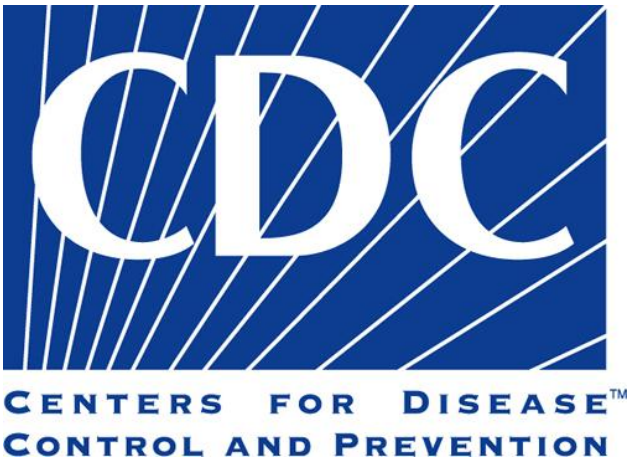


Centers for Disease Control and Prevention

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Enhancing partnerships to address birth defects, infant disorders and related conditions, and the health of pregnant and postpartum people

CDC-RFA-DD-23-0004

05/15/2023

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DD-23-0004. 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:

Enhancing partnerships to address birth defects, infant disorders and related conditions, and the health of pregnant and postpartum people

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD-23-0004

E. Assistance Listings Number:

93.073

F. Dates:

1. Due Date for Letter of Intent (LOI):
04/04/2023
Recommended but not Required
A Letter of Intent (LOI) is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Please include the following information in the LOI:

1. Number and title of this NOFO;
2. Descriptive title of the proposed project (including specification of the two or more strategies to be addressed);
3. Description of the populations(s) of focus;
4. Name, address, telephone number, and email address of the Principal Investigator or Project Director; and
5. Name, address, telephone number, and email address of the primary contact for writing and submitting the application.

LOI must be sent via email to:

DBDID Partnerships (CDC)

Email address: dbdidpartners@cdc.gov

2. Due Date for Applications:
05/15/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call
The Informational Conference Call will be held Wednesday, March 29, 2023, 2:00-3:00 PM ET. The dial-in information for the Informational Conference Call will be posted to https://www.cdc.gov/pregnancy/nofo/DD-23-0004 no later than Wednesday, March 22, 2023.

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Informational Conference Call. Due to the volume and variety of questions anticipated during the Informational Conference Call, applicants are encouraged to submit questions to dbdidpartners@cdc.gov by Friday, March 24, 2023.

F. Executive Summary:

Summary Paragraph
The purpose of this NOFO is to improve clinical and public health outcomes for pregnant and postpartum people and their infants and for people with birth defects, infant disorders and related conditions through strategic enhancement of partnerships. CDC seeks to sustain, expand, and bridge partner engagement with organizations and institutions that address specific population needs and reach clinicians and allied health professionals, community members, and public health professionals. Strategies for this NOFO include:

(1) enhancing the collection and translation of data,

(2) summarizing and disseminating data informed products,

(3) building capacity and technical assistance,

(4) showcasing policies and best practices,

(5) establishing partnership networks for cross collaboration, and

(6) enhancing community engagement and implementation of data informed activities.

The period of performance outcomes include increased availability of data to inform clinical and public health approaches; increased dissemination of data informed communication and resources; increased incorporation of diverse perspectives; improved information sharing among networks; increased awareness of effective data informed recommendations and practices; increased use of data informed clinical care and public health materials and interventions; increased capacity to implement clinical and public health approaches; and increased implementation of prevention strategies within communities.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
20

d. Total Period of Performance Funding:
$75,000,000

e. Average One Year Award Amount:
$400,000
Average One Year Award Amount for Component A will range between $150,000 - $750,000. Average One Year Award Amount for Component B will range between $250,000 - $1,000,000. Average award amount is dependent upon the availability of funds. Exact amounts for each award under this NOFO will be determined at the time of award.

f. Total Period of Performance Length:
5 year(s)

g. Estimated Award Date:
September 30, 2023

h. Cost Sharing and / or Matching Requirements:
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.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Through Moving Forward, CDC aims to promote partnerships to enhance capacity in the nation's public health infrastructure to identify and address preventable causes of adverse outcomes and improve the health and equitable care for all populations. In this Notice of Funding Opportunity (NOFO), CDC aims to support partnerships to improve the health of pregnant and postpartum people and their infants and those living with birth defects, infant disorders and related conditions across the lifespan.

Perinatal morbidity/mortality are key indicators of a nation's health.[1] Current data show that US infant and maternal mortality rates are greater compared with other high-income countries, with persistent disparities between subpopulations.[2] In addition, birth defects affect 1 in 33 infants in the US annually and are a leading cause of infant mortality.[3] Adverse pregnancy outcomes often disproportionately affect communities of certain racial and ethnic makeup. These data underscore the need to collaborate with partners to promote optimal health for these populations.

Through a multi-component NOFO, CDC aims to fund organizations and institutions (with experience supporting populations and parents directly, reaching clinicians and other professionals who are responsible for patient care, community level organizations, and public health professionals) that serve specific population(s) of focus shown below.

Component A is the core component for this NOFO and includes a combination of strategies to advance CDC's public health mission to equitably serve the populations of focus. All applicants must address 2 or more strategies under Component A aimed at improving public health and clinical long-term outcomes for population(s) of focus they identify (see Logic Model in section 2a. Approach). Population(s) may include:

Population of Focus:

- Pregnant and/or postpartum people
- Infants
- Those living with birth defects, infant disorders and related conditions

Component B is a component which would be executed if support is needed during a disease outbreak or other public health emergency. Applicants must apply for Component A in order to be considered for Component B. In recent public health emergencies, such as COVID-19, partnerships have been invaluable to reach populations of focus and incorporate their diverse needs and perspectives into considerations and guidance early in the response. Given the unpredictable nature of public health emergencies, this NOFO would use Component B to award funding based on availability of funds and the nature of the outbreak or emergency. After objective review, applicants that apply for Component B may be added to a list of approved but unfunded recipients, who would then be eligible to receive expedited funding as determined by the program in the event of a public health emergency.

References

1. Neonatal and Perinatal Mortality (Country, Regional and Global Estimates) -- WHO

2. Health and Health Care for Women of Reproductive Age | Commonwealth Fund
3. Update on Overall Prevalence of Major Birth Defects --- Atlanta, Georgia, 1978--2005 (cdc.gov)

b. Statutory Authorities
This NOFO is authorized under Public Health Service Act Sections – 301(a), 317C and 317K (42 U.S.C. □□ 241(a), 247b-4, and 42 U.S.C. 247b-12).

c. Healthy People 2030
This program addresses the following Healthy People 2030 topic areas:

- Pregnancy and Childbirth
- Women
- Emergency Preparedness
- Health Care Access and Quality
- Workforce
- Community
- Public Health Infrastructure
- Infants

d. Other National Public Health Priorities and Strategies
This program addresses the following national public health priorities and strategies:

- HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- HHS Strategic Plan – Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes
- National Stakeholder Strategy for Achieving Health Equity
- National Health Security and Implementation Plan
- National Health Security Strategy 2019–2022
- White House Blueprint for Addressing The Maternal Health Crisis
- HHS Action Plan to Improve Maternal Health in America: Healthy Women, Healthy Pregnancies, Healthy Futures, 2020
- 2020 Surgeon General's Call to Action – To Improve Maternal Health
- CDC Strategic Framework and Priorities
- HHS Agency Priority Goals on Maternal Health

e. Relevant Work
This NOFO builds on and supports the following CDC program activities:

- OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health
- DP19-1908: Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees
- DP22-2211: Preventing Maternal Mortality: Supporting Maternal Mortality Review Committees
- DP22-2207: Statewide Perinatal Quality Collaboratives

- DD22-2201 National Partnerships to Address Prenatal Alcohol and Other Substance Use and Fetal Alcohol Spectrum Disorders
- CK20-2003 on Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging/Re-Emerging ID Threats
- DP18-1806 Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DD-23-0004 Logic Model: *Enhancing partnerships to address birth defects, infant disorders and related conditions, and the health of pregnant and postpartum people*
Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes (STO)	Intermediate Outcomes (IO)	Long-Term Outcomes (LTO)
Population of focus/communities may include but are not limited to pregnant and postpartum people and their infants, and people with birth defects, infant disorders and related conditions, including those in disproportionately affected communities.			
Component A (Core): **<u>Collection and translation of data</u>** - Identify opportunities to improve data collection and interpretation **<u>Summarize, develop and disseminate data informed products</u>** - Assess evidence base to inform product development - Create and share innovative materials and resources **<u>Build capacity and technical assistance</u>** - Identify knowledge gaps - Facilitate education and training opportunities **<u>Policies and best practices</u>** - Assess current practices and policies	**Increased availability of data to inform clinical care and public health materials, messaging, resources, and interventions (A)** **Increased dissemination of data informed clinical care and public health materials, messaging, resources, and interventions (A)** **Increased incorporation of diverse perspectives into**	**Increased awareness of effective data informed clinical care and public health materials, messaging, resources, and interventions (A)** **Increased use of data informed clinical care and public health materials, messaging, resources, and interventions (A)** **Increased capacity to implement clinical and**	Improved public health and clinical outcomes ↕ Improved clinical and public health approaches for population of focus ↕ Decreased health disparities among population of focus

- Implement model policies or promising practices **<u>Partnerships</u>** - Establish network(s) for cross collaboration **<u>Community Engagement and Implementation</u>** **-** Engage and equip intended audiences with knowledge to make informed decisions based on community needs **-** Implement data informed prevention strategies **Component B (Emergency): <u>Partnerships to Enhance Emergency Preparedness and Response</u>** - Establish and deploy network(s) to improve collaboration and leverage expertise during an emergency event	**clinical care and public health materials, messaging, resources, and interventions (A)** **Improved information sharing and/or coordination among networks (A,B)** **Increased awareness about outbreak response and issues that affect population of focus and their families during public health emergencies (B)**	**public health approaches (A)** **Increased implementation of data informed prevention strategies within communities (A)** **Improved capacity within organizations to respond to the needs of population of focus and their families during public health emergencies (B)**	Improved timeliness to mobilize resources for future outbreaks ↕ Reduced disease or infection rates among population(s) of focus during a public health emergency ↕ Improved health outcomes among population of focus during an emergency response

i. Purpose

This NOFO aims to support partnerships that will strengthen capacity to inform and address public health and clinical outcomes for pregnant and postpartum people, their infants, and people with birth defects, infant disorders and related conditions. This NOFO will enhance data collection and translation; support development and dissemination of resources and best practices; build organizational and community capacity to promote adoption of public health and clinical recommendations and interventions; and establish collaborative clinical, public health and community-based network(s).

ii. Outcomes

By the end of the period of performance, recipients are expected to fulfill a combination of the following short-term and intermediate outcomes, depending on applicant strategy selection. Achieving long-term outcomes in the logic model is not required, because they represent the ultimate impact to which the strategies and activities will contribute. Recipients will contribute to the long-term outcomes by implementing the NOFO strategies/activities and demonstrating measurable progress towards achieving the short-term and intermediate outcomes of the NOFO logic model.

Component A (Core)

For each selected strategy, there should be at least one **bolded** short term and intermediate outcome measured during the period of performance. Fulfillment of multiple short-term and

intermediate outcomes is possible and may include a combination of the following:

Short-Term Outcomes:

- **Increased availability of data to inform clinical care and public health materials, messaging, resources, and interventions**
- **Increased dissemination of data informed clinical care and public health materials, messaging, resources, and interventions**
- **Increased incorporation of diverse perspectives into clinical care and public health materials, messaging, resources, and interventions**
- **Improved information sharing and/or coordination among networks**

Intermediate Outcomes:

- **Increased awareness of effective data informed clinical care and public health materials, messaging, resources, and interventions**
- **Increased use of data informed clinical care and public health materials, messaging, resources, and interventions**
- **Increased capacity to implement clinical and public health approaches**
- **Increased implementation of data informed prevention strategies within communities**

Component B (Emergency)
If funded, recipients are expected to fulfill at least one **bolded** outcome measured during the period of performance. Fulfillment of multiple short-term and intermediate outcomes is possible and may include a combination of the following:

Short-Term Outcomes:

- **Increased awareness about outbreak response and issues that affect population of focus and their families during public health emergencies**
- **Improved information sharing and/or coordination among networks**

Intermediate Outcomes:

- **Improved capacity within organizations to respond to the needs of population of focus and their families during public health emergencies**

iii. Strategies and Activities
Applicants are expected to select a minimum of 2 strategies from Component A (Core). Applicants are not responsible for implementing all the strategies under Component A. The recipient will be responsible for implementing their selected strategies and may complete the suggested activities listed below based on those selected strategies; the applicant can propose additional relevant, comprehensive, and innovative activities to achieve expected outcomes. Below are examples of activities that may be executed under each strategy. Strategies and activities should be appropriate for applicants selected population of focus and align with the scale and/or geographic scope proposed in applicants Work Plan. Geographic scope of activities should be described as regional and/or national. Proposed budget(s) should appropriately reflect the scale, geographic scope and number of activities proposed in the application package.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to materials developed, and/or data collected with these funds.

Component A (Core):

Strategy 1: Collection and translation of data
Activities to improve collection and interpretation of data to guide decision-making may include but are not limited to:

- Collect information about public health program performance and/or clinical care and documentation practices to identify opportunities for improvement
- Collect information about public perceptions of public health and clinical care communication to inform improved messaging and translation
- Implement strategies to improve reporting of health conditions to public health to support surveillance efforts.
- Support the dissemination of data that has been translated for key audiences, including communities

Strategy 2: Summarize, develop and disseminate data informed products
Activities to inform, create and share data informed clinical and public health guidance. Activities to support the care, practices, training, and education of the population of focus and those serving the population of focus. Activities may include but are not limited to:

- Identify gaps and opportunities to improve clinical guidance and public health practice
- Conduct literature and evidence reviews
- Create print and digital communication materials for clinical, public health, or public audiences including videos, brochures, infographics, and documents.
- Develop new or enhance clinical and public health products using existing evidence and/or collected data
- Share evidence-based recommendations and messaging by engaging digital platforms and social media ambassadors/champions to galvanize dissemination of information, address misinformation, and promote consistent messaging that supports equitable reproductive, maternal, and infant healthcare and outcomes
- Disseminate messaging and resources to intended audiences through relevant channels, including social media, webinars, newsletters, patient portals, awareness events, conferences, and other modalities

Strategy 3: Build capacity and technical assistance
Activities to improve organizational capacity to address clinical and public health issues of population of focus and to achieve equity in care and outcomes may include but are not limited to:

- Facilitate trainings, webinars, conferences, and other educational opportunities for jurisdictional partners, community-based organizations, clinical and/or public health audiences. For example, apply expertise to provide training and facilitate partnership-building initiatives between state-level Perinatal Quality Collaboratives (PQCs) and Maternal Mortality Review Committees (MMRCs) and community-based organizations

- Provide technical assistance to clinical, public health and community entities to promote adoption of evidence-based practices

Strategy 4: Policies and best practices
Activities to inform, increase and/or implement approaches that affect population health and clinical care of the population of focus, including health equity, may include but are not limited to:

- Develop, implement, and promote model policies or best practices that improve clinical care, public health service delivery, and/or access to services
- Build, adapt, or promote resources to connect people with services in the community

Strategy 5: Partnerships
Activities to improve collaboration and leverage expertise across multiple disciplines and clinical, public health, and community landscapes relevant to population of focus may include but are not limited to:

- Establish focused partnerships that enhance evidence-based clinical care and/or support implementation of data informed prevention strategies
- Develop action plans, technical packages, or other approaches that address key areas of progress or need as informed by program priorities

Strategy 6: Community Engagement and Implementation
Activities to engage relevant communities in planning and implementing data informed prevention strategies may include but are not limited to:

- Engage community groups to participate in activities to equitably improve care and outcomes in their communities, especially addressing disproportionately impacted populations. For example, partnerships between community groups and statewide MMRCs or PQCs to center equity in data informed initiatives
- Identify evidence-based or data informed approaches based on community needs and preferences
- Implement evidence-based or data informed prevention strategies, clinical or public health guidance in communities that is tailored to community needs and preferences
- Establish and engage cohorts of people with lived experience to help inform needs and approaches to improve access to services, public health recommendations, messaging, dissemination, and programmatic activities

Component B (Emergency):
This component is intended to be approved but unfunded (ABU) as a baseline practice. It would be funded to support additional activities needed within a budget period when a disease outbreak or other public health emergency reaches a scale that requires at least a moderate response. Applicants must apply for Component A in order to be considered for Component B. After objective review, applicants that apply for Component B may be added to a list of approved but unfunded recipients, who would then be eligible to receive expedited funding as determined by the program in the event of a public health emergency.

Strategy 1: Partnerships to Enhance Emergency Preparedness and Response

Activities to improve collaboration and leverage expertise across multiple disciplines and clinical, public health and community landscapes to enhance emergency preparedness and response relevant to population(s) of focus may include but are not limited to:

- Convene partner network to inform timely and relevant emergency response guidance for the health and wellness of population of focus
- Establish relationships and reliable networks with the institutional knowledge to respond and address unique needs of population of focus in a public health emergency
- Facilitate collection of frontline experiences and needs and gathering of feedback on resources developed to respond to the public health emergency

1. Collaborations

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

Recipient(s) will be expected to collaborate with CDC's National Center on Birth Defects and Developmental Disabilities, National Center for Chronic Disease Prevention and Health Promotion and/or other CDC-funded entities as needed, including other recipients funded through this NOFO. The collaboration is intended to ensure synergy towards achieving the expected outcomes. Applicants should describe the specific CDC programs and CDC-funded organizations with whom the applicant currently or previously collaborated regarding their population of focus. Applicants should also identify other organizations they plan to collaborate with to accomplish the proposed activities. Memorandum of understanding (MOU), memorandum of agreement (MOA), or letters of support are encouraged but not required. If providing any of the stated documents, applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov .

b. With organizations not funded by CDC:

Recipient(s) will be expected to collaborate with entities not funded by CDC as needed to advance the fulfillment of the expected outcomes. This includes but is not limited to organization membership and network(s), emergency management; hospitals; non-government organizations; nonprofit agencies; other federal, state, or local government agencies; community-based organizations; public health community; tribes or tribal organizations. Applicants should describe the specific agencies and organizations with whom the applicant currently or previously collaborated regarding their population of focus. Applicants should also identify other organizations they intend to collaborate with to accomplish the proposed activities. MOU, MOA, or letters of support are encouraged but not required. If providing any of the stated documents, applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov .

2. Target Populations

For Component A and Component B, our populations of focus are located in the United States and its territories. Applicants should describe their experience working domestically with their selected population(s).

CDC aims to fund organizations and institutions (with experience supporting population(s) directly, including parents and families; reaching clinicians and other professionals who are responsible for patient care; community level organizations; and public health professionals) that

serve specific population(s) of focus shown below.

Populations of focus include:

- Pregnant and/or postpartum people
- Infants
- Those living with birth defects, infant disorders and related conditions

Applicants' strategies can target one or more populations of focus; however, it is not required to address more than one.

a. Health Disparities
This NOFO aims to support the access and promotion of equitable health care and outcome(s) for disproportionately impacted populations as detailed in the logic model. Prioritization will be given to organizations that demonstrate experience working with populations at greater risk including but not limited to populations at risk of pregnancy complications, maternal mortality, disparities among populations at risk of death and/or living with birth defect, infant disorder or related condition(s). See funding preference for more details. All applicants should provide information on how they will ensure that activities include diverse representation to serve populations of interest.

iv. Funding Strategy
This funding opportunity will use a funding strategy with different funding streams available for different strategies and activities, based on availability of funds. All applicants are required to apply for Component A (Core) and have the option of applying for Component B (Emergency). Applicants are permitted to submit no more than one stand-alone application. The applicant's application package should be inclusive of all component work plans and budgets; multiple applications will not be reviewed. Each component must have a separate work plan and budget. All applicants must apply to 2 or more strategies under Component A (Core). Responsive applications submitted under this funding opportunity will be reviewed objectively as described in the Review and Selection Process section of this NOFO.

Funding Mechanism	Strategies	Funding Strategy
Component A (Core) Number of recipients: up to 20. Number of recipients may change based on the availability of funds. Average One Year Award Amount will range between $150,000 - $750,000. Average award amount is dependent upon the availability of funds. Exact amounts for each award	Component A recipients are expected to address 2 or more strategies listed in the logic model and Strategies and Activities section. Each selected strategy should achieve a minimum of 1 bold short-term and intermediate outcome.	Awards under Component A (Core) will support evidence-based and data informed activities, building capacity and capabilities for the selected population of focus. The applications will be compiled and reviewed according to phase review criteria. Funding amount for years 2-5 will be set at continuation. As appropriate, funding will align with the number of strategies

under this NOFO will be determined at the time of award.		applicants propose to implement, the geographic scope applicants propose to work within, and/or their population of focus reach. Geographic scope of activities should be described as regional and/or national. Applicants should provide budget(s) that appropriately reflect the scale, geographic scope and number of activities proposed in the application package.
Component B (Emergency) Recipients may be funded to lead and/or collaborate with others around a specific topic area(s). Structure and number of awards will be based in public health and emergency needs. This component is intended to be approved but unfunded (ABU) as a baseline practice. It would be funded to support additional activities needed within a budget period when a disease outbreak or other public health emergency reaches a scale that requires a moderate response. There is no estimated year one ceiling for Component B.	Component B recipients are expected to address correlating strategy, including short-term and intermediate-term outcomes listed in the logic model and Strategies and Activities section.	Applicants must apply for Component A in order to be considered for Component B. After objective review, applicants that apply for Component B may be added to a list of approved but unfunded recipients who would then be eligible to receive expedited funding as determined by the program in the event of a public health emergency. Given the unpredictable nature of public health emergencies, this NOFO would use Component B to award funding based on availability of funds.

CDC seeks to fund at least one project for each strategy area to address a diversity of clinical and public health outcomes and populations served under Component A and may employ fund out of rank criteria to ensure adequate coverage for this NOFO.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

CDC's monitoring and evaluation (M&E) strategy will be used to assess the performance of the overall project. Evaluation and performance measurement help demonstrate achievement of period of performance outcomes, build a stronger evidence base for areas such as clinical care and public health materials, messaging, resources, and interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous improvement. CDC expects that routine performance measurement and evaluation are conducted to maintain consistent and adequate project management. To this effect, the recipient should hold regular meetings with CDC to discuss performance, technical assistance needs, barriers, facilitators and quality improvement activities (frequency to be determined). Applicants must include an evaluation plan that aligns with implementing strategies/activities and achieving the short-term and intermediate outcomes in the logic model. The evaluation plan should include key questions (as appropriate), describe personnel assigned to evaluation activities, describe anticipated outcomes, performance measures, and timelines for data collection and explain how evaluation results will be used for program improvement. Annual reporting requirements for performance measures will be in place for all funded recipients.

Outcomes will be dependent upon the two or more strategies selected for the population of focus. All applicant's proposed measures should be specific and clarify unit of measurement (e.g. number of, percentage of, proportion of, etc.). CDC will work with recipients to finalize performance measures post award.

Key evaluation questions that may be answered include, but are not limited to the following:
Component A:

- To what extent can current data systems and processes inform and improve clinical and public health approaches for population of focus?
- To what extent can clinical and public health partners collaborate within a multidisciplinary network to fill knowledge gaps?
- To what extent can population of focus be engaged to increase use of effective and data informed interventions?
- To what extent can collaboration between organizations improve knowledge about policies and best practices that affect health and clinical care of population of focus?
- To what extent has capacity and infrastructure improved to address health inequities within population of focus?
- To what extent has messaging and resources reached population of focus at the either local, regional, or national level?
- To what extent has messaging and resources about population of focus reached organizations' members or relevant network(s)?

Component B:

- To what extent can existing partnerships be leveraged and rapidly deployed to support inclusion and consideration of population of focus in emergency situations?

- To what extent can population of focus be engaged to inform gaps in emergency response management?
- To what extent are the activities contributing to increasing early identification and management of emerging and reemerging threats to population of focus?

Process evaluation and outcome measures:

CDC has provided example process and outcome measures in the table below that can be used by recipients to describe how they will monitor and report performance measurement data annually. Please include these requirements for Component A and, if applicable, Component B.

- Work plan submitted to CDC within six months of notification of award
- Evaluation plan developed and submitted to CDC within six months of notification of award that is consistent with their final DD-23-004 work plan and the M&E strategy. CDC will also provide information to funding recipients on the timeline to report performance measurement data through required annual progress reporting (see NOFO section (F) Award Administration Information (3. Reporting)). Technical assistance will be provided by CDC to recipients about collecting, using, and submitting quantitative and qualitative M&E data on an ongoing basis throughout the period of performance.
- For those selecting strategies requiring data collection and management:
    - Data Management Plan (DMP) developed and submitted to CDC within six months of award. DMP templates may be found here . Applicant should include:
        - 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, and
        - 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.

Strategy	**Process Measures**
Collection and translation of data	Number of available data sources that inform current public health and clinical issues for population of focus Number of entities to whom the data collection tool was disseminated
Summarize, develop and disseminate evidence-based products	Number of people reached through innovative communication dissemination of evidence-based messaging
Build capacity and technical assistance	Number of public health and clinical professionals reached through trainings and webinars

Policies and best practices	Number of model policies and/or best practices identified
Partnerships	Number of organizations who actively cross collaborate around public health and clinical issues for population(s) of focus
Outcome (as seen in Logic Model in section 2a. Approach)	**Outcome Measures**
Increased availability of data to inform clinical care and public health materials, messaging, resources, and interventions **(A) (STO)**	Percent change in communities utilizing data sources to inform interventions
Increased dissemination of data informed clinical care and public health materials, messaging, resources, and interventions **(A) (STO)**	Number of social media ambassadors/champions disseminating public health messaging
Increased incorporation of diverse perspectives into clinical care and public health materials, messaging, resources, and interventions **(A) (STO)**	Percent change in MOUs established between community groups and statewide MMRCs or PQCs
Improved information sharing and/or coordination among networks **(A, B) (STO)**	Number of partners within the response network that self-report improved timeliness to receive emergency response guidance or health alerts
Increased awareness about outbreak response and issues that affect populations of focus and their families during public health emergencies **(B) (STO)**	Percent change in awareness of mitigation measures for population(s) of focus during public health emergencies
Increased awareness of effective data informed clinical care and public health materials, messaging, resources, and interventions **(A) (IO)**	Percent change in awareness of public health interventions among population(s) of focus

Increased use of data informed clinical care and public health materials, messaging, resources, and interventions **(A) (IO)**	Percent change in downloads of evidence-based products
Increased capacity to implement clinical and public health approaches **(A) (IO)**	Percent change pre-/post-training in provider's knowledge
Increased implementation of data informed prevention strategies within communities **(A) (IO)**	Percent change in best practices implemented within communities
Improved capacity within organizations to respond to the needs of population of focus and their families during public health emergencies **(B) (IO)**	Percent change in organizations' readiness to respond to the needs of their population(s) of focus

Recipients should allocate funds made available under this NOFO for both evaluation activities and performance monitoring. While the final funding amount will be agreed upon by both CDC and the recipient, a minimum of 10% of funds should be allocated for monitoring and evaluation activities. These are estimates for the total funding over the 5-year project.

Evaluation Findings
The proposed M&E strategy will be used to determine if NOFO strategies and activities are scalable and effective at reaching population of focus. Evaluation findings will be used to inform programmatic planning and to guide technical assistance that CDC will provide to recipients.

Data collection and reporting will be limited to data that will be analyzed and used by CDC and recipients for program monitoring and quality improvement. Recipients will submit to CDC the required M&E data on the implementation of strategies/activities for their population of focus. Recipients will be expected to collect and report both qualitative and quantitative performance measurement data that will be finalized by CDC with input from funding recipients.

Evaluation data provided to CDC may be aggregated to highlight similar data on performance measures across components and help generate annual evaluation reports regarding program implementation, barriers and facilitators, as well as outcomes achieved related to this NOFO. Evaluation findings may be repurposed for sharing in different formats and settings including at national conferences, through publication in peer-reviewed journals, and via online reports.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

CDC and recipients may determine the need to update their organization's evaluation and performance measurement plan during the period of performance. Recipients can submit an updated evaluation plan in the appendix of their annual continuation applications and should note where changes have been made to the plan since the first submission in budget year 1.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should possess the organizational capacity and skills needed to implement the award for Component A and if applicable Component B. Many of the desired capacities and skills are listed below. An applicant does not need to have all of these capacities and skills to qualify but should provide a thorough narrative description of the organization's capacities and skills that will support successful implementation.

Desired skills and capacities include:

- Represent a significant and relevant conduit that serves or engages with pregnant people and their infants, postpartum persons and/or individuals, or families and communities living with birth defects, infant disorders and related conditions
- Staffing or access to the necessary relevant expertise related to pregnancy, maternal child health, and/or birth defects, infant disorders and related conditions
- Have existing infrastructure to complete at least 2 of the program strategies in the logic model
- Ability to inform, educate, and empower organizations and institutions that address public health and clinical needs of population(s) of focus
- Ability to evaluate, synthesize and communicate evidence-based information and data informed prevention strategies
- Ability to form and deliver new insights and innovative approaches to cross-collaboration.
- Ability to inform existing and future public health guidance, recommendations, and tools to improve clinical and public health outcomes
- Ability to conduct program planning, performance monitoring, financial reporting, budget management and administration, personnel management

In support of these capabilities, applicants must provide the requested information on their capacity to implement the required activities and provide information that:

- Describes the organizational capacity and skills to implement activities in support of the strategies in the NOFO, including, as relevant, development of tools and resources and providing support to implement these resources. Applicants should describe their staffing plan and project management structure and describe experience with existing partnerships and/or engagement of priority communities.
- Demonstrates existing organizational capacity, for example program and staffing management; performance measurement, and evaluation systems; financial reporting systems; communication, technological, and data systems required to implement the activities of a response in an effective and expedited manner; physical infrastructure and equipment; and workforce capacity, to successfully execute all proposed strategies and activities based on the described scenario. Applicants must provide (as attachments) CVs/resumes for proposed NOFO-funded personnel and an overall organizational chart for their organization and other relevant organizations involved in the project. Applicants must name the attachments “CVs/Resumes” and “Organizational Charts” and upload them as PDF files under “Other Attachment Forms” at www.grants.gov.
- Describes the organizational capacity to manage partnerships with other organizations to achieve the outcomes identified in this NOFO, if applicable.

The intent of the funding opportunity is to help partners strengthen capacity to inform and address public health and clinical outcomes for population(s) of focus. Organizations that work with population(s) of focus and/or professionals serving population(s) of focus are strongly encouraged to apply. Applicants will describe experience in one or more of the following areas:

- Collaborating directly with and/or reaching population of focus as defined in the background section. Interaction may come in the form of direct technical assistance and/or trainings for population of focus, conference support, supporting groups with

membership from population(s) of focus, sharing information one-on-one and disseminating guidance for families and affected individuals.

- Collaborating directly or indirectly with clinical, community and public health professionals serving populations of focus. Professionals may include but are not limited to:
    - Maternal health program staff
    - Infant/child health program staff
    - Reproductive health program staff
    - Community health centers
    - Relevant healthcare provider(s) (including but not limited to OB-GYNs, nurse midwives, professional midwives, nurse practitioners, pediatricians, doulas, primary care providers, specialists)
    - Mental health specialists
    - Community based organization staff with community level intervention or strong community engaged public health partnership programs
    - Non-profit organization staff with strong public health community partnerships
    - Maternal mortality review committees
    - Perinatal Quality Collaboratives
    - Public Health Emergency Preparedness and Response Program Staff
    - Community advocates

Strong applicants will have access to relevant subject matter experts (SMEs) for your selected population(s) of focus. Relevant SMEs may be on staff or available by affiliation and should be defined in the application package. Applicants are encouraged to provide letter(s) of support to substantiate these relationships. Applicants must name the attachments "SME Letter of Support" and upload them as PDF files under "Other Attachment Forms" at www.grants.gov.

In addition, applicants should describe barriers and facilitators in executing activities proposed in the application package. If applicant has received federal funding to support activities for their selected population(s) of focus through another CDC award, the applicant should indicate if they were the primary recipient or a sub-recipient.

Applicants are expected to demonstrate their program implementation readiness and need for funding. As such, applicants are expected to have prior experience working directly or indirectly with the selected population(s) of focus and/or professionals serving these population(s) of focus to address public health and clinical outcomes and provide examples of how the funding will enable them to accelerate their ability to impact these affected communities. Strong applicants will have a baseline infrastructure that has the potential to establish, support and/or scale up projects through this funding.

Applicants should demonstrate current organizational reach as it relates to their selected population(s). A strong applicant will define organizational reach as either local, regional, and/or national and describe how this reach will be leveraged to meet outcomes in the logic model.

Final recipient selection and activities to be funded will be made at the time of award. CDC may fund out of rank order in Phase III review; please see Phase III Review section for more details

d. Work Plan

The applicant's application package should be inclusive of all component work plans and budgets; multiple applications will not be reviewed. Each component must have a separate work plan and budget.

The work plan must describe how the applicant plans to implement strategies/activities to achieve project outcomes. Work plans will allow CDC project officers and recipients to monitor (a) implementation of project strategies and activities (i.e., process evaluation) and (b) progress toward achieving period-of-performance outcomes (i.e., outcome evaluation). At a minimum, the work plan should include:

- Year 1 activities and timelines to support achievement of NOFO outcomes. These activities must be in alignment the logic model strategies for the specific population of focus and should have appropriate milestones for accomplishing tasks.
- Information for each of the performance measures (process and outcome for each strategy)
- The population of focus reached as part of each strategy
- A general summary of planned activities for years 2-5 to supplement the detailed year 1 work plan.

A sample work plan format is presented below. In this format, the table would be completed for each of the project strategies. While this format is not required, it may simplify development of the work plan and help ensure that it includes all required information in an easy-to-follow format. If a particular strategy leads to multiple outcomes (short-term and intermediate), it should be described with multiple outcome measures.

Post-award, recipients will refine and finalize the first-year work plan in collaboration with CDC within the first 6 months of award to better align with the required reporting needs established in the NOFO (see section 3. Reporting). Work plans should also be updated annually and submitted as part of the Annual Performance Report.

Strategy: [*from Approach section*]			
Population(s) of focus:			
Outcomes Measure(s): [*from Evaluation and Performance Measurement section*]		1.	
		2.	
		3.	
Activities: [*from Approach section*]	**Start Date**	**End Date**	**Responsible Person/Party**
1.			
2.			

3.			
4.			
5.			
Process Measures: [*from Evaluation and Performance Measurement section*]			1.
			2.
			3.
High-level summary (Years 2-5)			

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.

In addition to those listed, other activities deemed necessary to monitor the award may be applied.

- Monitor recipient program performance via use of multiple approaches, such as site visits, emails, conference calls, and standardized review of performance reports and other

data reports, to support program development, implementation, evaluation, and improvement.

f. CDC Program Support to Recipients

CDC will be substantially involved in each recipient's project, going beyond monthly calls, site visits and regular performance and financial monitoring during the period of performance. Substantial involvement refers to federal programmatic collaboration or anticipation that the recipient can expect in implementing the award. In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes.

CDC's substantial involvement will include, but is not limited to the following:

- Supporting recipients in implementing cooperative agreement requirements and meeting outcomes.
- Assisting with the development and review of recipient products, tools, and resources.
- Assisting recipients in advancing activities to achieve project outcomes.
- Providing scientific subject matter expertise, tools, and resources.
- Collaborating with recipients to develop and implement evaluation plans (within the first 6 months) that align with CDC evaluation activities.
- Providing technical assistance on recipients' evaluation and performance measurement plan.
- Providing technical assistance to define and operationalize performance measures.
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve project outcomes.

B. Award Information

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

2. Award Mechanism:
U01

3. Fiscal Year:
2023

Estimated Total Funding:
$75,000,000

4. Approximate Total Fiscal Year Funding:
$15,000,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$75,000,000

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

7. Expected Number of Awards:
20

8. Approximate Average Award:

$400,000
Per Budget Period

Average One Year Award Amount for Component A will range between $150,000 - $750,000. Average One Year Award Amount for Component B will range between $250,000 - $1,000,000. Average award amount is dependent upon the availability of funds. Exact amounts for each award under this NOFO will be determined at the time of award.

9. Award Ceiling:
$0
Per Budget Period

This NOFO does not have an award ceiling.

10. Award Floor:
$0
Per Budget Period

This NOFO does not have an award floor.

11. Estimated Award Date:
September 30, 2023
Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:
12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

State (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)

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities

Community-based organizations

Faith-based organizations

2. Additional Information on Eligibility

This NOFO will be primarily funded through Component A. All applicants must:

- submit one application for Component A and, if applicable, Component B and include required information in the application packet. Applicants must apply for Component A in order to be considered for Component B. Each component must have a separate work plan and budget. If an applicant submits multiple applications under Component A, all applications will be deemed non-responsive and none will receive further review.
- identify the components and strategies to which they are applying in the "Descriptive Title of Applicant's Project" on the SF-424 form. Applicants that do not identify the components and strategies to which they are applying on the SF-424 form will be deemed non-responsive and will not receive further review.

Applicants must be funded under Component A to be considered for Component B which may be marked approved but unfunded (ABU).

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.

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

SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

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

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

b. System for Award Management (SAM):

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

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which	Register early! Applicants can register within minutes.

		Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	will allow you to register with Grants.gov and apply for federal funding.	

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)

Due Date for Letter Of Intent 04/04/2023

04/04/2023
A Letter of Intent (LOI) is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Please include the following information in the LOI:

1. Number and title of this NOFO;
2. Descriptive title of the proposed project (including specification of the two or more strategies to be addressed);
3. Description of the populations(s) of focus;
4. Name, address, telephone number, and email address of the Principal Investigator or Project Director; and
5. Name, address, telephone number, and email address of the primary contact for writing and submitting the application.

LOI must be sent via email to:

DBDID Partnerships (CDC)

Email address: dbdidpartners@cdc.gov

b. Application Deadline

Due Date for Applications 05/15/2023

05/15/2023
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Informational Conference Call
The Informational Conference Call will be held Wednesday, March 29, 2023, 2:00-3:00 PM ET. The dial-in information for the Informational Conference Call will be posted to https://www.cdc.gov/pregnancy/nofo/DD-23-0004 no later than Wednesday, March 22, 2023.

To facilitate appropriate timely responses, CDC encourages proactive written inquiries concerning this announcement to be submitted prior to the Informational Conference Call. Due to the volume and variety of questions anticipated during the Informational Conference Call, applicants are encouraged to submit questions to dbdidpartners@cdc.gov by Friday, March 24, 2023.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:
Recommended but not Required
A Letter of Intent (LOI) is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Please include the following information in the LOI:

1. Number and title of this NOFO;
2. Descriptive title of the proposed project (including specification of the two or more strategies to be addressed);
3. Description of the populations(s) of focus;
4. Name, address, telephone number, and email address of the Principal Investigator or Project Director; and
5. Name, address, telephone number, and email address of the primary contact for writing and submitting the application.

LOI must be sent via e-mail to:
DBDID Partnerships Team
CDC, National Center on Birth Defects and Developmental Disabilities
RE: CDC-RFA-DD-23-0004
E-mail address: DBDID Partnerships (CDC) dbdidpartners@cdc.gov

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.

13. Pilot Program for Enhancement of Employee Whistleblowers 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.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

13b. 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.

13c. Data Management Plan
As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additional-requirements/ar-25.html.

14. 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 andadditional 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.

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity atwww.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 whenwww.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 bywww.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 atwww.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 thatwww.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior

approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by 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.

i. Approach **Maximum Points:** 50

Applicants will be evaluated on the extent to which the applicant:

- Can demonstrate a clear and concise understanding of the public health problems by describing activities that are evidence-based, realistic, achievable, and measurable to achieve the short-term and intermediate outcomes of this NOFO as described for each strategy (15 points)
- Provides a detailed Year 1 work plan that includes objectives written in SMART format, activities, person(s) responsible, partners (if appropriate), performance measures, process measures, and baseline and target data (if appropriate) for each strategy addressed. (15 points)
- Clearly identifies population(s) of focus consistent with the NOFO intent, including disproportionately affected population segments and how reaching these groups will address health equity, and describes feasible mechanisms or approaches to engage these groups. (5 points)
- Describes technical capacity in implementing these activities and describes current reach, including how the reach can be leveraged, to support strategies, activities and outcomes for their population(s) of focus (10 points)

- Identifies how the applicant will leverage partnerships (either internal or external to CDC) to maximize reach and impact of their proposed strategies (5 points)

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

Applicants will be evaluated on the extent to which the applicant:

- Describes the type(s) of evaluation to be conducted (i.e. process, outcome, or both) and key evaluation questions to be answered and identifies reasonable annual performance targets that are likely to lead to attainment of NOFO outcomes. (10 points)
- Describes potential data sources, frequency of data collection and reporting timelines. In addition to feasibility for collecting evaluation and performance data. (5 points)
- Describes how evaluation findings will be used for continuous program quality improvement and disseminated among partners and stakeholder groups. (10 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 25

Applicants will be evaluated on the extent to which they address the items below:

- Demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve project outcomes through clear description of experience, skills, knowledge, and previous work of a similar nature. Are key staff involved in the project qualified to provide leadership, technical, and management expertise required for effective and efficient program implementation? Please include documentation as detailed in the Organizational Capacity section. (5 points)
- Describes a staffing plan and project management structure sufficient to achieve project outcomes and which clearly define staff roles. This should include experience with existing partnerships and engagement of priority communities (5 points)
- Describes experience and capacity to reach the population(s) of focus or organizations serving population of focus on a national and/or regional scale (5 points)
- Describes sufficient project management skills critical to implementing this approach, including program planning, performance monitoring, financial reporting, budget management and administration, personnel management (5 points)
- Describes financial management system that will allow proper funds management and segregation of funds by program (5 points)

Budget **Maximum Points:** 0

Budget (Reviewed Not Scored)

- The budget will not be scored but will be reviewed. To what extent is the proposed budget adequately justified and consistent with the overall strategy and activities of the NOFO and the applicant’s proposed activities? Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? If applicable, did the applicant submit a separate work plan and budget for each component?

c. Phase III Review

Applicants to this NOFO will be scored based on direct consideration of findings from the Objective Review Panel and, as applicable, responsiveness to the funding preference listed below. Applicants meeting the criteria set forth in this funding preference will receive additional points beyond the possible total of 100 as follows:

Funding Preferences
Total Points Available: 10 points

Funding Preference 1: Demonstrated work in health equity, specifically work with subpopulations of population(s) of focus shown to be at greater risk for adverse public health and clinical outcomes (10 points)
Deliverable 1: Documentation of work in the health equity space from the applicant with subpopulation of selected population. Health equity is defined by CDC as the state in which everyone has a fair and just opportunity to attain their highest level of health. Applicant must demonstrate prior experience in making progress towards addressing health inequities for the following or similar populations at greater risk:

- Populations at increased risk of pregnancy complications, other morbidities, and mortality
- Populations living with birth defects, infant disorders, or related conditions

Applicant should submit documentation to substantiate health equity work. Documentation includes but is not limited to letters of support, MOUs, MOAs etc., project summaries and proof of project outcomes. Applicants must name the attachments "Funding Preference Documentation" and upload them as PDF files under "Other Attachment Forms" at www.grants.gov . Applicants providing valid documentation of health equity work will be awarded 10 points.

Fund Out of Rank Order

CDC may fund out of rank order in order: 1) to ensure sufficient coverage of populations of focus, strategies and activities for this funding opportunity. This NOFO aims to improve public health and clinical outcomes that affect pregnant and postpartum people and their infants and those with birth defects, infant disorders and related conditions through a combination of strategies. CDC would like to ensure adequate coverage of populations and strategies, as set out in the logic model. 2) to respond to an unforeseen public health emergency

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

Estimated award announcement date: 09/01/2023
Estimated award date: 9/1/2023 via Notice of Award
Budget/project period start date: 9/30/2023

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

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

Generally applicable ARs:

- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2030
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

Organization-specific ARs:

- AR-8: Public Health System Reporting Requirements
- AR-15: Proof of Non-profit Status
- AR-23: Compliance with 45 CFR Part 87

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in

which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR. CDC may require 90 days after the end of the budget period	Yes
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

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publicly available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

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

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

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

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

The 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.

This may be a requirement under this NOFO. CDC will provide information to funded recipients on the timeline to report performance measurement data through required annual progress reporting to capture final end-of-year data, which will be due approximately 90 days after the end of the budget period. If implemented, these data are expected at the end of years 1-5 data being captured in the final performance and financial report (see section e. Final Performance and Financial Report).

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

e. Final Performance and Financial Report (required)
The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted

through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

No additional final performance and financial report requirements.

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

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

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

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

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

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

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

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against

commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

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

Address:

Telephone:

Email:
dbdidpartners@cdc.gov

Grants Management Office Information

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

First Name:
Rhonda
Last Name:
Melancon

Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2939 Flowers Rd
MS: TV-2
Atlanta GA 30341

Telephone:
4044984104

Email:
qpr5@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Letters of Support

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

General Requirements

- Application materials must be submitted in 12 point font. This includes tables, graphics, and charts.
- A Table of Contents, Project Abstract Summary, Project Narrative (including these headings: Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan), a Budget, and Budget Narrative are required.

Project Narrative Requirements

- Applicants must abide by the requirements listed in Section D, #10 Project Narrative which states that the project narrative must be a maximum of 15 pages if applying to Component A only or a maximum of 19 pages if applying to Components A and B, single spaced, 12 point font, 1-inch margins, number all pages. In addition to including the required headings referenced under General Requirements.
- Applicants must not use the Appendix to circumvent the Project Narrative page limitations (i.e. Project Narrative, including required headings referenced in General Requirements, should not be submitted in the Appendix).

Optional Attachments may include (please see section referenced for additional context):

- **Section 1. Collaborations –** Memorandum of understanding (MOU), memorandum of agreement (MOA), or letters of support are encouraged but not required. If providing any of the stated documents, applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.
- **Section c. Organizational Capacity of Recipients to Implement the Approach –** Applicants are encouraged to provide letter(s) of support to substantiate SME relationships. Applicants must name the attachments "SME Letter of Support" and upload them as PDF files under "Other Attachment Forms" at www.grants.gov.
- **Section c. Phase III Review –** Documentation to support Funding Preferences includes but is not limited to letters of support, MOUs, MOAs etc., project summaries and documentation of project outcomes. Applicants must name the attachments "Funding Preference Documentation" and upload them as PDF files under "Other Attachment Forms" at www.grants.gov.

Appendices

The total amount of appendices must not exceed 50 pages. Any pages after page 50 of the appendix will not be considered for review. The following documents must be included in the application appendices:

Applicants must submit the following documents in the appendix and title them as follows: "CVs/Resumes" and "Organizational Chart" as found in the "Organizational Capacity of Recipients to Implement the Approach" section and upload it at www.grants.gov.

All documents must be in English. Any information submitted via www.grants.gov must be uploaded in a PDF file format, and should be clearly labeled (i.e., Organizational Chart should be named "Organizational Chart").

Amendments and Questions and Answers (Q&As)
Applicants must submit their Q&As via email to **DBDIDPartners@cdc.gov** no later than 15 days after the publication date in www.grants.gov. Questions received more than 15 days after the NOFO is published on www.grants.gov will not be considered and a response will not be provided.

All changes, updates, and amendments to the NOFO will be posted to www.grants.gov following the approval of CDC.

I. Glossary

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

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

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

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

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

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

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

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

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

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

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

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

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

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

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

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or

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

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

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

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

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

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

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

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

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

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

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

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

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

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

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

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

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

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

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

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

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