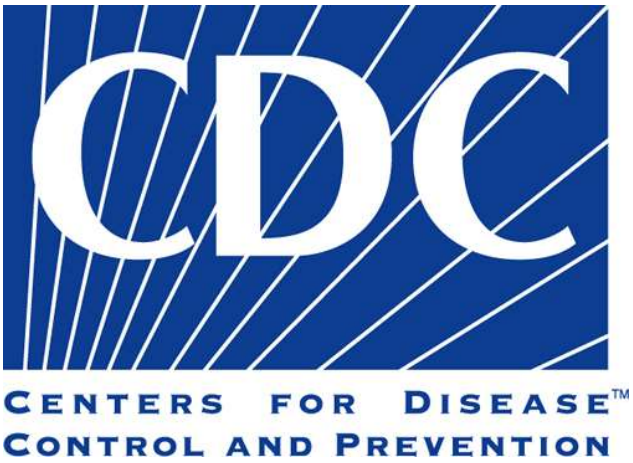



**Centers for Disease Control and Prevention**

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Preventing Maternal Mortality: Supporting Maternal Mortality Review Committees

CDC-RFA-DP22-2211

06/20/2022

Signature Date

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## Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP22-2211. 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:

Preventing Maternal Mortality: Supporting Maternal Mortality Review Committees

### C. Announcement Type: New - Type 1:

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

New-Type 1

### D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP22-2211

### E. Assistance Listings Number:

93.946

### F. Dates:

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

N/A

**2. Due Date for Applications:**
06/20/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

**3. Due Date for Informational Conference Call:**
May 23, 2022, (Monday) 1-2pm ET

+1 404-718-3800,,261429695# United States, Atlanta

(888) 994-4478,,261429695# United States (Toll-free)

Phone Conference ID: 261 429 695#

## G. Executive Summary:

**1. Summary Paragraph**
This NOFO aims to improve data quality to identify and characterize pregnancy-related deaths and addresses health inequities by supporting the capacity to develop and implement data-informed strategies to prevent pregnancy-related deaths and reduce disparities among disproportionately impacted populations. This NOFO supports agencies/organizations that coordinate/manage MMRCs to identify and characterize pregnancy-related deaths for prevention. Recipients will identify pregnancy-associated deaths; conduct vital records quality assurance; abstract clinical/non-clinical data into a standard data system (Maternal Mortality Review Information Application, 'MMRIA'), including conducting informant interviews to inform individual case review; conduct multidisciplinary reviews by diverse committees; and enter committee decisions into MMRIA. Quality assurance processes, in partnership with CDC, will be used for improving data quality, completeness, and timeliness. Recipients will analyze data and share findings to inform data-informed prevention strategies that reduce pregnancy-related deaths, with a focus on reducing inequities.

**a. Eligible Applicants:**
Open Competition

**b. Funding Instrument Type:**
CA (Cooperative Agreement)

**c. Approximate Number of Awards**
8

**d. Total Period of Performance Funding:**
$5,250,000

**e. Average One Year Award Amount:**
$328,125

**f. Total Period of Performance Length:**
2

**g. Estimated Award Date:**
September 30, 2022

**h. Cost Sharing and / or Matching Requirements:**
No

## Part II. Full Text

## A. Funding Opportunity Description

### 1. Background

**a. Overview**

The death of a woman during pregnancy, at delivery, or in the year after the end of pregnancy is a tragedy for her family and for society as a whole. Sadly, about 700 women die each year in the United States as a result of pregnancy or delivery complications, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. Further, considerable racial disparities exist: non-Hispanic Black and American Indian/Alaska Native women have rates of pregnancy-related deaths 2 to 3 times higher than non-Hispanic White women. Additionally, rural populations have higher rates of pregnancy-related deaths than urban populations, and racial disparities persist within rural and urban communities. There is a wide range in the pregnancy-related mortality ratio between states: the state with the highest pregnancy-related mortality ratio is four times higher than that of the lowest. Findings from Maternal Mortality Review Committees (MMRCs) indicate that more than two thirds of these deaths are preventable. This funding will support the collection of data to identify strategies for prevention of pregnancy-related deaths.

Maternal Mortality Review Committees (MMRC) systematically and comprehensively review deaths to develop recommended strategies for preventing future deaths. Review committees access multiple sources of clinical and non-clinical information that provide a deeper understanding of the circumstances surrounding a death as they develop recommendations for action to prevent similar deaths in the future. This NOFO will support a national approach to collecting and sharing data on pregnancy-related deaths to facilitate an understanding of the drivers of maternal mortality and complications of pregnancy and associated disparities; determine what interventions at patient, provider, facility, system, and community levels will have the most impact; and implement initiatives in the right places for families and communities who need them most.

The intent of this Notice of Funding Opportunity Announcement(NOFO) is to support applicants not currently funded under CDC-RFA-DP19-1908. If there is already an award under CDC-RFA-DP19-1908 supporting MMRC activities in a state or jurisdiction applicants in these jurisdictions are not eligible for funding under this NOFO as this would be a duplication of efforts.

**b. Statutory Authorities**

Public Health Service Act, as amended, 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

**c. Healthy People 2030**

As a part of Healthy People 2030, https://health.gov/healthypeople, this program addresses the objectiives listed below within the Pregnancy and Childbirth topic area.

Reduce maternal deaths — MICH 04

Reduce severe maternal complications identified during delivery hospitalizations — MICH 05

**d. Other National Public Health Priorities and Strategies**

This NOFO aligns with the HHS Action Plan to Improve Maternal Health in America: Healthy Women, Healthy Pregnancies, Healthy Futures, 2020, the 2020 Surgeon General's Call to Action on maternal health, and the CDC's Eliminating Disease Strategic Priority to address maternal health. It also aligns with the National Quality Strategy and the National Quality Forum's 2021 Maternal Morbidity and Mortality Recommendations Final Report.

**e. Relevant Work**

This NOFO builds on current work of CDC-RFA-DP19-1908 and the previous work of the Building U.S. Capacity to Review and Prevent Maternal Deaths initiative, in collaboration with CDC Foundation, Association of Maternal and Child Health Programs (AMCHP) and Merck for Mothers, to increase access to resources that support state and local maternal mortality review committees.

## 2. CDC Project Description

**a. Approach**

**Bold** indicates period of performance outcome.

CDC-RFA- DP22-2211 Logic Model: Preventing Maternal Mortality: Supporting Maternal Mortality Review Committees

**Bold** indicates period of performance outcome

| Strategies and Activities | Short-Term Outcomes | Intermediate Outcomes | Long-Term Outcomes |
|---|---|---|---|
| Actions that improve availability, quality, and timeliness of MMRC data.<br><br>Actions that improve multidisciplinary, population-level review of potentially pregnancy-related deaths and documentation of recommendations for prevention. | **Increase timeliness, accuracy, and standardization of information available about pregnancy-related deaths, including documented opportunities for prevention.**<br><br>**Increased availability of recommendations of the MMRCs among communities, clinicians, and policy makers.**<br><br>Increased networking and cooperation between MMRCs and | Widespread adoption of clinical and non-clinical policies and programs that reflect the highest standards of care.<br><br>Increased holistic and evidence-based care delivery during pregnancy and the year postpartum (e.g., gestational diabetes, mental health, hypertension, substance use disorder).<br><br>Increased access to community-based supports during pregnancy and the year after the end of pregnancy.<br><br>Increased coordination of care across all types of clinical and non-clinical providers, systems, and settings.<br><br>Reduction of disparities in pregnancy-related mortality. | Elimination of preventable pregnancy-related deaths.<br><br>Reduction in maternal complications of pregnancy during pregnancy and in the year after the end of pregnancy<br><br>Elimination of disparities in |

| Strategies and Activities | Short-Term Outcomes | Intermediate Outcomes | Long-Term Outcomes |
|---|---|---|---|
| Actions that improve dissemination, access to, and employment of quality Maternal Mortality Review Information Application (MMRIA) data to drive opportunities for prevention. | communities to communicate information from data on pregnancy-related deaths. | | complications of pregnancy during pregnancy and in the year after the end of pregnancy.<br><br>Improvement in the population health for reproductive age birthing persons |

**i. Purpose**

This NOFO will enhance MMRC capacity to make prevention recommendations to address preventable pregnancy-related deaths and increase availability of this data, in particular for communities disproportionately impacted. This NOFO will support agencies/organizations that coordinate/manage Maternal Mortality Review Committees to identify, characterize, and disseminate information on pregnancy-related deaths and opportunities for prevention.

**ii. Outcomes**

Recipients are expected to achieve the following outcomes during the period of performance:

- Increased timeliness, accuracy, and standardization of information available about pregnancy-related deaths, including documented opportunities for prevention.
- Increased availability of recommendations of the MMRCs among communities, clinicians, and policy makers.

**iii. Strategies and Activities**

**Strategies:** Recipients will be expected to conduct the following strategies and activities; recipients will identify and address barriers and challenges to implementation of these activities.

**Actions that improve availability, quality, and timeliness of MMRC data.**

- **Comprehensively identify pregnancy-associated deaths**, defined as identifying deaths of residents of a specific jurisdiction, regardless of location of death, that occur during pregnancy or within a year of the end of pregnancy on a routine basis, no later than one year following the date of death (dd/mm/yyyy) through, at a minimum, use of death certificates and death certificates linked to sentinel vital records data (i.e. birth certificates and fetal death certificates in the year preceding death), as well as additional case

identification methods consistent with CDC best practices (https://www.reviewtoaction.org/national-resource/overview-identifying-and-selecting-pregnancy-associated-deaths). Full operationalization of the Maternal Mortality Review Information Application (MMRIA) within the jurisdiction requires entry of vital event records on all pregnancy-associated deaths identified.

- **Implement approaches for improving quality of death records and for timely death record quality assurance** for confirming pregnancy status of deaths for which the pregnancy checkbox is the only evidence of pregnancy. Quality assurance processes include partnering with jurisdiction vital records offices to establish processes and procedures for confirming pregnancy status within 3 months of the death, documenting confirmation status for the MMRC and vital records, and initiating allowable correction processes when applicable.
- **Apply a consistent process and standardized criteria for selecting deaths that will be fully abstracted for committee review** based on the jurisdiction's resources and ensuring timely review of all pregnancy-related deaths.
- **Implement informant interview approaches** consistent with CDC guidance (https://www.reviewtoaction.org/national-resource/informant-interview-guide-maternal-mortality-review-committees) to complement medical and social service record requests related to each individual case as a key strategy to incorporate family and community perspectives in committee review. This includes maintaining the protections for informant interview approaches as part of public health surveillance activities, establishing standard processes and procedures to scale informant interviews to deaths sent for committee review within the program, identifying participants and conducting informant interviews, and preparing the information from informant interviews for the committee review as part of routine abstraction (including MMRIA data entry) and case narrative development.
- **Abstract and enter information from medical records, social service records, informant interviews, and other relevant sources about all deaths potentially related to pregnancy into MMRIA within 18 months of death (mm/dd/yyyy)** in preparation for committee review for cases selected for multidisciplinary review (i.e., all deaths potentially related to pregnancy, additional subsets of pregnancy-associated deaths optional).
- **Document committee decisions on the MMRIA Committee Decisions Form in MMRIA**, and all relevant abstracted forms, consistent with guidance documents provided at http://reviewtoaction.org/and within 30 days of completing the review of a death.
- **Perform data quality assurance checks on all relevant MMRIA forms**, based on review of CDC-generated MMRIA Data Quality Reports and additional applicant defined quality assurance procedures within 90 days of completing the review of a death to, at a minimum, ensure completeness.

**Actions that improve multidisciplinary, population – level review of potential pregnancy-related deaths and documentation of recommendations for prevention.**

- **Maintain a multidisciplinary review committee**, inclusive of clinical (e.g., Obstetrics and Gynecology, Perinatal Nursing, Critical Care, Psychiatry) and non-clinical disciplines and organizations (e.g., Public Health, Healthy Start Agencies, Community Leadership), as identified at reviewtoaction.org in the MMRC Facilitation Guide (https://reviewtoaction.org/national-resource/maternal-mortality-review-committee-facilitation-guide).
- **Maintain a diverse review committee, inclusive of representatives from communities disproportionately impacted by pregnancy-related mortality** and implement strategies that increase capacity of all committee members to meaningfully engage community perspectives.

**Actions that improve dissemination, access to, and employment of quality MMRIA data to drive opportunities for prevention.**

- **Fully operationalizing the MMRIA system to support core MMRC functions**, including entry of vital records for all pregnancy-associated deaths identified; entry of relevant case information into the 13 MMRIA case abstraction forms for potentially pregnancy related cases (i.e., the cases prepared for committee review); and entry of committee determinations into the 1 MMRIA committee decision form for cases reviewed by the MMRC.
- **Analyze pregnancy-related MMRIA data** for jurisdiction to provide information on burden, e.g., pregnancy-related mortality ratio, counts, causes, and distribution of deaths (e.g., by age, race, rurality, community indicators), contributing factors, and opportunities for prevention, including stratification by disproportionally impacted populations.
- **Prioritize recommendations for action based on analyses of quantitative and qualitative MMRIA data**, other process tools, and iterative engagement with committee members, and other clinical, public health, and community leaders within the committee's jurisdiction.
- **Disseminate data products and related information from pregnancy-related analyses** (e.g., reports, publications, presentations, briefs) at least once per year to internal and external audiences for informing practice, program, and policy changes, with priority for community dissemination activities.
- **Develop and sustain bidirectional partnerships with communities that increase the utilization of MMRC data to address disproportionate burdens of maternal mortality**. May include activities and partnerships that increase the transparency of MMRC processes and data or approaches that support dissemination of MMRC information, including prevention recommendations, in partnership with communities.
- **Leverage collaborative partnerships to inform practice, program, and policy changes.**

**1. Collaborations**

**a. With other CDC projects and CDC-funded organizations:**

**Required for all applicants:**

- Evidence of an ability to share collected data with CDC. The ability to share the data collected and reported in a format that allows for analysis by CDC is indicated by the Preventing Maternal Deaths Act of 2018, 42 U.S.C. 247b-12 (317K of the Public Health Service Act). The following forms, signed by an authorized signatory in the agency/organization, are required for all applicants:
    - MMRIA MOU
        a. Applicants must submit a MOU, signed by an authorized signatory in the agency/organization, utilizing the template available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/nofo/CDC-DP22-2211.html
        b. This file should be uploaded as a PDF named "MMRIA_MOU" to www.grants.gov.
    - MMRIA Data Sharing Agreement (DSA)
        a. Applicants must submit a DSA, signed by an authorized signatory in the agency/organization, utilizing the template available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/nofo/CDC-DP22-2211.html
        b. This file should be uploaded as a PDF named "MMRIA_DSA" to www.grants.gov.
- A Letter of Support (LOS) for collaboration with recipients of the CDC Perinatal Quality Collaboratives (PQCs) program if available in the applicant's state/jurisdiction. Applicants are required to collaborate with PQC networks on the implementation of preventive strategies for reducing maternal mortality. The PQC organization should translate clinical recommendations to prevent maternal mortality at the health system level by coordinating with MMRC. Applicant should describe in the narrative how collaboration with PCQs assist in the implementation MMRC recommendations.
    - If your jurisdiction does not have a CDC funded PQC, provide a letter for your jurisdiction's recognized PQC network.
    - This file should be uploaded as a PDF named "PQC_LOS" to www.grants.gov.

Recipients are also expected to develop and maintain collaborative relationships with other CDC-funded projects, when available within their states, to achieve the outcomes shown in the logic model.

**Optional – as applicable**

These collaborations are not required but can greatly increase the quality and effectiveness of MMRCs. When relevant, applicants are encouraged to document how these collaborations will assist their implementation of activities, as well as file a copy of Memoranda of Understanding (MOUs), Memoranda of Agreement (MOAs), Data Use Agreements (DUAs), or letters of support with their application, as appropriate, name the file "MOUs_MOAs", and upload it as a PDF file at www.grants.gov. This may include:

- Other CDC-funded and non-funded surveillance programs to identify strategies for improving data quality and information available for the MMRC, such as their state

Violent Death Reporting System and the CDC Pregnancy Mortality Surveillance System.

- CDC-funded and non-funded state Perinatal Quality Collaboratives (PQCs), which can leverage the PQC networks working throughout their state to improve the quality of care for mothers and babies. PQCs identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible.
- CDC Division of Reproductive Health (DRH) Maternal and Child Health epidemiology (MCH) program state assignees to facilitate working with state and local agencies. These assignees provide epidemiologic research and scientific expertise and information for maternal and child health program and policy development.
- Organizations that are implementing the CDC LOCATe (Levels Of Care Assessment Tool) to operationalize a coordinated regional system of risk-appropriate care to ensure that pregnant women at high risk of complications receive care at a birth facility that is best prepared to meet their health needs.
- Applicants are encouraged to collaborate with Pregnancy Risk Assessment Monitoring System (PRAMS) recipients in their jurisdictions to understand more state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. This can be an important linkage to measure gaps and opportunities to address MMRC prevention recommendations.
- CDC funded, such as the Community Health Workers for COVID Response and Resilient Communities (CCR) or non-CDC funded lay community health worker programs.
- CDC funded Racial and Ethnic Approaches to Community Health (REACH) recipients in their jurisdictions to understand more specific, population-based initiatives to reduce racial and ethnic health disparities.

**b. With organizations not funded by CDC:**
Recipients are expected to have established jurisdictional authorities and protections in place which provides them with the fundamental ability to coordinate key components of a MMRC. In addition, recipients are expected to maintain collaborative relationships with the following organizations, as applicable to their jurisdiction, to accomplish the activities and outcomes outlined in this funding opportunity.

Required collaborations must be supported by an applicant's description of how the collaborating organization will assist the applicant in implementing activities, addressing barriers and challenges, and achieving outcomes; and must also include verification of this collaboration through memoranda (MOAs or MOUs, DUAs, and/or letters of support) from each collaborating organization. Memoranda should describe a commitment to the outlined tasks. When applicable, applicants should discuss agreements for data access and sharing. Similarly, each optional collaboration identified by the applicant must include a description of how the collaborating organization will assist the applicant in implementing activities and achieving outcomes; and must also include verification of this collaboration through memoranda (MOAs or MOUs, DUAs, and/or letters of support) from each collaborating organization, outlining a commitment

to the defined tasks.

**Required for all applicants:**

- **Authorities and Protections.** Applicants must submit evidence, by submitting copies or through reference to specific authorities, including but not necessarily limited to statutes, rules, or legislation that provides the MMRC: Authority to access clinical and non-clinical records; and Confidentiality protection of data collected, proceedings, and activities. Evidence includes state statutes, legislation or a letter from the applicant's legal authority documenting these authorities and protections.
    - These files should be uploaded as a PDF with the application and named "Auth_Protect_MOU" to www.grants.gov.
- **State Vital Records Offices.** Death, birth, and fetal death certificates that include identifiers (e.g. names, locations, dates) are crucial to the identification of pregnancy-associated deaths. This memorandum of support should outline the level of access to vital records the applicant has/will have at the time of award (i.e. live-time electronic access; monthly data sets, etc.) and current relevant vital statistics data quality assurance and improvement initiatives.
    - Participation in the National Association of Public Health Statistics and Information Systems - State and Territorial Exchange of Vital Events system maternal mortality project can be acknowledged in the memorandum.
    - These files should be uploaded as a PDF with the application and named "Vitals_MOU" to www.grants.gov.
- **State Hospital Associations.** This memorandum of support should outline acknowledgement by the State Hospital Association that the MMRC has the authority in their state to access hospital records for the purposes of the MMRC; the level of access to identified hospital discharge data the applicant has/will have at the time of award (i.e. live-time electronic access; monthly data sets, etc.) for the purposes of increasing the identification of pregnancy-associated deaths and locations of relevant medical records; and the participation level of the State Hospital Association in MMRC processes (e.g. hospital association staff responsible for quality and patient safety are active members of the MMRC).
    - These files should be uploaded as a PDF with the application and named "State_HA_MOU" to www.grants.gov.
- **State Medicaid Offices.** Electronic Medicaid data that include identifiers (e.g., names, NPI, locations, dates) can increase the identification of pregnancy-associated deaths beyond vital records. This memorandum of support should outline acknowledgement by the State Medicaid Office that the MMRC has the authority to access medical records for the purposes of the MMRC; the level of access to identified Medicaid data the applicant has/will have at the time of award (i.e. live-time electronic access; monthly data sets, etc.) for the purposes of increasing the identification of pregnancy-associated deaths and locations of relevant medical records; and the participation level of the State Medicaid Office in MMRC processes (e.g. Medicaid Medical Director is an active member of the MMRC).

- These files should be uploaded as a PDF with the application and named "Medicaid_MOU" to www.grants.gov.

**Required for applicants under specific circumstances**

- **State Medical Examiner/Coroner Offices**. In the case where the State Medical Examiner/Coroner Office is not the applicant, this memorandum should detail the relationship between the applicant and the State or jurisdictional Medical Examiner/Coroner offices. This memorandum of support, at a minimum, should outline the level of access to autopsy, next of kin interview and death scene investigation reports the applicant has/will have and the participation level of medical examiners, coroners, and forensic pathologists in MMRC processes. Recipients should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "ME_C_MOU" to www.grants.gov
- **State Public Health Agencies**. In the case where the State Public Health Agency is not the applicant, this memorandum should detail the relationship between the applicant and the State Public Health Agency. This memorandum of support, at a minimum, should outline the roles and responsibilities of the State Public Health Agency, including:
  - Level of access to specific public health data (beyond Vital Records)
  - Analyses of MMRC data
  - Administrative support to the specific MMRC processes (e.g., abstraction, meeting logistics, coordination of processes)
  - Reporting and disseminating MMRC findings and recommendations
  - Because state Title V Maternal and Child Health Programs are the most common unit within a state public health agency for MMRCs to be engaged with, a letter of support for the applicant from the State Title V Maternal and Child Health Director, describing:
    - How the MMRC relates to the state's Title V priorities
    - Any budgetary and/or in-kind support provided to the MMRC by the state MCH Program
    - The participation level of State Title V staff in MMRC processes (e.g., Maternal and Child Health Epidemiology staff are active members of the MMRC)
    - Recipients should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "SPHA_MOU" to www.grants.gov

**Optional – as applicable**

The partnerships listed below can be critical collaborators for ensuring the success of recipients in implementing clinical and non-clinical recommendations for prevention. When relevant, it is

strongly encouraged that the applicant includes a letter of support that, at a minimum, outlines the roles and responsibilities of the partner related to specific MMRC processes or community engagement strategies.

- Clinician Membership Organizations (e.g., Association of Women's Health Obstetric and Neonatal Nurses (AWHONN), State Obstetrical and Gynecological Societies and/or American College of Obstetricians and Gynecologists (ACOG) Sections, American Academy of Family Physicians (AAFP), American Psychological Association (APA), American College of Nurse midwives (ACNM) Sections or Chapters)
- Title V Maternal and Child Health Services Block Grant Programs
- State Maternal Health Innovation Program
- Healthy Start Programs
- Community Based Organizations
- Patient Advocacy Organizations
- Tribes and/or Tribal Serving Organizations

Applicants must file the MOU or MOA, as appropriate, name the file "Opt_Partners_MOUs_MOAs", adding a number to the end to differentiate these files from each other (for example, Opt_Partners_MOU1, Opt_Partners_MOU2) and upload it as a PDF file at www.grants.gov.

**2. Target Populations**

The population of focus for this funding opportunity is all pregnant and postpartum people in a given jurisdiction. This group will benefit directly from a reduction in pregnancy-related deaths and complications of pregnancy. Applicants are required to include a description of how subpopulations are disproportionately affected by pregnancy-related deaths and complications of pregnancies (i.e., based on race, ethnicity, or geography) and strategies the applicant will implement to address these disparities. Applicants should describe any disproportionately impacted populations using CDC Preferred Terms for Select Population Groups & Communities.

**a. Health Disparities**

Pregnancy-related mortality ratios vary widely by race/ethnicity and geography, emphasizing the need to document, understand, and reduce these disparities and address the social determinants that are driving these inequities. Applicants should describe disparities in maternal health outcomes in their jurisdiction based on geography, race/ethnicity, socioeconomic status, insurance type, preferred language, or other relevant factors.

This NOFO will support MMRCs to identify and characterize pregnancy-related deaths for identifying prevention opportunities. Informant interviews have emerged as a critical information source for MMRCs to better understand the perspectives of family members, and by extension community perspectives related to the issues presented in each case. Review committees are multidisciplinary, inclusive of both clinical and non-clinical membership, to better understand the circumstances surrounding a maternal death and translate committee findings into

recommendations. Recipients are encouraged to establish and maintain relationships with critical collaborators that can address the social determinants of health affecting maternal mortality, such as access to care and barriers to transportation. Dissemination of MMRC data and information on recommendations for prevention within communities is an important aspect of building bidirectional partnerships with communities that increase the utilization of MMRC data to address disproportionate burdens of maternal mortality.

The Maternal Mortality Review Information Application (MMRIA) includes the capability for geocoding, that can be used to leverage community level information about potential structural contributors to disparities in maternal mortality. A set of potential indicators and recommendations to address them that can be used with the geocodes in MMRIA, is described in The Report from Nine Maternal Mortality Review Committees and in Kramer MR, et al. Changing the conversation: applying a health equity framework to maternal mortality reviews. Am J Obstet Gynecol. 2019 Dec;221(6):609.e1-609.e9. doi: 10.1016/j.ajog.2019.08.057. Direct link can be accessed here : https://www.ajog.org/article/S0002-9378(19)31104-4/fulltext

**iv. Funding Strategy**

Recipient funding formula is based on average costs associated with core MMRC functions (i.e., abstraction, analysis, coordination, meeting logistics, dissemination activities, and travel for up to 4 staff to an annual required reverse site visit), adjusted for the 3-year average of state-level numbers of pregnancy-associated deaths, as indicated by 2017-2019 CDC WONDER mortality data. Average counts of pregnancy-associated deaths were categorized into quartiles, excluding one outlier at the upper end of the distribution. A reference sheet on using CDC WONDER to identify ICD-10 based estimates of 'pregnancy- associated' deaths, and eligible, state-specific breakdowns are provided for potential applicants at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/nofo/CDC-DP22-2211.html.

| Number of deaths per year | Maximum Funding Amount |
|---|---|
| Less than 4 | $150,000 |
| 4-10 | $300,000 |
| 11-22 | $375,000 |
| 23-100 | $450,000 |
| Greater than 100 | $600,00 |

Depending on applicants, awards can potentially range from $150,000 to $600,000 in each year of the period of performance.

**b. Evaluation and Performance Measurement**

**i. CDC Evaluation and Performance Measurement Strategy**

CDC will work with recipients to develop and implement jurisdiction-specific evaluation and performance measurement plans within 6 months of award.

**Monitoring activities**

CDC will measure progress in strategies and activities, and short-term and intermediate outcomes through the following:

- Regular (e.g., monthly) virtual meetings with the recipient
- Regular review of financial data and reporting
- Reviewing recipient annual priority performance measures
- Participation in peer-led presentations and discussions during an annual reverse site visit (i.e., MMRIA User Meeting)
- Virtual or in-person observations of MMRC processes
- Reviewing recipient annual work plans and annual progress reports
- Discussion and/or observation of an MMRC meeting during a technical assistance site visit
- CDC examinations of recipient MMRIA data on a routine basis

**Performance Measurement**

Specific performance measures will be finalized and aligned with the required program strategies. Annual reporting requirements on priority performance measures will be in place for all funded recipients. Performance measurement findings will be shared back with recipients at least once during the program period. It is important that recipients have a robust system for monitoring the progress and impact of their activities. Recipients should have systems in place or be able to quickly develop systems for tracking progress.

**Outcome Measures**

Tier 1 measures for the strategies and activities in the logic model will be used by CDC and the recipients for monitoring aligned with the bolded period of performance outcomes to assess achievement on short term outcomes during the 2-year project period.

Recipients are expected to report on the following Tier 1 measures:

- Number of pregnancy-associated deaths that occurred in calendar year identified within 12 months of death (mm/dd/yyyy)
- Number of deaths that occurred in the calendar year and identified for committee review that were fully abstracted and ready for review within18 months of death (mm/dd/yyyy)
- Number of MMRC data products made available to communities, clinicians, and policy makers

**Data Use**

Data will be used by CDC and the recipients for monitoring progress and improving public health outcomes by:

- CDC will identify opportunities for process and data quality improvement within and across recipients by monitoring MMRIA data on a routine basis

- Recipients will identify opportunities for process and data quality improvement within and across recipients by monitoring MMRIA data quarterly
- CDC will describe pregnancy-related deaths by analyzing aggregated MMRIA data and identify common opportunities for prevention on a routine basis
- Recipients will describe pregnancy-related deaths, including among populations disproportionately affected, by analyzing their aggregated MMRIA data and identifying common opportunities for prevention at least annually

**Data Management Plan**

Applicants are not required to submit a Data Management Plan as CDC manages the data system, maternal mortality review information application (MMRIA"). CDC has developed and received approval for a system-wide Data Management Plan.

**ii. Applicant Evaluation and Performance Measurement Plan**

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

**c. Organizational Capacity of Recipients to Implement the Approach**

The applicant's organizational capacity statement must clearly demonstrate the applicant has the necessary skills and relevant experience to successfully implement the strategies and activities outlined in the Logic Model and to manage a federal award.

Applicant should demonstrate required skills including program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management. Applicant must demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with grants regulations.

Applicant must have a financial management system that will allow for funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

A strong applicant will:

1. Describe data sources they have successfully accessed in the past and strategies to access new required data sources with solutions to address barriers to access.
2. Describe a process for accurate and efficient identification of pregnancy-associated deaths, quality assurance of death records, complete abstraction of comprehensive case specific information, and timely case review. This includes describing a process for implementation of informant interviews which gather information supplemental to clinical and social records to further bolster MMRC review and recommendations for prevention and describing approach for meeting program timeline of review for all potentially pregnancy-related deaths within 2 years of the date of death, as defined by day/month/year of death for each death.
3. Describe a process for population-level review by a multidisciplinary MMRC with consideration for ensuring the timely review of pregnancy-related deaths. Including presenting an understanding of disparities in maternal health outcomes in their jurisdiction based on geography, race/ethnicity, socioeconomic status, insurance type, preferred language, or other relevant factors, and describe an approach for increasing or sustaining membership inclusive of representatives from communities disproportionately impacted by poor maternal health outcomes.
4. Describe plans for analysis of MMRC data and dissemination of findings, including stratification by disproportionally impacted populations, and the different anticipated audiences for these products.
5. Provide a staffing plan and project management structure that will be sufficient to achieve the project outcomes, and which clearly defines staff and partner roles.
6. Describe required and optional collaborations as outlined in this funding opportunity. Including demonstrating experience strengthening collaborations to address inequities in pregnancy-related deaths and increase MMRC data utilization among communities.

**d. Work Plan**

Applicants will be required to provide a detailed work plan for the first year of the project, and a high-level work plan for the subsequent year. The work plan assists the Project Officer in monitoring recipient activities and reflects activities supported by the annual budget award. The work plan should display how the strategies, activities, timelines, and staffing/collaborations work together. The work plan should align with evaluation plan and must at a minimum include:

- Activities and timelines to support achievement of NOFO outcomes. These activities should be in alignment with the NOFO logic model and should have appropriate performance measures for accomplishing tasks. Each element of the plan must contain the following components: overall period of performance outcome and outcome measure, strategies and activities, and process measures.
- Staff, contracts and administrative roles and functions to support implementation of the award.
- Administration and assessment processes to ensure successful implementation and quality assurance.

See sample work plan provided below:

| **Period of Performance Outcome:**<br>*Example: Increase timeliness, accuracy, and standardization of information available about deaths during pregnancy and the year after the end of pregnancy, including documented opportunities for prevention.* | **Outcome Measures:**<br>*Examples: % of deaths identified for committee review that were fully abstracted and ready for committee review within 18 months of death (mm/dd/yyyy)* |
|---|---|

| **Strategies and Activities** | **Process Measure**<br>*[from Evaluation and Performance Measurement section]* | **Responsible Position / Party** | **Completion Date** |
|---|---|---|---|
| 1. Example: Comprehensively identify pregnancy-associated death | Example: No. of pregnancy-associated deaths that occurred in calendar year identified within 12 months of death (mm/dd/yyyy) | | |
| | | | |

**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.

Each recipient will be required to develop a work and evaluation plan that outlines how and by when they will achieve the strategies, activities, and outcomes outlined in this funding opportunity. The work plan must include reporting on performance measures and Tier 1 outcome evaluation measures. Recipients will update their work plans no less frequently than annually, providing an accurate and detailed assessment of progress. CDC will use the recipient work plan to track recipient progress toward the outcomes, provide feedback, and assist with achievement of outcomes within stated time frames. CDC will use the data provided by recipients to assess opportunities for process and data quality improvement and will share this feedback. CDC will provide routine feedback to recipients throughout the period of performance using quarterly reports, calls, and email communication.

CDC will use the MMRC data they receive via entry into the MMRIA system to identify opportunities for process and data quality improvement, sharing this feedback with respective recipients. Processes and data quality improvement will focus on consistency, timeliness, and completeness. Findings from these assessments will demonstrate the value of building recipients' capacity for conducting Maternal Mortality Review Committees that can identify and characterize maternal deaths, with the goal of identifying prevention opportunities. In addition, CDC will use the data assessments for continuous program quality improvement of the CDC program and recipient programs.

f. CDC Program Support to Recipients

Technical assistance to recipients will be provided in the form of trainings and presentations and through access to expertise retained by the CDC to support the overall Enhancing Reviews and Surveillance to Eliminate Maternal Mortality initiative. Training or presentations topics may include focused support on: Implementation of and data entry into MMRIA; Identification of pregnancy-associated deaths; Comprehensive, efficient, and effective abstraction of deaths, including the operationalization of key informant interview approaches within MMRC programs;

Data quality improvement; Analysis of MMRC data, including analyzing MMRIA data to identify opportunities for prevention; Committee meeting facilitation and collaborative decision-making; Multidisciplinary engagement (i.e., clinical and non-clinical committee membership); Community membership and engagement in MMRC processes; Effective data use and dissemination, including data dissemination to communities; and Program evaluation and performance measurement. Technical assistance may also be provided in the form of information sharing between MMRCs (funded and not funded through this NOFO). Information sharing may occur through MMRC profiles and MMRC-developed products disseminated by CDC and partner organizations; CDC dissemination of regular ongoing email communication to all recipients that will include information about conferences, current literature, and other relevant resources and events; CDC hosting distance-based topic-driven learning events to assist MMRCs with problem-solving areas of concern that arise during performance of program activities; networking and information sharing during regular CDC-hosted collaborative learning events.

## B. Award Information

**1. Funding Instrument Type:**
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

**2. Award Mechanism:**
U58

**3. Fiscal Year:**
2022

**4. Approximate Total Fiscal Year Funding:**
$2,625,000

**5. Total Period of Performance Funding:**
$5,250,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$5,250,000

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

**7. Expected Number of Awards:**
8

**8. Approximate Average Award:**

$328,125
Per Budget Period

**9. Award Ceiling:**
$600,000
Per Budget Period

This amount is subject to the availability of funds.

**10. Award Floor:**
$150,000
Per Budget Period

This amount is subject to the availability of funds

**11. Estimated Award Date:**
September 30, 2022

**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 NOFO.

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

## C. Eligibility Information

### 1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

**2. Additional Information on Eligibility**

The intent of this Notice of Funding Opportunity Announcement(NOFO) is to support applicants not currently funded under CDC-RFA-DP19-1908. If there is already an award under CDC-RFA-DP19-1908 supporting MMRC activities in a state or jurisdiction applicants in these jurisdictions are not eligible for funding under this NOFO as this would be a duplication of efforts.

CDC will consider any applications non-responsive, and it will not receive further review if the following documents are not submitted as specified in the collaboration section of this NOFO:

1. Authorities and Protections MOU;
2. Vital Records Access MOU;
3. MMRIA MOU; and
4. MMRIA Data Sharing Agreement

### 3. Justification for Less than Maximum Competition

N/A

### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

### 5. Maintenance of Effort

Maintenance of effort is not required for this program.

## D. 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.

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

**a. Unique Entity Identifier (UEI):**

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

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

**b. System for Award Management (SAM):**

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

**c. Grants.gov:**

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

"Applicant Registration" option at www.grants.gov.

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

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

## 2. Request Application Package

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

## 3. Application Package

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

## 4. Submission Dates and Times

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

**a. Letter of Intent Deadline (must be emailed)**

**b. Application Deadline**

Due Date for Applications 06/20/2022

06/20/2022
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

**Due Date for Information Conference Call**
May 23, 2022, (Monday) 1-2pm ET

+1 404-718-3800,,261429695# United States, Atlanta

(888) 994-4478,,261429695# United States (Toll-free)

Phone Conference ID: 261 429 695#

## 5. Pre-Award Assessments

**Risk Assessment Questionnaire Requirement**

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

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

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

**Duplication of Efforts**

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

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

### 6. Content and Form of Application Submission

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

### 7. Letter of Intent

*LOI is not requested or required as part of the application for this NOFO.*

### 8. Table of Contents

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

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

### 9. Project Abstract Summary

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

### 10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

### a. Background

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

### b. Approach

#### i. Purpose

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

#### ii. Outcomes

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

#### iii. Strategies and Activities

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

#### 1. Collaborations

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

#### 2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the

program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

### c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

### d. Organizational Capacity of Applicants to Implement the Approach

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

## 11. Work Plan

(Included in the Project Narrative's page limit)

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

## 12. Budget Narrative

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

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

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

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

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

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

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

Applicants should include a trip to Atlanta, GA for up to 4 applicant's representatives at the annual MMRIA User Meeting, which serves as the reverse site visit for this award.

## 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 45 CFR 75 which include, but are not limited to, the following:

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

## 14. 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.

## 15. 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.

## 16. 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.

## 17. Data Management Plan

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

## 18. Other Submission Requirements

**a. Electronic Submission:**

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

**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 via email.

## E. Review and Selection Process

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

**a. Phase 1 Review**

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

**b. Phase II Review**

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

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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

**i. Approach** **Maximum Points:** 40

Evaluate the extent to which the applicant:

- Describes processes for comprehensively identifying pregnancy-associated deaths to residents of a specific jurisdiction, regardless of location of death, that occur during pregnancy or within a year of the end of pregnancy on a routine basis, no later than one year following the date of death. **(4 points)**
- Describe processes for the abstraction and entry of information of all pregnancy-related deaths into MMRIA for use by the MMRC within 18 months of the date of death, as defined by day/month/year of death for each death, including mitigation of potential barriers and challenges. These sources of data can be, but are not limited to, medical records, social service records, and informant interviews. **(4 points)**
- Describe approach for managing and maintaining a committee inclusive of membership across clinical, and non-clinical domains. **(4 points)**
- Presents an understanding of disparities in maternal health outcomes in their jurisdiction based on geography, race/ethnicity, socioeconomic status, insurance type, preferred language, or other relevant factors, and describes an approach for increasing or sustaining membership inclusive of representatives from communities disproportionately impacted by poor maternal health outcomes. **(4 points)**
- Describe processes for completing the Committee Decisions Form in MMRIA, including developing recommendations for prevention with a who/what/when framework, to fully capture committee decisions during the review of each death. **(4 points)**
- Describe process for data entry within the MMRIA system within 30 days of MMRC review completion, including describing process for data quality assurance checks of entered data within 90 days of review. **(4 points)**
- Describes processes for operationalization and use of MMRIA, including analysis and dissemination of findings. **(4 points)**
- Includes a Letter of Support from the jurisdiction's PQC network as evidence of partnerships to promote dissemination to clinical partners. **(4 points)**
- Describes process for dissemination of MMRIA data to non-clinical partners to increase the utilization of MMRC data, inclusive of dissemination to communities that are disproportionally impacted. **(4 points)**
- Presents a work plan consistent with the format proposed by CDC that includes a description of specific tasks that are reasonable and feasible, with realistic completion dates and identification of person(s) responsible. Work plan should present, in detail, the

implementation of strategies likely to lead to attainment of the proposed objectives and achieve the intended program outcomes. A comprehensive workplan for the first budget period and an overview plan for the entire period of performance should be provided. **(4 points)**

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

Evaluate the extent to which the applicant:

- Provides a plan that supports successful measurement of performance measures and Tier 1 measures that align with strategies and activities in the logic model. **(10 points)**
- Describes how performance measures and other relevant data (e.g., performance measures proposed by the applicant) will be used to drive quality improvement in MMRC processes and data. **(15 points)**

**iii. Applicant's Organizational Capacity to Implement the Approach** **Maximum Points:** 35

Evaluate the extent to which the applicant:

- Includes clear, specific, and referenced descriptions of the applicant's access clinical and non-clinical records. Applicant identifies data sources they have successfully accessed in the past and identifies strategies to access new required data sources with solutions to address barriers to access. **(10 points)**
- Demonstrates experience and organizational capacity to address health inequities, including addressing ability to engage with review committee members with non-clinical expertise and/or community members. **(10 points)**
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes, and which clearly defines staff and partner roles. **(10 points)**
- Includes evidence of collaborations to address inequities in pregnancy-related deaths and increase MMRC data utilization among communities. **(5 points)**

**Budget** **Maximum Points:** 0

Although not scored, applicants must assure their proposed budget aligns with their proposed workplan and CDC policy.

- Consider the extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities.
- Consider the extent to which the budget allocation reflects appropriate focus on the required NOFO strategies and activities.
- Applicant’s proposed budget should include a trip to Atlanta, GA for up to 4 applicant’s representatives at the annual MMRIA User Meeting during first year of period of performance.

**c. Phase III Review**

Applications will be reviewed and scored in accordance with the Phase II review criteria noted above. Additionally, the CDC Program Officials will evaluate the Authorities and Protections

MOU; Vital Records Access MOU; MMRIA MOU; and MMRIA Data Sharing Agreement to determine an applicants legal authority to conduct the work.

The following factors also may affect the funding decision:

- Applicants may be funded out of rank order to select applicants with the legal authority to conduct the work.
- Applicants may be funded out of order to ensure geographic representation of recipients for the widest non-duplicative reach of the program, and to ensure that the breadth of prevention opportunities across different US geographies (e.g., large metropolitan, frontier, US Department of Health and Human Services regions) are maintained through this funding opportunity (Urban-rural differences in pregnancy-related deaths, United States, 2011–2016 - ScienceDirect; HHS Regional Offices | HHS.gov).

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

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

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

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

(1) Financial stability;

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

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting

requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

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

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

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

### 2. Announcement and Anticipated Award Dates

Anticipated award date: 9/30/2022

## F. Award Administration Information

### 1. Award Notices

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

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

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

### 2. Administrative and National Policy Requirements

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 https://www.cdc.gov/grants/additional-requirements/index.html.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

*AR-9: Paperwork Reduction Act Requirements*
*AR-10: Smoke-Free Workplace Requirements*
*AR-11: Healthy People 2030*
*AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*
*AR-14: Accounting System Requirements*
*AR-24: Health Insurance Portability and Accountability Act Requirements*
*AR-25: Data Management and Access*
*AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009*

*AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973*
*AR-31: Research Definition*
*AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020*

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

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

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

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

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

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

## 3. Reporting

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

- Helps target support to recipients;

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

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

| Report | When? | Required? |
|---|---|---|
| Receipient Evaluation and Performance Measurement Plan | 6 months into award | Yes |
| Annual Performance Report (APR) | No later than 120 days before end of budget period. Serves as yearly continuation application | Yes |
| Data on Performance Measures | No later than 120 days before end of budget period. Submission occurs with APR. | Yes |
| Federal Financial Reporting (FFR) | 90 days after the end of the budget period | Yes |
| Final Performance and Financial Report | 90 days after end of period of performance | Yes |
| Payment Management System (PMS) Reporting | Quarterly reports due January 30; April 30; July 30; and October 30 | Yes |

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

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

Performance Measurement

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

Evaluation

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

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

**b. Annual Performance Report (APR) (required)**
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.

- Recipients must describe success stories.

- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

## 6. Termination

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

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

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

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

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

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

## G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

### Program Office Contact

**For programmatic technical assistance,** contact:

First Name:
Tegan

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

Address:
4770 Buford Highway NE

Atlanta, GA 30341

Telephone:
404-639-8638

Email:
TCallahan@cdc.gov

### Grants Staff Contact

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

First Name:
Darryl

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

Address:
2920 Brandywine Rd

Atlanta, GA 30341

Telephone:
770-488-2747

Email:
dvm1@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

## H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

**Required attachments:**

- **Authorities and Protections**. These files should be uploaded as a PDF with the application and named "Auth_Protect_MOU"

- **Ability to Share Data with CDC**. These files should be uploaded as a PDF with the application and named "Data_Share_Evid"
- **State Vital Records Offices**. These files should be uploaded as PDF with the application and named "Vitals_MOU
- **State Hospital Associations**. These files should be uploaded as PDF with the application and named "State_HA_MOU"
- **State Medicaid Offices**. These files should be uploaded as PDF with the application and named "Medicaid_MOU"

Following is a list of **required under specific circumstances** attachments applicants can upload as PDF as part of their applications at www.grants.gov:

- **State Medical Examiner/Coroner Offices**. In the case where the State Medical Examiner/Coroner Office is not the applicant. These files should be uploaded as a PDF with the application and named "ME_C_MOU"
- **State Public Health Agency**. In the case where the State Public Health Agency is not the applicant. These files should be uploaded as a PDF with the application and named "SPHA_MOU"

Following is a list of **optional** attachments applicants can upload as PDF as part of their application at www.grants.gov:

- **Collaborations with CDC funded programs.** These files should be uploaded as a PDF with the application and named "Collab_MOU", adding a number to the end to differentiate these files from each other.
- **Collaborations with non CDC funded programs.** These files should be uploaded as a PDF with the application and named "Opt_Partners_MOU", adding a number to the end to differentiate these files from each other.

## I. Glossary

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

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

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

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

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

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

**Budget Period or Budget Year:** The duration of each individual funding period within the 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.

**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. https://www.cdc.gov/grants/additional-requirements/index.html.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Notice of Award (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant;

(2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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

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

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

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

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

**Plain Writing Act of 2010:** The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

**Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil

law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

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

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

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

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

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

**NOFO-specific Glossary and Acronyms**

| | |
|---|---|
| AAFP | AAFP American Academy of Family Physicians |
| ACNM | American College of Nurse midwives |
| ACOG | American College of Obstetricians and Gynecologists |
| AMCHP | Association of Maternal and Child Health Programs |
| APA | American Psychological Association |
| APR | Annual Performance Report |
| AWHONN | Association of Women’s Health Obstetric and Neonatal Nurses |
| CCR | Community Health Workers for COVID Response and Resilient |
| CDC | Communities |
| DMP | Centers for Disease Control and Prevention |
| DUA | Data Management Plan |
| ERASE | Data Use Agreement |
| HHS | Enhancing Reviews and Surveillance to Eliminate Maternal Mortality |
| IT | Health and Human Services |
| LOCATe | Information Technology |
| LOS | Levels of Care Assessment Tool |
| MCHEP | Letter of Support |
| MMRIA | Maternal and Child Health Epidemiology Program |
| MMRC | Maternal Mortality Review Information Application |
| MOA | Maternal Mortality Review Committee |
| MOU | Memorandum of Agreement |
| NOFO | Memorandum of Understanding |

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|---|---|
| NVDRS | Notice of Funding Opportunity |
| PMS | National Violent Death Reporting System |
| PMSS | Payment Management System |
| PQC | Pregnancy Mortality Surveillance System |
| PRAMS | Perinatal Quality Collaborative |
| REACH | Pregnancy Risk Assessment and Monitoring System |
| SMFM | Racial and Ethnic Approaches to Community Health<br>Society of Maternal-Fetal Medicine |