

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Supporting and Improving the Chronic Kidney Disease Surveillance System in the United States

CDC-RFA-DP21-2107

Application Due Date: 03/01/2021

Supporting and Improving the Chronic Kidney Disease Surveillance System in the United States

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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-DP21-2107. 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)

B. Notice of Funding Opportunity (NOFO) Title:

Supporting and Improving the Chronic Kidney Disease Surveillance System in the United States

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.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52.

This Notice of Funding Opportunity (NOFO) solicits non-research cooperative agreement applications to build upon previous work in chronic kidney disease (CKD) surveillance to continue supporting, updating, and improving the CKD Surveillance System in the United States https://nccd.cdc.gov/CKD/. The recipients will have access to the current documentation and existing data in the system.

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP21-2107

E. Assistance Listings (CFDA) Number:

93.833

F. Dates:

1. Due Date for Letter of Intent (LOI):	**01/20/2021**
Is a LOI:	Recommended but not Required
2. Due Date for Applications:	**03/01/2021**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

This NOFO solicits non-research cooperative agreement applications for these components:

Component A: To build upon previous work in chronic kidney disease (CKD) surveillance to continue supporting, updating, and improving the current CKD Surveillance System in the United States https://nccd.cdc.gov/CKD/. This is a comprehensive surveillance system that resides in a website application and integrates existing CKD data from multiple US data sources such as national surveys and registries, health care administrative data, and large cohort studies.

This surveillance system will enable the government and others to monitor trends in the burden of CKD and its risk factors over time and also monitor trends in Healthy People 2030 objectives related to CKD prevention and control.

Component B: To provide computer support and technical management, updates, and enhancements to the currently functional and interactive website application of the CKD Surveillance System https://nccd.cdc.gov/CKD/. The website will be used to 1) document the burden of CKD and its risk factors in the United States population over time, 2) disseminate timely and accurate CKD surveillance data and trends, 3) track the progress of efforts to achieve Healthy People 2030 objectives to prevent, detect, and manage CKD, and 4) provide the means for monitoring risk factors and preventive care practices to assist stakeholders in targeting interventions and reducing health disparities.

The recipients will have access to the current documentation and existing data in the system.

a. Eligible Applicants: Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 2
One award will be made for Component A and one award will be made for Component B.

d. Total Period of Performance Funding: $6,000,000
e. Average One Year Award Amount: $1,200,000
The approximate average award will be $700,000 for Component A and $500,000 for Component B.

f. Number of Years of Award: 5
g. Estimated Award Date: 08/30/2021
h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Chronic kidney disease (CKD), the ninth leading cause of death in the United States, affects an estimated 37 million people or about 15% of the US adult population. Nine in ten people with CKD are not aware of having the disease before the onset of kidney failure and presenting for dialysis or transplantation. In 2017, diabetes accounted for nearly half of all new cases of kidney failure. With the high prevalence of diabetes and hypertension, the burden of CKD and the number of new cases of kidney failure in the United States are expected to grow. Furthermore, people with diabetes and CKD have a higher risk of cardiovascular disease and premature death compared to those without CKD.

In the United States, improvements in diabetes care have contributed to a 68% decline in cardiovascular events between 1990 and 2010 in people with diabetes, whereas the decline in kidney failure incidence was 28%. Unfortunately, these trends stalled or reversed after 2010, particularly in young and middle-aged adults, and the reasons for the resurgence in these diabetes complications are unclear. Preventing CKD and its complications is possible by managing risk factors such as diabetes and high blood pressure and treating the disease to slow its progression and reduce the risk of complications. In people with diabetes, blood pressure and blood sugar control have been shown to delay or prevent CKD and kidney failure. Continued efforts to document and monitor trends in CKD, its risk factors, care practices, and outcomes will be crucial in assessing the success of preventive interventions and in reducing health disparities.

The CKD Surveillance System https://nccd.cdc.gov/CKD/ is the only interactive and most comprehensive collection of CKD-related data in the United States, crucial for tracking national trends in the number of cases, risk factors, health consequences, and care practices that affect CKD prevention and control, and for monitoring progress and informing national Healthy People objectives. Analyses of health care data allow observation of real-world diagnostic and therapeutic practice patterns in both those with risk factors and those already diagnosed with CKD. Together, these elements provide comprehensive tracking of all aspects of CKD, including current health care utilization, with the potential for improved outcomes, increased lifespan, and lower societal costs. Surveillance findings on processes of care, among other findings, have informed patient education campaigns and patient care guidelines.

This NOFO will build upon the previous CKD surveillance work to continue supporting, updating, and improving the CKD Surveillance System with relevant data sources and indicators, to enhance the CKD Surveillance System website with state-of-the-art technologies and visualization tools, and to assist CDC, prevention researchers, policy makers, medical practitioners, and states in developing and evaluating programs and policies to better prevent, detect, and manage CKD. The website application resides on the server of the National Center for Chronic Disease Prevention and Heath Promotion (NCCDPHP) at CDC, conforms to CDC information technology requirements, and is accessible to both internal and external CDC users.

NOFO goals are to:

• Support, update, and improve the CKD Surveillance System in the United States https://nccd.cdc.gov/CKD/ with relevant data sources and indicators and up-to-date data and trends (**Component A**), and
• Support, update, and enhance the currently functional and interactive website application of the CKD Surveillance System https://nccd.cdc.gov/CKD/ with data updates and state-of-the-art technologies and visualization tools (**Component B**).

Eligible applicants may apply for one or both components and may only submit a single application for this NOFO. If applying for both components, a separate workplan and budget narrative must be submitted for each component.

b. Statutory Authorities

Section 317(k)(2) of the Public Health Service Act (PHS Act), 42 U.S.C. 247b(k)(2), Section 301(a) of the PHS Act, 42 U.S.C. 241(a).

c. Healthy People 2030

This NOFO addresses the Healthy People 2030 focus area of Chronic Kidney Disease https://health.gov/healthypeople/objectives-and-data/browse-objectives/chronic-kidney-disease.

d. Other National Public Health Priorities and Strategies

This NOFO supports the national initiatives, Advancing American Kidney Health (https://aspe.hhs.gov/system/files/pdf/262046/AdvancingAmericanKidneyHealth.pdf) and Million Hearts (https://millionhearts.hhs.gov/) aimed at reducing CKD risk factors and its complications.

e. Relevant Work

This NOFO builds on CDC-RFA-DP16-1604 and CDC-RFA-DP11-1109 and supports:

CDC's National Center for Chronic Disease Prevention and Health Promotion/Division of Diabetes Translation (DDT) Government Performance Results Act

> Strategic Goal 2: Advance Scientific Knowledge and Innovation
> Objective E: Improve laboratory, surveillance, and epidemiology capacity
>
> Strategic Goal 3: Advance the Health, Safety, and Well-Being of the American People
> Objective D: Promote prevention and wellness across the life span

DDT's Core function: Surveillance

> Strategic Goal 2: Prevent complications, disabilities, and burden associated with diabetes
> Priority C: Conduct surveillance and applied research to identify and prioritize effective approaches and targeted sub-populations for diabetes prevention and control.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP21-2107: Supporting and Improving the Chronic Kidney Disease Surveillance System in the United States

STRATEGIES AND ACTIVITIES	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
COMPONENT A:	**COMPONENT A:**	**COMPONENT A:**	**COMPONENT A:**
• Support the CKD surveillance system with up-to-date data and trends. • Obtain access to data relevant to CKD surveillance. • Identify and integrate new CKD surveillance indicators. • Focus on vulnerable populations, risk factors, and data at various geographic levels. • Assess utility of indicators and identify gaps and future needs. • Disseminate CKD surveillance findings. • Support monitoring of Healthy People objectives for CKD.	• **Increased number of CKD surveillance topics, indicators, or years of data.** • **Increased number of products and publications of the CKD Surveillance System.** • CKD surveillance data are used to monitor progress on Healthy People 2030 CKD objectives.	• Improved utilization of products and publications support, promote, or inform identification of the at-risk population and improved CKD care and outcomes. • CKD surveillance data are used to inform the Healthy People 2030 Mid-course Review report.	• Improved or consistent comprehensiveness and timeliness of CKD surveillance data maintained on the CKD Surveillance System. • CKD surveillance data are used to inform Healthy People 2040 CKD objectives.

STRATEGIES AND ACTIVITIES	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
COMPONENT B:	**COMPONENT B:**	**COMPONENT B:**	**COMPONENT B:**
• Provide support and technical management of the CKD Surveillance website application. • Enhance the usability of the website application and the user experience. • Stay up-to-date with the latest developments in computer software, information technology (IT), and visualization tools. • Work in collaboration with the CDC IT program. • Provide feedback and evaluation of the website application. • Provide written documentation of the system.	• **Increased number of CKD surveillance topics, indicators, or years of data.** • Twice yearly Web updates to provide timely and accurate dissemination of CKD surveillance data and trends. • **Online metrics and data from various sources show increased or consistent use of the CKD Surveillance System.**	• Improved user experience and usability of the CKD Surveillance System website application.	• Improved or consistent utilization of the CKD Surveillance System website by stakeholders.

i. Purpose

This NOFO will build upon previous work in CKD surveillance to continue supporting, updating, and improving the CKD Surveillance System in the United States https://nccd.cdc.gov/CKD/ with CKD indicators, including social determinants of health, up-to-date data and trends, and a state-of-the-art website application. This will assist health care professionals, policymakers, and other stakeholders in documenting the CKD burden in the United States and in targeting interventions, programs, and policies to better prevent, detect, and manage CKD, reduce health disparities, and improve outcomes. The recipients will have access to the current documentation and existing data in the system.

ii. Outcomes

By the end of the performance period:

Component A:

- Increased number of CKD surveillance topics, indicators, and/or years of data to show the expansion and growth of CKD surveillance data in the United States with up-to-date data and trends and visualization tools.
- Increased number of products and publications to raise awareness of CKD and its complications and promote prevention and control of CKD risk factors, earlier diagnosis and treatment of CKD, and improved outcomes.

Component B:

- Increased number of CKD surveillance topics, indicators, and/or years of data to show the expansion and growth of CKD surveillance data in the United States with up-to-date data and trends and visualization tools.
- Online metrics and data from various sources show increased or consistent use of the CKD Surveillance System and demonstrate acceptability and continued support from policymakers and other stakeholders.

iii. Strategies and Activities

COMPONENT A: (in close collaboration with the recipient of Component B)

• Support, update, and improve the existing surveillance system for CKD https://nccd.cdc.gov/CKD/ with up-to-date data and trends and visualization tools.
• Collaborate with programs internal and external to CDC to establish data sharing agreements for access to data relevant to CKD surveillance.
• List, update, and add data to the existing CKD measures and indicators (e.g., incidence, awareness, prevalence, risk factors, health consequences).
• Identify, analyze, assess, and integrate new CKD indicators to the surveillance system as data sources become available and as the science evolves and emerges.
• Focus surveillance data efforts on social determinants of health, populations that are disproportionately affected by CKD, special and vulnerable populations at risk for CKD, and on data sources that provide estimates and indicators at various geographic levels.
• Identify surveillance data and information needs to help address disparities in CKD.

• Collaborate with organizations external to CDC, such as other federal or state government agencies, academic institutions, and non-profit and international organizations, pursuant the intent and goals of this NOFO.
• Develop a plan to integrate and cross-link the CKD surveillance system with other established surveillance systems (e.g., USRDS, USDSS).
• Develop an evaluation plan to assess the utility of CKD indicators and identify gaps in surveillance data and future needs.
• Publish and disseminate CKD surveillance findings and develop practical tools (e.g., risk calculators, screening tools, Web applications) to increase awareness and help improve the identification of the population at risk for CKD.
• Provide data management, analyses, and reports to monitor progress in achieving the Healthy People 2030 CKD objectives.
• Provide written documentation of data sources, data sets, and data analyses (e.g., coding and computer programs) to allow CDC to maintain the surveillance system in the future.

COMPONENT B: (in close collaboration with the recipient of Component A)

• Provide computer support and technical management of the CKD Surveillance System website application https://nccd.cdc.gov/CKD/. Technical management includes developing plans for programming and creating databases and Web systems, coordinating system designs including interfaces, business rules, and security models, and testing and deployment.
• Enhance the usability of the website application and the user experience.
• Stay up-to-date with the latest developments in computer software, information technology (IT), and visualization tools to apply to the website application.
• Work in collaboration with the CDC IT program in performing CKD data uploads and Web updates and in conforming to CDC IT requirements, Web templates, and security clearances. All applications will exist within NCCDPHP- and CDC-supported Internet infrastructure and must conform to all performance, reliability, stability, and security standards.
• Provide feedback and evaluation (e.g., detailed requirements analyses, website analytics, usability testing) of the website application to ensure that program and user needs are identified and met.
• Provide written documentation of the system (e.g., project requirements, system overview and architecture, database specifications, programs and system components) to allow CDC to maintain and modify the Web application in the future.

1. Collaborations

The recipients of Component A and Component B are expected to collaborate closely with each other, communicate on a regular and periodic basis, and establish a common protocol outlining their roles, duties, and responsibilities in operationalizing their strategies and activities to accomplish the intent and goals of this NOFO.

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

The recipients are expected to collaborate with CDC programs (e.g., CDC's National Center for Health Statistics) for access to data relevant to CKD surveillance or surveillance of CKD risk factors, care practices, or health consequences.

As evidence of collaboration, applicants are strongly encouraged to file the MOU/MOA or letter of support, as appropriate, name the file "MOUs/MOAs" or "Letters of Support," and upload as a PDF file to www.grants.gov.

b. With organizations not funded by CDC:

The recipients are expected to 1) collaborate with organizations external to CDC, such as other federal or state government agencies, academic institutions, and non-profit and international organizations for access to data relevant to CKD surveillance, and 2) establish data sharing agreements with appropriate federal and public and private partners for data access.

As evidence of collaboration, applicants are strongly encouraged to file the MOUs/MOAs or letters of support, as appropriate, name the file “MOUs/MOAs" or "Letters of Support," and upload as a PDF file to www.grants.gov.

Applicants are advised that any activities involving information collections (i.e., surveys, questionnaires, applications, audits, data requests, reporting, record-keeping and disclosure requirements) from 10 or more non-Federal entities, including State and local governmental agencies, are subject to the conditions of the Paperwork Reduction Act of 1995 (PRA). Under the PRA, a Federal agency sponsoring a standardized data collection or directly obtaining standardized or substantially similar information from ten or more persons or entities (other than Federal employees within the scope of their employment) in any 12-month period must obtain advance written approval from the Office of Management and Budget (OMB). Regardless of form or format (oral, written, or electronically transmitted), responses of opinion or fact requested or required by or for CDC, except those specifically exempted or excluded, are subject to the provisions of the PRA and its implementing regulation, 5 CFR 1320 (Controlling Paperwork Burdens on the Public).

2. Target Populations

The recipients are expected to focus surveillance efforts and provide data on at-risk, minority, or vulnerable populations that are disproportionately affected by CKD, including tribal, veteran, low-income or medically underserved populations, and on estimates and indicators at various geographic levels (e.g., national/state/county and urban/rural).

a. Health Disparities

The NOFO aims to focus surveillance efforts on social determinants of health, on populations that are disproportionately affected by CKD, and on data sources that provide estimates and indicators at various geographic levels (e.g., national/state/county, urban/rural). These efforts to document and monitor trends in CKD, its risk factors, care practices, and outcomes will be crucial in identifying health disparities, helping target interventions, and assessing the success of interventions in reducing health disparities.

iv. Funding Strategy (for multi-component NOFOs only)

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Performance Measures

Component A:

• Number of CKD surveillance topics, indicators, and/or years of data to show the expansion and growth of the CKD Surveillance System https://nccd.cdc.gov/CKD/ with up-to-date data and trends and visualizations tools.

• Number of publications or products using CKD surveillance data to disseminate CKD surveillance findings, raise awareness of CKD and its risk factors, and promote early detection and treatment and improved outcomes.

• Number of articles or features from media, Web outlets, and professional newsletters showing the impact of CKD surveillance data on recommendations or policy decisions involving CKD care and prevention, particularly as they relate to at-risk or vulnerable populations.

Component B:

• Number of CKD surveillance topics, indicators, and/or years of data to show the expansion and growth of the CKD Surveillance System website https://nccd.cdc.gov/CKD/ with up-to-date data and trends and visualization tools.

• Number of visits, type of unique visits, and diversity of visits (e.g., from researchers, public health practitioners, healthcare providers, policymakers, general public) to the website to demonstrate improved usability and acceptability of the CKD Surveillance System by policymakers and other stakeholders.

Component A and Component B: (if one recipient is funded for both components)

• Number of CKD surveillance topics, indicators, and/or years of data to show the expansion and growth of the CKD Surveillance System https://nccd.cdc.gov/CKD/ with up-to-date data and trends and visualizations tools.

• Number of publications or products using CKD surveillance data to disseminate CKD surveillance findings, raise awareness of CKD and its risk factors, and promote early detection and treatment and improved outcomes.

• Number of visits, type of unique visits, and diversity of visits (e.g., from researchers, public health practitioners, healthcare providers, policymakers, general public) to the website to demonstrate improved usability and acceptability of the CKD Surveillance System by policymakers and other stakeholders.

These measures will be finalized and operationalized after the awards are made.

A data management plan is required for this NOFO and at a minimum needs to include the following requirements:

- A description of the data to be collected or generated in the proposed project;
- The standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights;
- Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent,
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified; and,
- Other additional requirements based on the program.

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/additional-requirements/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.

For Component A:

In addition to the above requirements, the Evaluation and Performance Measurement Plan must include:

-How the applicant will assess the utility of CKD indicators (e.g., criteria to add or retire indicators from the surveillance system) and processes to identify gaps in surveillance data and future needs.

For Component B:

In addition to the above requirements, the Evaluation and Performance Measurement Plan must include:

-How the applicant will assess Web analytics and usability of the website application to improve the surveillance system and ensure program and user needs are identified and met.

c. Organizational Capacity of Recipients to Implement the Approach

For Component A:

Applicants are expected to,

-Demonstrate strong experience with data management and analysis and conducting surveillance of related to CKD or other chronic diseases.

-Describe successes in managing collaborative multi-center projects, in particular for supporting and updating national surveillance systems.

-Describe prior work on surveillance among minority, vulnerable, and at-risk populations for CKD or other chronic diseases, and in monitoring and documenting trends in health disparities, risk factors, social determinants of health, and care and outcomes.

-Demonstrate experience in publishing and disseminating CKD or other chronic disease surveillance findings and in particular highlighting or addressing health disparities.

-Establish partnerships and data sharing and access agreements with agencies and organizations serving the target populations.

-Ensure adequate staffing and oversight in support of the project:

- Staff members with the appropriate experience in managing chronic disease surveillance systems.
- Team members with complementary and integrated expertise in the areas of kidney diseases or other related chronic diseases, biostatistics, epidemiology, and communications.
- Team members with extensive, strong, and demonstrable experience in managing and analyzing large datasets containing kidney disease or other chronic disease information.

For Component B:

Applicants are expected to,

-Demonstrate strong experience designing, developing, or supporting interactive website applications that disseminate surveillance data and trends related to CKD or other chronic diseases.

-Provide evidence of established infrastructures in building or supporting national surveillance systems for CKD or other chronic diseases in the United States.

-Describe successes in managing collaborative multi-center projects, in particular for supporting and updating interactive surveillance Web applications.

-Ensure adequate staffing and oversight in support of the project:

- Staff members with the appropriate experience in managing, integrating, and updating interactive website applications for CKD or other chronic diseases.
- Team with complementary and integrated expertise in the areas of informatics, computer programming, graphics and visualization technologies, and Web development and design.

Applicants may include in appendices curriculum vitae and resumes to demonstrate staff experience and expertise, bibliography of relevant publications to demonstrate capacity for doing chronic disease surveillance or supporting website applications, and letters of support or MOAs/MOUs as evidence of partnerships or collaborations for data access and to implement the proposed strategies and activities and achieve outcomes. The appendices will not be counted toward the narrative page limit and there is no limit to the number of allowable electronic attachments uploaded per application. This additional information, which should be uploaded in a PDF file format in Grants.gov, includes (and should be named):

- Curriculum Vitae/Resumes
- Bibliography
- Letters of Support/MOAs/MOUs
- Additional subcontractor materials (if applicable)

d. Work Plan

Applicants should develop a separate work plan for Components A and B, if applying for both components. Applicants must,

For Component A:

-Outline the workplan into outcomes for the budget period and for the performance period, clearly identifying the outcomes expected to be achieved by the end of the budget period and the outcomes expected by the end of the performance period.

-Outline how to carry out the proposed strategies and activities together with the evaluation and performance measurements to assess progress towards achieving the proposed outcomes.

-Include quantitative process and outcome measures and proposed strategies and activities that are feasible and adequate to achieve the desired outcomes.

-Provide a detailed timeline with realistic and measurable outcomes for the proposed project strategies and activities.

-Describe how the plan will accomplish the NOFO goals of supporting and improving the CKD Surveillance System in the United States https://nccd.cdc.gov/CKD/ with relevant data sources and indicators and up-to-date data and trends.

-Describe collaborative agreements to address the intent and goals of this NOFO and provide evidence of demonstrated partnerships for data access or evidence of data use agreements for the existing or proposed collaborations.

-Describe dissemination plans for producing reports, such as interim progress reports, final reports, as well as professional presentations and publications that will be produced in collaboration with CDC and other partners.

For Component B:

-Outline the workplan into outcomes for the budget period and for the performance period, clearly identifying the outcomes expected to be achieved by the end of the budget period and the outcomes expected by the end of the performance period.

-Outline how to carry out the proposed strategies and activities together with the evaluation and performance measurements to assess progress towards achieving the proposed outcomes.

-Include quantitative process and outcome measures and proposed strategies and activities that are feasible and adequate to achieve the desired outcomes.

-Provide a detailed timeline with realistic and measurable outcomes for the proposed project strategies and activities.

-Describe how the plan will accomplish the NOFO goals of updating and enhancing the CKD Surveillance System website https://nccd.cdc.gov/CKD/ with data updates and state-of-the-art technologies and visualization tools.

-Describe collaborative agreements to address the intent and goals of this NOFO.

-Describe dissemination plans for producing reports, such as system documentation, Web analytics, and other technical reports.

- Sample template:

Period of Performance Outcome: *[from Outcomes section or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			

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.

Or recurring monitoring meetings with the recipients.

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

CDC staff will act as consultants for this project.

In collaboration with the recipients of Component A and Component B, CDC activities will include:

-Providing consultation and guidance on all phases of the project.
-Providing expert advice on developing and maintaining surveillance systems.
-Providing relevant surveillance findings and public health recommendations related to the project.
-Fostering collaborations with other CDC internal and external partners.
-Following up on the recommendations resulting from this project to continue supporting, updating, and improving the CKD Surveillance System.

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: U58

3. Fiscal Year: 2021

Estimated Total Funding: $6,000,000

4. Approximate Total Fiscal Year Funding: $1,200,000

Annual funding is $700,000 for Component A and $500,000 for Component B.

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding: $6,000,000

Period of performance funding is $3,500,000 for Component A and $2,500,000 for Component B subject to availability of funds.

6. Total Period of Performance Length: 5

Length of period of performance is 5 years.

7. Expected Number of Awards: 2

One award will be made for Component A and one award will be made for Component B.

8. Approximate Average Award: $1,200,000 Per Budget Period

The approximate average award will be $700,000 for Component A and $500,000 for Component B.

This amount is subject to the availability of funds.

9. Award Ceiling: $1,200,000 Per Budget Period

The award ceiling will be $700,000 for Component A and $500,000 for Component B.

10. Award Floor: $600,000 Per Budget Period

The award floor will be $400,000 for Component A and $200,000 for Component B.

11. Estimated Award Date: 08/30/2021

Throughout the period of performance, 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 (period of performance) 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).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

Direct Assistance (DA) is not available through this NOFO.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses
Small businesses
Others (see text field entitled "Additional

Information on Eligibility" for clarification)

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities
Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

Eligible applicants may apply for one or both components and may only submit a single application for this NOFO. If applying for both components, a separate workplan and budget narrative must be submitted for each component. The workplan and budget narrative must be named and uploaded in grants.gov as, “Component A CKD Surveillance System Workplan and Budget Narrative” and “Component B CKD Surveillance Website Workplan and Budget

Narrative," accordingly.

Component A: The award ceiling for Component A is $700,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

Component B: The award ceiling for Component B is $500,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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/index.html.

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 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 issues 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/index.html 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	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 to grants.gov)	Register early! Log into Grants.gov and check AOR status until it shows you have been approved

		4. This authorizes the AOR to submit the applications on behalf of the organization		

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 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: **01/20/2021**

b. Application Deadline

Due Date for Applications: **03/01/2021** , 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.

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

Is a LOI: Recommended but not Required

The LOI is requested but optional. Although the LOI is not required, is not binding, and does not factor into the review of a subsequent application, the purpose of an LOI is to allow CDC program staff to estimate the number of applications and plan the review of the submitted applications. The LOI must be sent via email to:

Nilka Ríos Burrows, MPH, MT (ASCP)

Project Officer

Email: nrios@cdc.gov

The LOI should include the following information:

- Descriptive title of the proposed project.
- Name, address, and telephone number of the Principal Investigator or the Project Director.
- Names of other key personnel.
- Participating institutions.
- Number and title of this funding opportunity.

8. Table of Contents

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

9. Project Abstract Summary

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

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. 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 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 period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

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 period of performance. (See CDC Project Description: Strategies and Activities section.)

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.

If applying for Component A and Component B, each component must have a separate budget and narrative.

Include a budget plan that is linked to the strategies and activities, and provide a staffing plan that defines the roles, responsibilities and qualifications of the team and the expected contributions of the key/collaborative partners.

13. Intergovernmental Review

Executive Order 12372 does not apply to this program.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

14a. 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.

14b. 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.

14c. 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/additional-requirements/ar-25.html.

15. 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/additional-requirements/ar-35.html

No other funding restrictions are required.

16. 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=GetStarted%2FGetStarted.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 I Review
All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by 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.

Approach	Maximum Points: 40

For Approach, Component A will have a maximum of 40 points and Component B will have a maximum of 40 points.

Components A and B: The applicant will be evaluated on the extent to which,

-Description of the relevant background information includes the context of the problem (see CDC Background section). (5 points)

-Purpose and outcomes are consistent with the intent and goals of this NOFO. (5 points)

-Strategies and activities, including collaborations and target populations, are comprehensive to build upon the previous work in CKD surveillance and to continue supporting and improving the current CKD Surveillance System in the United States. (10 points)

Component A only: In addition, the extent to which the applicant,

-Describes comprehensive strategies and activities to obtain access to CKD-relevant surveillance data from partner institutions, with a special focus on vulnerable populations, social determinants of health, and data sources that provide estimates and indicators at various geographic levels (e.g., national, state, county, urban/rural). (10 points)

-Describes comprehensive strategies and activities to incorporate CKD-relevant surveillance data into the CKD Surveillance System and to identify surveillance and information needs to help address population disparities in CKD. (10 points)

Component B only: In addition, the extent to which the applicant,

-Describes comprehensive strategies and activities to update and enhance the CKD Surveillance System website https://nccd.cdc.gov/CKD/ with regular data updates and state-of-the-art technologies and visualization tools. (10 points)

-Describes comprehensive strategies and activities to enhance the usability of the website application and the user experience. (10 points)

Evaluation and Performance Measurement	Maximum Points: 30

For Evaluation and Performance Measurement, Component A will have a maximum of 30 points and Component B will have a maximum of 30 points.

The applicant will be evaluated on the extent the evaluation and performance measurement plan (including the work plan) is feasible to implement the proposed strategies and activities and to achieve the outcomes of the budget period and of the period of performance.

Components A and B: The extent to which the plan,

-Includes quantitative process and outcome measures, the proposed strategies and activities are feasible and adequate to achieve the desired outcomes, and a detailed timeline includes realistic and measurable outcomes for the proposed strategies and activities. (10 points)

-Is complete and comprehensive for the entire period of performance. (5 points)

Component A only: In addition, the extent to which the applicant,

-Will accomplish supporting and improving the CKD Surveillance System in the United States with relevant data sources and indicators and up-to-date data and trends. (5 points)

-Assesses the utility of CKD indicators (e.g., criteria to add or retire indicators from the surveillance system) and processes to identify gaps in surveillance data and future needs. (5 points)

-Outlines production and dissemination of reports, such as interim progress reports, final reports, as well as professional presentations and publications that will be produced in collaboration with CDC and other partners. (5 points)

Component B only: In addition, the extent to which the applicant,

-Will accomplish the NOFO goals of updating and enhancing the CKD Surveillance System website application with regular data updates and state-of-the-art technologies and visualization tools. (5 points)

-Assesses Web analytics and usability of the website application to improve the surveillance system and ensure program and user needs are identified and met. (5 points)

-Outlines production of reports, such as system documentation, Web analytics, and other technical reports. (5 points)

Applicants Organizational Capacity to Implement the Approach Maximum Points: 30

For Applicant's Organizational Capacity to Implement the Approach, Component A will have a maximum of 30 points and Component B will have a maximum of 30 points.

The applicant will be evaluated on the extent the organizational capacity supports the successful implementation of the proposed strategies and activities to achieve the outcomes.

Components A and B: The extent to which the applicant's plan,

-Includes sufficient staff to accomplish the program goals and the staff roles are clearly defined. (5 points)

Component A only: In addition, the extent to which the applicant,

-Includes a team that brings complementary and integrated expertise to the project, including expertise in kidney diseases or other related chronic diseases, biostatistics, epidemiology, and communications. (5 points)

-Includes a team with strong analytical skills and with extensive, demonstrable experience in managing, integrating, and analyzing large datasets containing kidney disease or other chronic disease information. (5 points)

-Describes and provides evidence (e.g., publications) of prior work on CKD or other chronic disease surveillance, particularly among minority, vulnerable, and at-risk populations, or previous work in monitoring and documenting trends in health disparities, risk factors, social determinants of health, and care and outcomes. (5 points)

-Demonstrates established—or the capacity to establish—collaborations with institutions (e.g., Indian Health Service, Department of Veterans Affairs) that serve populations that are disproportionately affected by CKD or other chronic diseases. (5 points)

-Provides evidence of data use agreements for access to data relevant to CKD or chronic disease surveillance, or evidence (e.g., MOAs/MOUs or letters of support) of existing partnerships or proposed collaborations to implement the strategies and activities and achieve outcomes. (5 points)

Component B only: In addition, the extent to which the applicant,

-Includes a team that brings complementary and integrated expertise to the project, including expertise in informatics, computer programming, graphics and visualization technologies, and Web development and design. (5 points)

-Includes a team with strong Web development or design skills and with extensive, demonstrable experience in managing, integrating and updating website applications for CKD or other chronic diseases. (5 points)

-Describes previous work in integrating, visualizing, and disseminating data on CKD or other chronic diseases and health disparities using information technology. (5 points)

-Describes previous work in using website analytics for evaluation and in doing usability testing of website applications. (5 points)

-Describes previous work in building or supporting an established infrastructure for a national surveillance system for CKD or other chronic diseases in the United States. (5 points)

c. Phase III Review

Applications will be scored and rank separately for Component A and Component B as determined by the review panel. It is possible one applicant may be funded for both Components.

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

Announcement date: 12/21/2020

Anticipated award date: 09/30/2021

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 NOFO will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.
Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available

at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available
at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

Applicants are advised that any activities involving information collections (i.e., surveys, questionnaires, applications, audits, data requests, reporting, record-keeping and disclosure requirements, etc.) from 10 or more non-Federal entities, including State and local governmental agencies, are subject to the conditions of the Paperwork Reduction Act of 1995 (PRA). Under the PRA, a Federal agency sponsoring a standardized data collection or directly obtaining standardized or substantially similar information from ten or more persons or entities (other than Federal employees within the scope of their employment) in any 12-month period must obtain advance written approval from the Office of Management and Budget. Regardless of form or format (oral, written, or electronically transmitted), responses of opinion or fact requested or required by or for CDC, except those specifically exempted or excluded, are subject to the provisions of the PRA and its implementing regulation, 5 CFR 1320 (Controlling Paperwork Burdens on the Public).

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 period of performance. 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 NOFO 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	6 months into award	Yes

Plan, including Data Management Plan (DMP)		
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	N/A	No
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:
Performance Measurement
• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation
• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a 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 https://www.grantsolutions.gov 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks 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 recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

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

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

Submit the information to the Grants Management Specialist in the Grants Staff Contact section.

e. Final Performance and Financial Report (required)
This Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, 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).

When submitting the report, the applicant must include a copy of the workplan showing the evaluation and performance measurements in achieving the outcomes of the period of performance.

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 and 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 NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Nilka Rios Burrows, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy NE
Mailstop S107-3
Atlanta, GA 30341
Telephone: (770) 488-1057
Email: nmr0@cdc.gov

Grants Management Office Information

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

Rhonda Colbert, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

2939 Flowers Road South
Mailstop TV-2
Atlanta, GA 30341
Telephone: (770) 488-2848
Email: hvx1@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

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

Optional attachments will be used to evaluate and score the organizational capacity of the applicant to implement the approach.

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 period of performance. 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/2020/04/SPOC-4-13-20.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.

Glossary of acronyms used throughout the FOA:

ACA Affordable Care Act

AOR Authorized Organization Representative

APR Annual Performance Report

CDC Centers for Disease Control and Prevention

CFDA Catalog of Federal Domestic Assistance

CFR Code of Federal Regulations

CKD Chronic Kidney Disease

DA Direct Assistance

D&B Dun and Bradstreet

DDT Division of Diabetes Translation

DUNS Data Universal Numbering System

e-grant Electronic Grant

eRA Electronic Research Administration

ESRD End-stage Renal Disease

FFATA Federal Funding Accountability and Transparency Act

FFR Federal Financial Reporting

FOA Funding Opportunity Announcement

FON Funding Opportunity Number

FY Fiscal Year

GMO Grants Management Officer

GMS Grants Management System

GPRA Government Performance Results Act

HHS (Department of) Health and Human Services

HP Healthy People

IT Information Technology

L/HHS/Ed Labor, Health and Human Services, and Education

LOI Letter of Intent

MOA Memorandum of Agreement

MOU Memorandum of Understanding

NA Not applicable

NCCDPHP National Center for Chronic Disease Prevention and Health Promotion

NOA Notice of Award

NOFO Notice of Funding Opportunity

PDF Portable Document Format

PGO Procurement and Grants Office

PMS Payment Management System

PRA Paperwork Reduction Act

RFA Request for Applications

SAM System for Award Management

SF Standard Form

TIMS Technical Information Management Section

USC US Code

USDSS United States Diabetes Surveillance System

USRDS United States Renal Data System