

Centers for Disease Control and Prevention

National Center for Environmental Health

National Public Health Surveillance for Chemical and Radiologic Exposures and Emerging Drug Threats

CDC-RFA-EH20-2003

Application Due Date: 05/15/2020

National Public Health Surveillance for Chemical and Radiologic Exposures and Emerging Drug Threats

CDC-RFA-EH20-2003

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-EH20-2003. 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:

National Public Health Surveillance for Chemical and Radiologic Exposures and Emerging Drug Threats

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-EH20-2003

E. Assistance Listings (CFDA) Number:

93.070

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**05/15/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

May 05, 2020

3:00 - 4:00 PM Eastern Time

(855) 644-0229, (Dial-in Conference Region)

Conference ID: 9827483

G. Executive Summary:

1. Summary Paragraph:

The purpose of this NOFO is to facilitate the partnership between CDC/National Center for Environmental Health/Division of Environmental Health Science and Practice (DEHSP), the CDC/National Center for Injury Prevention and Control/Division of Overdose Prevention (DOP), and the recipient to facilitate development, implementation, and continuous improvement of a system for receiving and compiling data from US poison centers (PCs) that

can be used for public health surveillance of toxic exposures at the national level. This NOFO will fund several important activities including 1) providing DEHSP scientists' access to the national system of US PC call data; 2) maintaining the technologic functioning of this system; 3) supporting a team of toxicologists who review specific alerts generated by this system; 4) development and implementation of enhancements to this system to improve public health surveillance capabilities; and 5) collaboration with PCs and public health to conduct a needs assessment to identify both technical and process enhancements that would benefit local infrastructure and surveillance and to develop success stories and related dissemination products. This system is used to: improve surveillance for toxic exposures based on data collected from US PCs; identify early markers of public health emergencies so appropriate, rapid public health response can be launched; and improve situational awareness about ongoing or emerging chemical or radiological exposures.

a. Eligible Applicants:	Single
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Period of Performance Funding:	$7,500,000
e. Average One Year Award Amount:	$1,500,000
f. Total Period of Performance Length:	5
g. Estimated Award Date:	08/14/2020
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

This NOFO will facilitate the partnership between CDC/National Center for Environmental Health/Division of Environmental Health Science and Practice (DEHSP), the CDC/National Center for Injury Prevention and Control/Division of Overdose Prevention (DOP), and the recipient to facilitate development, implementation, and continuous improvement of a system for receiving and compiling data from US poison centers (PCs) that can be used for public health surveillance of toxic exposures at the national level. Data collected from callers to PCs is uploaded to a national system every 4-10 minutes, 24 hours a day. DEHSP Scientists can use this system to conduct national surveillance for toxic exposures. PC data collected in this national system the only source of near real-time data for toxicosurveillance in the US. This

system of national PC data will be used to quickly identify exposures to 64 high priority exposures and illnesses for the purpose of public health surveillance.

DEHSP scientists examine PC data anomalies to identify clusters of illness of potential public health importance and create case-based definitions of public health events to facilitate case finding. DEHSP will works closely with the recipient to provide both funding and guidance for system development, as well as epidemiologic and toxicological expertise during public health incidents. Anomalies in call volume, clinical effects (signs and symptoms), and in case-based definitions are generated automatically. A member of a team of toxicologists will be on-call 24/7 to review anomalies and notify DEHSP if a public health threat is identified.

In 2019, CDC's National Center for Injury Prevention and Control (NCIPC) joined this partnership to better understand how drug poisonings and overdose captured in PC data could complement or enhance ongoing drug overdose surveillance activities.

The recipient will also increase state and local capacity to respond to chemical, biological, and radiological incidents. A national protocol for state health department notification ensures that state epidemiologists are aware of all incidents identified by the surveillance system for prompt public health response. Moreover, state health departments can utilize PC data for agent-specific surveillance activities using state-specific PC data from their own jurisdictions. A 2013 survey revealed that around 80% of state health departments use PC data for surveillance in some capacity and 95% of state health departments believe PC data is important for public health activities.

This NOFO will fund several important activities including 1) providing DEHSP scientists' access to the national system of US PC call data; 2) maintaining the technologic functioning of this system; 3) supporting a team of toxicologists who review specific alerts generated by this system; 4) development and implementation of enhancements to this system to improve public health surveillance capabilities; and 5) collaboration with PCs and public health to conduct a needs assessment to identify both technical and process (e.g., communication between partners who use the system) enhancements that would benefit local infrastructure and surveillance and to develop success stories and related dissemination products.

b. Statutory Authorities

This program is authorized under Sect 301 PHS Act (42 U.S.C. Sect 241 and 247), as amended

Section 301 (a) [42 U.S.C. 241a)] of the Public Health Service Act, and Section 391 (a) [42 U.S.C. 280 b (a)] of the Public Health Service Act. Additional authority is found in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, Public Law 115-271 (October 24, 2018).

c. Healthy People 2030

This program addresses the "Healthy People 2030" focus area(s) of Environmental Health and Public Health Infrastructure by collaborating with partners to create the expertise, information, and tools that people and communities need to protect their health-through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. This funding opportunity also supports Healthy People 2030 topic areas of injury and violence prevention, opioids, and substance abuse.

d. Other National Public Health Priorities and Strategies

This NOFO also supports the following national public health priorities and strategies:

- The Pandemic and All-Hazards Preparedness Act (SB 3678) (http://www.govtrack.us/congress/bill.xpd?bill=s109-3678)
- The Homeland Security Presidential Directive ? 21 (HSPD-21) (http://www.dhs.gov/xabout/laws/gc_121926396144 9.shtm).
- HHS Five-Point Opioid Strategy (https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html)
- President's Commission on Combating Drug Addiction and the Opioid Crisis Recommendations (https://www.whitehouse.gov/ondcp/presidents-commission)
- President Donald J. Trump's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand (https://www.whitehouse.gov/briefings-statements/president-donald-j-trumps-initiative-stop-opioid-abuse-reduce-drug-supply-demand-2/)

e. Relevant Work

DEHSP studies environmental exposures that may be harmful to people and develops strategies for preventing human exposure to environmental hazards and mitigating the effects of natural and human-induced disasters. AAPCC's NPDS is the system created following many years of partnership with DEHSP and currently funded by the NOFO CDC-RFA-EH15-1506 and is the cornerstone of DEHSP surveillance activities, allowing our scientists to conduct national surveillance for and report on exposure events of potential public health significance.

Public Health and Poison Centers Collaborations Community of Practice (CoP) facilitates communications between and among state departments of health (DOH) and PCs, facilitate relationship building between PCs and state DOHs, and promote the use of PC data for state preparedness and response activities. The CoP has over 240 members from public health agencies and poison centers. It is recognized and supported by AAPCC, the Council of State and Territorial Epidemiologists (CSTE), and the North American Congress of Clinical Toxicology (NACCT).

DEHSP works with PCs serving areas affected by hurricanes to examine the risk factors for and messages about carbon monoxide exposures after storms. NPDS and PCs were integral to situational awareness activities during Hurricanes Irma, Harvey, and Maria. This information was used at the CDC Emergency Operations Center to guide national public health response activities.

DOP leads the agency's drug overdose surveillance program within the Overdose Data to Action funding announcement (OD2A; CDC-RFA-CE-19-1904). AAPCC NPDS surveillance activities on drug overdose surveillance complement the strategies currently being implemented by funded OD2A health departments.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Approach:

<table>
<tr><td rowspan="2">Major Activities</td><td colspan="3">Outcomes</td></tr>
<tr><td>Short</td><td>Intermediate</td><td>Long</td></tr>
<tr><td>Provide DEHSP scientists' access to the national system of US PC call data</td><td rowspan="3">Improved situational awareness and ability to investigate incidents of public health significance</td><td rowspan="3">Enhanced surveillance capacity of state and local public health agencies and public health professionals</td><td rowspan="4">Increased federal, state, and local public health capacity for identifying, addressing, and reducing morbidity and mortality from chemical, radiological, and other threats</td></tr>
<tr><td>Maintain the technologic functioning of the national system</td></tr>
<tr><td>Support a team of toxicologists to review specific alerts generated by this system</td></tr>
<tr><td>Collaborate with poison centers and public health to conduct a needs assessment to identify both technical and process (e.g., communication between partners who use the system) enhancements that would benefit local infrastructure and surveillance and to develop success stories and related dissemination products</td><td>Increased collaboration of PCs, state and local public health agencies, healthcare systems, and emergency management agencies</td></tr>
<tr><td>Development and Implementation enhancements to this system to improve public health surveillance capabilities</td><td>Improved surveillance capabilities and overall functionality of NPDS for public health surveillance</td><td>Enhanced technical capacity of the national system of US PC data for preparedness and response activities</td><td></td></tr>
</table>

i. Purpose

The purpose of this NOFO is to facilitate public health surveillance at the national level for chemical and radiological exposures and other threats using data collected at U.S. PCs. The recipient will collaborate with scientists at DEHSP to establish and maintain case-based and syndromic surveillance definitions, along with other surveillance parameters to conduct near-real time public health surveillance using PC data. Additionally, this NOFO will facilitate collaboration with DOP to help improve alerting tools for drug exposures and surveillance for emerging drug threats.

ii. Outcomes

Short term outcome - **Improved situational awareness and ability to investigate incidents of public health significance**: the immediate outcome of this activity is the improvement of situational awareness through access to near real-time PC data. PC data are collected in a timely manner which allows for prompt identification of incidents of public health significance and prompt notification to state health departments for appropriate public health action.

Short term outcome - **Increased collaboration of PCs, state and local public health agencies, healthcare systems, and emergency management agencies**: another immediate outcome is improved collaboration amongst stakeholders through regular communications of incidents that spur from DEHSP surveillance activities or investigation into drug exposure clusters and emerging drug threats by local public health epidemiologists using PC data. Improved collaboration will increase response capacity for future incidents.

Short term outcome - **Improved surveillance capabilities and overall functionality of NPDS for public health surveillance:** another immediate outcome is improved functionality of the system that stores national PC data to identify incidents of public health significance. Improved functionality includes improving the sensitivity and specificity of the system in identifying incidents, and providing a more user- friendly interface for federal, state, and local public health users of the system

Intermediate term outcome - **Enhanced surveillance capacity of state and local public health agencies and public health professionals:** the intermediate outcome of this cooperative agreement is an overall improvement of state and local public health to conduct surveillance. PC data constitutes one of the major data sources for identification of chemical and radiological incidents, as well as emerging drug exposure threats, and continued maintenance and improvement of this system will allow for improved capacity.

Intermediate term outcome - **Enhanced technical capacity of using PC data for preparedness and response activities:** the intermediate outcome of this agreement is improved technical capacity of using PC data, which includes improving the data's usefulness, flexibility, and acceptability among state and local users. As the technical capacity improves, so does the ability for federal, state, and local public health to identify incidents of importance.

iii. Strategies and Activities

- Provide DEHSP scientists' access to the national system of US PC call data

The recipient will provide DEHSP scientists with access to the national system of US PC data for the purposes of conducting national surveillance for chemical and radiological exposures by

being able to identifying early markers of a larger public health threat (sentinel event surveillance). Additionally, the recipient will collaborate with DOP scientists related to efforts to improve alerting for drugs of abuse.

The recipient will provide DEHSP scientists with access to the national system for the purpose of increasing situational awareness about known public health emergencies and for identifying emerging public health threats. Additionally, the recipient will work collaboratively with DOP in responding to emerging drug threats.

- Maintaining the technologic functioning of this system

The recipient will ensure continual operation and functionality of the national system of US PC data by maintaining information technology, data management, and public health surveillance capabilities.

- Support a team of toxicologists who review specific alerts generated by this system

The recipient will maintain a toxicosurveillance team of approximately 5 to 8 toxicologists from member PCs to investigate data anomalies generated by the system. Investigation of these anomalies may include contacting the originating PC for more information about the exposure.

Within 48 hours, the toxicosurveillance team will make a determination of whether a data anomaly escalates to an incident of public health significance. The toxicosurveillance team will notify DEHSP about incidents they identify as public health significance.

The recipient will maintain a toxicosurveillance team to investigate case-based data anomalies. These anomalies identify individual cases that meet pre-specified criteria, including high priority exposures such as cases potentially related to weapons of mass destruction, CDC category A and category B bioterrorism agents, and marine toxins. Within six hours, the toxicosurveillance team will make a determination of whether a case-based data anomaly indicates an exposure of public health significance and notify DEHSP.

- Collaborate with poison centers and public health to conduct a needs assessment to identify both technical and process (e.g., communication between partners who use the system) enhancements that would benefit local infrastructure and surveillance and to develop success stories and related dissemination products

The recipient will improve emerging drug threat surveillance capabilities by assessing needs of state and local partners using the system; evaluating these needs; implementing changes and dissemination products as identified. Some examples of this may include: training materials for users, improved organization and querying of generic and product codes, building new case

- Develop and implement enhancements to the system to improve public health surveillance capabilities

The recipient will make improvements to the national system in order to maintain the system's utility for national public health surveillance. These improvements may include but are not

limited to those listed below:

1. Technical: the collection, transmission, and analysis of data that occurs in the background of the system
2. Surveillance: the surveillance methodologies and case-definitions used to identify data anomalies
3. Data quality: the consistency and reliability of information collected by PCs

The recipient will conduct monthly meetings (one technical call, one surveillance call) with DEHSP and DOP to discuss potential improvements to the system. These suggested improvements will also inform DEHSP and DOP of future funding initiatives. The recipient leadership will meet monthly by teleconference with DEHSP and DOP leadership to discuss broader issues associated with the system and to introduce ideas for new different strategies and activities to achieve the purpose of this activity.

1. Collaborations

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

There are no required collaborations. The applicant is encouraged to continue working with current CDC programs to the extent possible.

b. With organizations not funded by CDC:

Collaborations with the Council of State and Territorial Epidemiologists and the North American Congress of Clinical Toxicology is highly recommended (but considered optional) as a part of the work highlighted in this NOFO.

2. Target Populations

No particular target population has been identified as the beneficiary of the outcomes of this project. The work conducted under this NOFO will benefit the entire U.S. population through the rapid identification of and response to chemical and radiological exposures and other incidents of public health significance.

a. Health Disparities

The recipient will ensure that underserved populations (e.g., tribal, rural, and ESOL populations, and people with disabilities) are included and reached through this project.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

- Major Activity 1: Provide DEHSP scientists' access to the national system of US PC call data

DEHSP scientists are able to access the national system with no down time during business

hours throughout the period of performance.

Measure – The recipient will allow at least five DEHSP users unfettered access to the national system

- Major Activity 2: Support a team of toxicologists who review specific alerts generated by this system

Measure - The recipient's toxicosurveillance team follows up data anomalies within 48 hours of detection.

Measure - The recipient's toxicosurveillance team follows up on high-priority data anomalies within 6 hours of detection.

The recipient will create ad-hoc temporary codes for ongoing situational awareness when deemed necessary.

- Major Activity 3: Maintain the technologic functioning of this system

DEHSP scientists are able to access the national system with no down time during business hours throughout the period of performance.

Measure – The recipient will allow at least five DEHSP users unfettered access to the national system

- Major Activity 4: Collaborate with PCs and public health to identify both technical and process (e.g. communication between partners who use the system) enhancements that would benefit local infrastructure and surveillance and to develop success stories and related dissemination products.

Within 6 months, the recipient will assess needs of state and local public health partners through a systematic needs assessment of the following: 1) how PC data are currently used for surveillance of and response to emerging drug threats; 2)what some of the barriers are to its use; and 3) areas of improvement to help inform state and local utility for overdose surveillance and response efforts. The recipient will develop a plan to address barriers to using PC data at the state and local level, identifying enhancements that will improve the usage of PC data for state and local surveillance and response within 3 months of assessment and begin implementation of this plan within 6 months of award.

The recipient will develop and disseminate additional training materials as identified as needed, including success stories.

Performance measures will demonstrate the value, in terms of timeliness, accuracy, and scope, of PC data for national public health surveillance. Performance measures will be used by CDC to review and improve surveillance processes so that PC data continue to be valuable for national toxicosurveillance. Information about performance measures and decisions made based on them will be shared with stakeholders (e.g., PC directors).

Measure – have a completed assessment report of state and local health partner needs within six

months.

- Major activity 5: Develop and implement enhancements to the system to improve public health surveillance capabilities

Measure - The recipient will gather requirements for technical improvements within 6 months of identifying the improvement.

The recipient will implement improvements to NPDS surveillance capacity within 6 months of gathering requirements.

Outcome measure for improved surveillance capabilities and overall functionality of NPDS for public health surveillance : The recipient will ensure the system will have less than 1% downtime where DEHSP scientists will not be able to access PC data. This outcome measure can be calculated by total downtime for period of performance divided by total period of performance

Outcome Measure for improved situational awareness and ability to investigate incidents of public health significance: The recipient will ensure over 80% of anomalies reviewed by the toxicosurveillance team occur within 48 hours of anomaly detection

Outcome measure for increased collaboration of PCs, state and local public health agencies, healthcare systems, and emergency management agencies: the recipient will ensure at least 80% of state health departments have at least some collaborative capacity with appropriate PCCs.

Outcome measure for enhanced surveillance capacity of state and local public health agencies and public health professionals: the recipient will ensure at least 50% of state health departments have access to state-based poison center data on a near real-time basis.

Outcome measure for enhanced technical capacity of the national system of US PC data for preparedness and response activities : The recipient will ensure that the following variables will be less than 5% incomplete in records uploaded to the system during the period of performance: time, location, age, sex, call type, clinical effects, and medical outcome.

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

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

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

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

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

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

The recipient will affirm their ability to collect the required data and will develop performance metrics to demonstrate the timeliness, accuracy, and scope of PC data and NPDS public health surveillance data. In addition to process measures to demonstrate the validity of the data, the recipient should routinely provide an analysis of data anomalies and evaluate surveillance data for information collection improvements.

c. Organizational Capacity of Recipients to Implement the Approach

In order to implement the activities described in the NOFO, a certain level of organizational capacity of the recipient is required. The recipient is expected to have personnel with the scientific and program management skills so that performance measures are met and the administrative aspects of the program (e.g., budget and finance, communications) are maintained. The recipient must demonstrate relevant experience and capacity (management, administrative, technical) to implement the activities and achieve the project outcomes. The recipient must have access to PC data across the U.S. and is expected to have existing relationships in place with PC in order to meet the requirements of this NOFO. The recipient must demonstrate membership in the Public Health and Poison Centers Collaborations Community of Practice as well as relationships with CSTE and NACCT.

d. Work Plan

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and	**Process Measure**	**Responsible Position /**	**Completion**

Activities	*[from Evaluation and Performance Measurement section]*	**Party**	**Date**
1.			
2.			
3.			
4.			
5.			
6.			

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.

DEHSP and DOP will monitor the progress of performance measures during monthly calls with different teams (i.e., technical team, the toxicosurveillance team, and the leadership team) about specific topics to ensure that the recipient is performing at a level that is responsive and sufficient to achieve outcomes and evaluation results within stated time frames, and to adjust the work plan based on achievement of outcomes, evaluation results and shifting priorities.

DEHSP, DOP, and the recipient will meet annually, in person or by available technology, to review program progress, challenges, successes and next steps.

The recipient will submit a final report annually summarizing work performed specific to each strategy, including whether and how performance measures were met.

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

- Strategy 1: Provide DEHSP scientists' access to the national system of US PC call data

DEHSP scientists will consult with the recipient when there are access issues and how to address issues with access to national PC data.

- Strategy 2: Support a team of toxicologists who review specific alerts generated by this system

DEHSP will consult with the recipient on the particular criteria needed to choose the team of toxicologists. DESHP scientists will also hold monthly meetings with this team of toxicologists to provide guidance on the types of incidents that will constitute an incident of public health significance.

- Strategy 3: Maintain the technologic functioning of this system

DEHSP and DOP will consult with the recipient on ways to ensure optimal technologic functioning of the system. DEHSP will hold monthly technical meetings with the recipient to ensure constant communication about the health of the system.

Additionally, DOP will consult with the recipient to develop appropriate guidance for state and local partners using PC data to monitor for anomalous drugs of abuse events and also conduct surveillance for emerging drug threats.

- Strategy 4: Collaborate with PCs and public health to identify both technical and process (e.g. communication between partners who use the system) enhancements that would benefit local infrastructure and surveillance and to develop success stories and related dissemination products.

DEHSP and DOP will facilitate discussion with state and local partners about their needs related to surveillance and response activities for drugs of abuse using PC data and provide subject matter expertise related to national drug overdose surveillance and response activities.

- Strategy 5: Develop and implement enhancements to the system to improve public health surveillance capabilities

DEHSP and DOP scientists will consult with the recipient monthly to discuss suitable enhancements to the system that would build federal, state, and local capacity for surveillance of chemical and radiologic threats and emerging drugs.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

	CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	UE1

UE1 Studies of Environmental Hazards and Health Effects

3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	$1,500,000
5. Approximate Period of Performance Funding:	$7,500,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$7,500,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	1
8. Approximate Average Award:	$1,500,000 Per Budget Period
9. Award Ceiling:	$2,000,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:	$0 Per Budget Period
11. Estimated Award Date:	08/14/2020
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.

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

American Association of Poison Control Centers (AAPCC)

American Association for Poison Control Centers (AAPCC).

3. Justification for Less than Maximum Competition

AAPCC is the non-profit member organization of the 55 poison control centers (PCCs) in the United States. AAPCC is the only organization that receives and manages PCC data. AAPCC wholly owns and operates the National Poison Data System (NPDS), the sole repository for real-time poison exposure data received from all U.S. PCCs.

In response to congressional mandate following the September 11 terrorist attacks, NCEH has received funding from CDC's Center for Preparedness and Response (CPR) since 2001 to work with AAPCC to develop and implement a national, real-time database to improve surveillance for chemical and radiological exposures and other poisonings using PCC data. AAPCC identifies and reviews data anomalies that may represent public health threats and to notify appropriate state public health authorities and the corresponding PCC about the threat for prompt public health response/action. This data is used to educate the public on poison safety and allows PCCs to identify the specific poison topics and populations of greatest need in their geographic area. PCCs may apply this data when answering close to three million calls a year, centers save countless lives and millions of tax dollars.

In 2015, CDC entered into a cooperative agreement (single source) with AAPCC to reflect the collaborative nature of the partnership and surveillance activities. Without this ongoing partnership, much of the national, state, and local public health capacity to conduct surveillance for chemical and radiological incidents would be lost. Without access to the NPDS data, AAPCC will not be able to detect and review data anomalies and notify state public health departments of potential threats. Subsequently, state public health departments' awareness of and response to potential threats will be severely delayed, putting the population's health at risk. A sole source competition cooperative agreement between CDC and AAPCC will ensure continuation of a Congressionally-mandated, vital public health surveillance system that brings nationwide benefit to the U.S. population and that CDC's over $30M investment throughout a 17-year CDC-AAPCC partnership is put to maximum use to protect the American people.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this NOFO.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

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

b. Application Deadline

Due Date for Applications: **05/15/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

May 05, 2020

3:00 - 4:00 PM Eastern Time

(855) 644-0229, (Dial-in Conference Region)

Conference ID: 9827483

5. CDC Assurances and Certifications

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

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

Assurances and certifications submitted directly to CDC will be kept on file for one year and

will apply to all applications submitted to CDC by the applicant within one year of the submission date.

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

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

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

Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

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

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

10. Project Narrative

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation

questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.

- 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.

13. Funds Tracking

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

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and

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

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

17. Funding Restrictions

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

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

and additional guidance on lobbying for CDC recipients.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

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

19. Other Submission Requirements

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

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

i. Approach Maximum Points:40

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.

- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.

- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).

- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and to attain the project period outcomes.

- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

ii. Evaluation and Performance Measurement Maximum Points:30

Evaluate the extent to which the applicant:

-Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.

-Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.

-Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.

-Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.

-Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

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

Evaluate the extent to which the applicant addresses the items below:

-Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.

-Demonstrates experience and capacity to implement the evaluation plan.

-Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organization chart.

Budget

c. Phase III Review

This NOFO is a single source agreement, but will undergo an objective review process.

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

Awards will be announced at the earliest possible date. The recipient will receive an electronic copy of the Notice of Award (NOA) from CDC OFR, and unsuccessful applicants will be notified by email.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

As noted above, awardee must comply with the administrative and public policy requirements as appropriate and relevant to this NOFO, including:

Generally applicable ARs:

AR-7: Executive Order 12372 Review

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

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

AR-34: Language Access for Persons with Limited English Proficiency

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

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

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous

quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	Not Applicable
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; 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 publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

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

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

    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

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

Additional reporting is not required.

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

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.

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

Additional information beyond the above is not required.

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

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

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year,

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Tegan Boehmer, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Environmental Health

Division of Environmental Health Science and Practice

4770 Buford Highway, MS S106-6

Atlanta, GA 30341-3717

Telephone: 770.488.3714
Email: tboehmer@cdc.gov

Grants Staff Contact

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

Judith (Julie) Davis, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Grants Management Specialist

Department of Health and Human Services Office of Grants Services

2939 Flowers Rd.

Atlanta, GA 30341

Email: XXG6@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
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

I. Glossary

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

funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 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.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff

members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

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

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

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

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

AAPCC – American Association of Poison Control Centers

PC – Poison center

NACCT – North American Congress of Clinical Toxicology

CSTE – Council of State and Territorial Epidemiologists

DOH – Departments of health