (e.g., with infectious disease-related emergencies), applicant's capabilities, national priorities, impact of the emergency on an eligible jurisdiction, and target populations, etc.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and Performance Measure Strategy

As noted in the Executive Summary, we expect the Evaluation and Performance Measure Strategy section of your *initial* application to be high-level. If we select you for future award, we will request a revised work plan and budget that includes an appropriate evaluation and performance measurement plan.

CDC will use the following strategy to measure performance under the NOFO: (1) process evaluation to assess the extent to which NOFO activities were implemented as planned; and (2) outcome evaluation to determine whether those activities led to the expected short-term and mid-term outcomes. While CDC's requirements for an evaluation strategy will depend on the nature of the response involved, applicants may expect the following general evaluation approach to be applied:

Strategy/Activity	Process Measure	Outcome Measure
1. Expedited procurement	# of provisions of support that involved expedited procurement	Did procurement expertise reduce delays, reduce cost, eliminate obstacles, result in improved terms or strengthened capabilities, or realize other efficiencies that improved the effectiveness of the response?
2. Agile administration & operations	# of provisions of support in which operational agility played a determining role	Did operational agility enable swift engagement with stakeholders, expedited planning, rapid deployment, well-coordinated communication, quick turnaround on workplan and budget revisions, timely development of action plans or other efficiencies that improved the effectiveness of the response?
3. Strategic partnering	# of instances in which a partnership was leveraged or created	Did strategic partnering result in additional resources, expanded capabilities or access to expertise, access to new key response stakeholders, or other efficiencies that improved the effectiveness of the response?
4. Administrative logistics	# of requests for administrative logistics support fulfilled	Was support on time? Did support meet specifications? Did support fulfill the request? Did support enable the governmental health entity to maintain an effective level of administrative functionality during a response, including preventing delays and other adverse impacts?
5. Communications	# of requests for communications support fulfilled	Was support on time? Did support meet specifications? Did support fulfill the request? Did support enable the governmental health entity to maintain an effective level of communications functionality

		during a response? Was the support appropriate for target populations/demographics?
6. Human resources & specialized expertise	# of requests for human resources support fulfilled	Was support on time? Did support meet specifications? Did support fulfill the request? Did support enable the governmental entity to maintain (or obtain) the staff volume and expertise required to meet response demands?
7. Direct services	# of requests for direct services support fulfilled	Was support on time? Did support meet specifications? Did support fulfill the request? Did the support enable the governmental entity to perform appropriate direct services when needed and to the specifications required?

Data collection by the awardee for the purpose of evaluation and performance measurement is limited only to data that will be analyzed and used for evaluation. The awardee may use passive collection methods (such as analyzing emails, project management documentation, or data captured in the execution of activities) in addition to active collection (e.g., client satisfaction surveys, debriefs, etc.) to obtain data for measuring process accomplishments and achievement of outcomes.

Again, if the applicant is funded, the Notice of Award will provide details related to the emergency involved and the types of support needed. The applicant will then provide a revised workplan, budget narrative and evaluation and performance improvement plan, all of which will be specific to the details provided.

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, within the first 6 months of award, as described in the Reporting Section of this NOFO.

The applicant should reference the Logic Model as well as the evaluation and performance measurement matrix provided in the "CDC Evaluation and Performance Measurement Strategy" section, above, when developing their evaluation and performance measurement plan.

c. Organizational Capacity of Recipients to Implement the Approach

The grantee should be an organization with:

PROCESS IMPLEMENTATION EXPERTISE

Expertise in writing, negotiating, executing and managing expedited contracts, consulting agreements and similar vehicles. (The applicant should have personnel onboard - or available immediately through another arrangement - with experience and expertise in writing and awarding funding instruments under tight deadlines and challenging circumstances. Applicant should describe the steps they would take - or have taken previously - to accomplish this requirement under challenging circumstances.)

- Applicant is required to provide a CV/Resume and job description for any staff that will be involved in procurement actions, ensuring that these include a summary of each employee's procurement experience. Applicant must also provide examples of past experience executing an expedited procurement. Documents should be uploaded as a consolidated PDF at www.grants.gov using the file name, **"Procurement_CVs_Resumes_JobDescriptions_PastExperience"**

Ability to supersede normal acquisition timelines to speed delivery of products or services.

(The applicant should be able to obtain goods and/or services faster than traditional timelines allow, without compromising end quality. Applicant should describe the steps they would take - or have taken previously - to accomplish this requirement under challenging circumstances.)

- Applicant is required to provide supporting documentation confirming ability to execute expedited procurement, including a copy of their internal procurement policy as well as examples of past experience and any other relevant documents, uploaded as a consolidated PDF at www.grants.gov using the file name, "**Procurement_Policy_Documents"**;

An agile structure and workforce, with the ability to react to requests, develop plans, deploy resources, and perform administrative actions quickly and with highly-coordinated communication. (The applicant's leadership and workforce should be nimble, responsive and able to take any number of administrative, logistical or programmatic actions quickly and with effective communication among parties involved. Applicant should describe the steps they would take - or have taken previously - to accomplish this requirement under challenging circumstances.)

- Applicant is required to provide supporting documentation confirming operational agility, such as organization charts, standard operating procedures, internal emergency response/management plans, and examples of past experience, uploaded as a consolidated PDF at www.grants.gov using the file name, "**Organizational_Charts"**

Demonstrated ability to leverage and create partnerships to amplify or augment existing response efforts. (The applicant should have a robust professional network and a demonstrated record of seeking and establishing partnerships that made an impact in the field(s) involved. Applicant should describe the steps they would take - or have taken previously - to accomplish this requirement in an emergency response scenario.)

- Applicants may, but are not required to provide supporting documentation such as reports, articles, letters of support or MOUs uploaded as a consolidated PDF at www.grants.gov using file name "**Partnership_Documents"**

Ability to deploy onboard staff within 48 hours of Notice of Award (NOA) to any location in the continental U.S., Commonwealth of Puerto Rico, U.S. Virgin Islands, and the U.S. Affiliated Pacific Islands (USAPI)*. (The applicant's administrative staff should be expert in travel planning and logistics, and have experience and expertise in booking, amending, vouchering and closing travel actions under urgent timelines and challenging circumstances, such as moving personnel or equipment in remote areas or across great distances. Although this is not an international funding opportunity, the applicant should have equal skill in executing international travel, in case support is required in the USAPI. Applicant should describe the steps they would take - or have taken previously - to accomplish this requirement under challenging circumstances.)

- Applicants are required to provide supporting documentation confirming ability to deploy staff within 48 hours, such as standard operating procedures, project reports, and examples of past experience, uploaded as a consolidated PDF at www.grants.gov using

file name "**Deployment_Supporting_Documents"**;

**The US-affiliated Pacific Islands (USAPI) consist of three United States territories: American Samoa, the Commonwealth of the Northern Mariana Islands and Guam; and three independent countries in free association with the United States: the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.*

Experience supporting an organizational entity during an emergency response situation. (The applicant should have provided some form of expertise or assistance to a party involved in, impacted by or otherwise associated with an emergency scenario.)

- Applicants are required to provide documentation verifying support to an organizational entity during an emergency response situation, such as contracts, invoices, project reports, evaluation studies, newspaper articles, letters of support, client testimonials, etc., uploaded as a consolidated PDF at www.grants.gov using file name, "**Experience_Verification_Documents"**;

CONTENT EXPERTISE

Ability to provide expert support in *one or more* of the following content areas, as described in the "Strategies and Activities" section:

1. **Administrative Logistics**, including but not limited to travel, transportation, shipping, printing, transcription, event planning, and purchasing (e.g., supplies and equipment) support. The applicant should be able to help the governmental health entities they're supporting maintain an effective level of administrative functionality during a response, with the goal of preventing delays or other adverse impacts. Applicant should describe the steps they would take - or have taken previously - to accomplish this requirement under challenging circumstances.

2. **Communications**, including but not limited to situational awareness, risk communications, media support, project monitoring and reporting, cultural and lingual translation, graphics, writing/editing, and developing in-time training for specific threats or scenarios. The applicant should be able to help the governmental health entities they're supporting maintain an effective level of communications functionality during a response, including message discipline, design and clearance. Applicant should describe the steps they would take - or have taken previously - to accomplish this requirement under challenging circumstances.

3. **Human resources & specialized expertise**, including but not limited to recruiting and hiring for general staff augmentation, as well as specialized medical, scientific or emergency management expertise. The applicant should be able to help the governmental health entities they're supporting acquire or maintain the staff volume and expertise required to meet response demands. Applicant should describe the steps they would take - or have taken previously - to accomplish this requirement under challenging circumstances.

4. **Direct services**, including experience providing or supporting the provision of direct services in the event of an emergency. The applicant should be able to help the governmental health entities they're supporting perform the appropriate direct services when needed and to the specifications required. Applicant should describe the steps they would take - or have taken previously - to accomplish this requirement under challenging circumstances.

Applicants are required to provide supporting documentation such as CVs/Resumes, staffing lists, letters of support, after action reports, client testimonials, evaluation results or other content, uploaded as a consolidated PDF at www.grants.gov using file name, "**Expertise_Supporting_Documents"**).

d. Work Plan

As indicated in the "Strategies and Activities" section - CDC expects the applicant to submit a fairly basic work plan in their *initial* application, then be prepared to provide an appropriately-detailed plan if selected for funding to support a response. The work plan is simply a format in which the awardee provides a single table describing the relevant information about each single Project Period Outcome. There should be a separate table for each outcome. An acceptable work plan table format is provided below (although applicants may develop and submit their own).

Insert Project Period Outcome Here *Example Project Period Outcome:* *"The health department that the awardee supported augmented their current workforce with 23 additional public health professionals, including two medical entomologists specializing in arboreal canopy-dwelling Aedus mosquitos who implemented a an island-wide vector control plan that reduced the prevalence of ___ by ___% in ____ weeks."*		**Insert Outcome Measure(s) Here** *Example Strategy 1 (Process) Outcome Measure:* *"Did the awardee's process implementation support improve the effectiveness or efficiency of the response?"* *Example Strategy 2 (Content) Outcome Measure:* *"Did the awardee's content expertise support occur on time, meet the required specifications, and achieve the desired result?*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1. Expedited procurement	# of provisions of support that involved expedited procurement		

2. Operational agility	# of provisions of support in which operational agility played a determining role		
3. Strategic partnering	# of instances in which a partnership was leveraged or created		
4. Administrative logistics	# of requests for administrative logistics support fulfilled		
5. Communications	# of requests for communications support fulfilled		
6. Human resources	# of requests for human resources support fulfilled		
7. Direct services	# of requests for direct services support fulfilled		

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.

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

In this cooperative agreement, CDC staff will be substantially involved in the program activities above and beyond routine grant monitoring. CDC's Office for State, Tribal, Local and Territorial Support (OSTLTS) project officers and subject matter experts will work with other CIO subject matter experts that may serve in a technical monitoring role for specific activities, segments or aspects of a specific public health emergency. OSTLTS will review or coordinate the review of applications to ensure activities are in scope and do not duplicate those funded by other CDC cooperative agreements. CDC will use application submission information to identify strengths and weaknesses, to update work plans, and to establish priorities for site visits and technical assistance.

Additionally, it is essential that awardees have a clear and complete understanding of applicable financial management, budget execution and cost accounting principles as outlined in federal regulations to assure that awarded funds are spent only on allowable activities. Therefore, the CDC Project Officer, Grants Management Specialist and Grants Management Officer will provide guidance to awardees on these topics, as needed.

Similarly, if selected, the awardee may be incorporated into the CDC Incident Management System (IMS) and become a component of the agency's full response effort. If this occurs, the CDC Project Officer will serve as the awardee's navigator in that process and provide support and regulatory guidance as needed.

Therefore, to assist recipients in achieving the purpose of this award, CDC will conduct the following activities:

1. Provide ongoing guidance, programmatic support, training, and technical assistance as related to activities outlined in this crisis funding announcement(s). Technical assistance resources include a work plan template, and spend plan template as needed.
2. Provide financial and budget management guidance and technical assistance in order to ensure that awardees have a clear and complete understanding of what the awarded funding may and may not be used for. This includes all applicable reporting and cost accounting principles outlined in federal regulations.
3. Provide guidance and support associated with incorporating the awardee into the CDC Incident Management System and establishing the grantee as a component of the agency's full response effort.
4. Convene conference calls, site visits, and other communications as applicable with awardees.
5. Facilitate communication among awardees to advance the sharing of expertise on response activities.
6. Coordinate planning and implementation activities with federal partners including the Office of the Assistant Secretary for Preparedness and Response, Federal Emergency

Management Agency, Department of Homeland Security, and others based on the specific public health emergency.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism: U1R

U1R: Technical Assistance for Response to Public Health or Healthcare Crises

3. Fiscal Year: 2018

4. Approximate Total Fiscal Year Funding: $1,500,000

5. Approximate Period of Performance Funding: $3,000,000

This amount is subject to the availability of funds.

The nature of the events that would trigger CDC to activate this NOFO make it difficult to project: (a) the total funding amount that would be made available, (b) the number of awards needed, and (c) the length of time required to accomplish intended objectives. As a result, CDC will utilize a highly temporary funding approach. Specifically, this NOFO will fund only urgently-needed, time-critical activities using budget periods of 60 days at a time. If, after initial award, the agency determines that additional time is required to accomplish objectives, a supplemental will be awarded for another 60 days (to be repeated as deemed necessary by the agency).

Any longer-term recovery needs (such as for an outbreak that shifts from an epidemic to an endemic nature) would be addressed by other NOFOs, as appropriate. However, for the purposes of planning, CDC has proposed an amount of up to $3,000,000 for the total 24-month performance period.

Estimated Total Funding: $3,000,000

6. Approximate Period of Performance Length: 2 year(s)

7. Expected Number of Awards: 10

The nature of the events that would trigger CDC to activate this NOFO make it difficult to project: (a) the per-award funding amount that would be made available, (b) the number of awards needed, and (c) the length of time required to accomplish intended objectives (i.e., the budget period for those awards). However, for the purposes of planning, CDC proposes a total performance period of 24 months, with an estimated total award amount of $3,000,000 over that period of time. Within that period, CDC estimates 10 individual awards, with an average award amount of $300,000, and two budget periods of 12 months each. The actual numbers of awards, award amounts, and lengths of budget period may vary substantially from these estimates depending on circumstances.

Any longer-term recovery needs exceeding 24 months in length (such as for an outbreak that shifts from an epidemic to an endemic nature) would be addressed by other NOFOs, as appropriate.

8. Approximate Average Award: $300,000 Per Budget Period

The nature of the events that would trigger CDC to activate this NOFO make it difficult to project: (a) the per-award funding amount that would be made available, (b) the number of awards needed, and (c) the length of time required to accomplish intended objectives (i.e., the budget period for those awards). However, for the purposes of planning, CDC proposes a total performance period of 24 months, with an estimated total award amount of $3,000,000 over that period of time. Within that period, CDC estimates 10 individual awards, with an average award amount of $300,000, and two budget periods of 12 months each. The actual numbers of awards, award amounts, and lengths of budget period may vary substantially from these estimates depending on circumstances.

Any longer-term recovery needs exceeding 24 months in length (such as for an outbreak that shifts from an epidemic to an endemic nature) would be addressed by other NOFOs, as appropriate.

9. Award Ceiling: $0 Per Project Period

This amount is subject to the availability of funds.

This NOFO has no ceiling.

10. Award Floor: $0 Per Budget Period

The nature of the events that would trigger CDC to activate this NOFO make it difficult to project: (a) the per-award funding amount that would be made available, (b) the number of awards needed, and (c) the length of time required to accomplish intended objectives (i.e., the budget period for those awards). However, for the purposes of planning, CDC proposes a total performance period of 24 months, with an estimated total award amount of $3,000,000 over that period of time. Within that period, CDC estimates 10 individual awards, with an average award amount of $300,000, and two budget periods of 12 months each. The actual numbers of awards, award amounts, and lengths of budget period may vary substantially from these estimates depending on circumstances.

Any longer-term recovery needs exceeding 24 months in length (such as for an outbreak that shifts from an epidemic to an endemic nature) would be addressed by other NOFOs, as appropriate.

11. Estimated Award Date: 06/01/2018

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 not available through this FOA.

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

CDC is creating two notice of funding opportunities (NOFOs) to improve the U.S. public health system's response to crises: 1) one to fund governmental health departments when responding to an emergency, and 2) another to fund eligible organizations to provide critical technical assistance and other forms of support to parties involved in an emergency response. While it is impossible to foresee which parties (or types of parties) the awardee would be funded to support, examples could include governmental health departments, other governmental departments, hospitals or hospital systems, governors' offices, charitable and other non-profit organizations, or commercial partners.

The two NOFOs referenced above are partner programs - each is designed to complement the other. As a result, any entities eligible for one are not eligible for the other.

The first NOFO referenced above has already posted in Grants.Gov. It was posted 10/11/2017, titled "*Cooperative Agreement for Emergency Response: Public Health Crisis Response*" (CDC-RFA-TP18-1802). It will fund governmental health departments during an emergency response.

The second NOFO referenced above **is the subject of this announcement** and is titled "*Technical Assistance for Response to Public Health or Healthcare Crises* " (CDC-RFA-OT18-1804). It will fund eligible organizations to provide critical technical assistance and other forms of support to parties involved in an emergency response.

As mentioned, the entities eligible for one of the above are not eligible for the other. This means that state governments, local governments, territorial governments, and American Indian or Alaska Native Tribal Governments - which were eligible under CDC-RFA-TP18-1802 - **are not eligible for CDC-RFA-OT18-1804, which is this announcement**. All other organizations, however, may apply.

This NOFO (CDC-RFA-OT18-1804) will collect responsive proposals from eligible applicants and retain them as “approved but unfunded” (ABU) until a crisis occurs. Depending on the nature of that crisis, specific applicants (and specific components of their applications) will be selected for funding. Award decisions will reflect relevant factors such as geographic location,

expectations of spread (e.g., with infectious disease-related emergencies), applicant's capabilities, national priorities, impact of the emergency on an eligible jurisdiction, and target populations, etc. The NOFO will have no award ceiling but will be used only in a temporary capacity. Needs for long-term emergency response resources will be addressed through other funding vehicles. However, for the purposes of planning, CDC has proposed the following:

1. A total performance period of 24 months;
2. Two budget periods of 12 months each;
3. An estimated per budget period amount of $1,500,000; and
4. A grand total performance period amount of $3,000,000.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, 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 "Get Registered" 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	Same day but can take 8 weeks to be fully	Register early! Log into grants.gov and check AOR

		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	registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	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: **01/30/2018**

b. Application Deadline

Due Date for Applications: **03/16/2018** , 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.

Open, continuous with the next application due date being March 16, 2018

NOTE: CDC may establish ad hoc due dates based on the needs of the crisis, e.g., to meet unanticipated issue related to a public health emergency and/or to allow impacted eligible

applicants that missed the cut off date to submit an application for consideration.

Allows for a 60 day application period with an announcement date of January 16, 2018.

Letters of Intent (LOI) are not required but are strongly suggested. LOI should be submitted by email to OSTLTSCrisisNOFO@cdc.gov no later than midnight ET on 1/30/2018.

Date for Information Conference Call

The Information Conference Calls will be held Monday 2/12/2018 from 3:30-5:00pm EST and Tuesday 2/13/2018 from 2:30-4:00pm EST. The dial-in information for the Information Conference Calls will be posted to https://www.cdc.gov/stltpublichealth/partnerships/index.html NLT Friday 2/2/2018.

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Information Conference Calls. Due to the volume and variety of questions anticipated, applicants are encouraged to submit questions to OSTLTSCrisisNOFO@cdc.gov by Tuesday, February 6, 2018.

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.

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

The purpose of a letter of intent (LOI) is to allow CDC staff to plan for the review of submitted applications.

Applicants are strongly encouraged (but not required) to submit an LOI (3-page limit) for this NOFO. The LOI should be submitted via email as an attachment to OSTLTSCrisisNOFO@cdc.gov with a copy to Ralph Robinson, Grants Management Officer, at inp2@cdc.gov. The LOI deadline is 11:59 PM ET on 2/6/2018.

The LOI should include the following information:

- Name of applicant organization
- Project director's name, address, telephone number, and email address
- Primary application point of contact's name, address, telephone number, and email address (if different from above)
- Number and title of this NOFO

LOIs must be printed on the applicant organization's letterhead and may be single- or double-spaced.

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.
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.

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 at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov.

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:25

How clearly and comprehensively does the applicant outline and describe its strengths in the Providing Effective Process Implementation strategy domain?

How clearly and comprehensively does the applicant outline and describe its strengths in the Providing Critical Content Expertise strategy domain?

How clearly does the applicant tie those strengths to achievement of desired outcomes through the activities listed? How clearly does the applicant articulate staff capacity and expertise through the workplan, organization chart, CVs/resumes, letters of support, or other documents?

Does that capacity and expertise sync with the two strategy domains and associated activities?

ii. Evaluation and Performance Measurement Maximum Points:25

Does the applicant's evaluation and performance measurement strategy sync with the short and mid-term outcomes?

Does the applicant demonstrate sufficient and appropriately-qualified onboard staff to implement and monitor?

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

To what extent does the applicant have PROCESS IMPLEMENTATION EXPERTISE – Maximum Points: 10

- Expertise in writing, negotiating, executing and managing expedited contracts, consulting agreements and similar vehicles;
- Ability to supersede normal acquisition timelines to speed delivery of products or services;
- Agile operational structure and workforce, with the ability to react to requests, develop plans, deploy resources, and perform administrative actions quickly and with highly-coordinated communication;
- Ability to leverage and create partnerships to amplify or augment existing response efforts;
- Ability to deploy onboard staff within 48 hours of notice of award to any location in the continental U.S., Commonwealth of Puerto Rico, U.S. Virgin Islands, and the U.S. Affiliated Pacific Islands (USAPI); and
- Experience supporting a governmental entity during an emergency response within the last 5 years (applies to any local, state or federal entity, whether a public health organization or not).

To what extent does the applicant have CONTENT EXPERTISE – Maximum Points: 40

Ability to provide expert support in *one or more* of the following content areas, as described in the "Strategies and Activities" section:

1. **Administrative logistics – Maximum Points: 10** Including but not limited to travel, transportation, shipping, printing, transcription, event planning, and purchasing (e.g., supplies and equipment) support;

2. **Communications – Maximum Points: 10** Including but not limited to situational awareness, risk communications, media support, project monitoring and reporting, cultural and lingual translation, graphics, writing/editing, and developing in-time training for specific

threats or scenarios;

3. **Human resources & specialized expertise – Maximum Points: 10** Including but not limited to in recruiting and hiring for general staff augmentation, recruiting and hiring for specialized medical, scientific or emergency management expertise; or

4. **Direct services – Maximum Points: 10** Including experience providing or supporting the provision of direct services in the event of an emergency, or the demonstrated capacity to provide those services if called upon.

Budget

The extent to which the proposed budget is adequately justified and consistent with this program announcement and the applicant's proposed activities. Is the itemized budget for conducting the project and justification reasonable and consistent with stated objectives and planned program activities?

c. Phase III Review

All applicants will be subject to CDC's standard objective review process. In order to successfully implement a national strategy to combat public health emergencies, CDC recognizes the need to fund out of rank order based on geographic need, disease burden, and/or populations disproportionately impacted by public health emergencies. For example:

In the event of an emergency impacting American Indian/Alaska Native (AI/AN) and/or other underserved populations, a scenario may arise in which the Government awards funds to applicant(s) that scored lower in the review process, comparatively, than other applicants, but for whom the Government has confirmed possesses a specific capacity, technical competency or cultural competency that makes them a necessary partner in order to execute an effective response for that population.

Similarly, if the selection of awardees under this NOFO does not result in full coverage across the four activity areas outlined under Strategy 2 (e.g., administrative logistics, communications, human resources & specialized expertise, and direct services) the Government may, when necessary, award funds to applicant(s) that scored lower overall than other applicants, but scored highly in an activity area deemed essential for the response scenario at hand.

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

This NOFO is designed to collect responsive proposals from eligible applicants and retain them as "approved but unfunded" (ABU) until a crisis occurs. The NOFO will only be funded upon occurrence of a particular public health or healthcare crisis. At that time, depending on the nature of the scenario, specific applicants and specific components of their applications will be selected for funding. These funding decisions will take into account various relevant factors such as geographic location, expectations of spread (e.g., with infectious disease-related emergencies), applicant's capabilities, national priorities, impact of the emergency on an eligible jurisdiction, and target populations, etc.

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.

Awardees 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 awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director. Any applicant awarded funds in response to this NOFO 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.

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html

3. Reporting

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

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

and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Annual Federal Financial Reports, including unobligated balances, must be submitted to the OGS grants management specialists, with copies submitted to Randall Nielson at rnielson@cdc.gov.

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
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30, 2017; April 30, 2017; July 30, 2017; October 30, 2017.	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 awardee must submit the APR via www.grants.gov no later than 120 days before the end of the budget period.

Due to the emergency nature and 24 month project period duration of this NOFO, the Annual Performance Report will capture progress toward achieving the performance outcomes specified in the recipient's work plan. CDC will provide additional guidance on annual reporting requirements post award.

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.

Reporting on performance measures should be included in the Annual Performance Report, as described above.

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.

The annual FFR form (SF-425) is required and must be submitted 90 calendar days after the end of the budget period. It should be noted that FFRs are submitted via GrantSolutions. 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, awardees 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).

The annual FFR form (SF-425) is required and must be submitted 90 calendar days after the end of the budget period.

It should be noted that FFRs are submitted via GrantSolutions.

Performance measures are due 90 calendar days after the end of the budget period.

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:

Randall Nielson, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Randall H. Nielson
Centers for Disease Control & Prevention (CDC)
1600 Clifton Road NE
Mailstop K90, Atlanta, Georgia 30329-1602

Telephone: (770) 488-1602
Email: dhy6@cdc.gov

Grants Staff Contact

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

Ralph Robinson, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Ralph Robinson
Centers for Disease Control & Prevention (CDC)
1600 Clifton Road NE
Mailstop E01, Atlanta, Georgia 30329-1602

Telephone: (770) 488-2441
Email: inp2@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
E-mail: 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

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable

The applicant must provide the required attachments listed in the "Organizational Capacity of Awardees to Implement the Approach" section, and may provide those listed as optional in that section, as well as any other attachments listed above.

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.
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.
Catalog of Federal Domestic Assistance (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.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
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: http://www.whitehouse.gov/omb/ grants_spoc/.

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