



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE
CONTROL AND PREVENTION

Immunization Services Division

Notice of Funding Opportunity








Application due March 13, 2025

Strengthening Vaccine-Preventable Disease Prevention and Response

Opportunity number: 25-0007



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on March 13, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Centers for Disease Control and Prevention (CDC)

National Center for Immunization and Respiratory Diseases

Immunization Services Division

This funding opportunity supports public health systems to protect people and communities from vaccine-preventable diseases by equitably increasing access, confidence, and demand for vaccines.

Summary

CDC's Immunization Services Division (ISD) Notice of Funding Opportunity (NOFO) continues and builds upon the ongoing work of the Section 317 and Vaccines for Children (VFC) Programs. These programs remain central to the U.S. immunization program infrastructure to achieve high vaccination coverage, low incidence of vaccine-preventable disease (VPD) and maintain or improve response to vaccine-preventable public health threats.

The VFC Program provides vaccines to children whose parents or guardians may not be able to afford them. Serving as an important contributor to health equity, the program helps support fair and just opportunities for all children to get their recommended vaccinations on schedule and achieve their highest level of health.

Section 317 of the Public Health Service Act helps meet the costs of prevention health services, and 317 priorities include preserving immunization infrastructure, maintaining vaccine supply as a safety net for uninsured adults, and responding to VPD outbreaks.

Activities in this funding opportunity are included within the following seven priority strategies.

- Strengthen Program Infrastructure and Management.
- Increase Vaccine Access.
- Improve Vaccination Equity.
- Promote Vaccine Confidence and Demand.
- Enhance Data and Evaluation.



Have questions?
See [Contacts and Support](#).

Key facts

Opportunity name:
Strengthening Vaccine-Preventable Disease Prevention and Response

Opportunity number:
25-0007

Announcement type:
New

Assistance listing:
93.268

Key dates

Application deadline:
March 13, 2025

Informational call:
January 8, 2025

Expected award date:
June 25, 2025

Expected start date:
July 1, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

- Strengthen Program Support for Partners.
- Enhance Vaccination Response Readiness.

There are three components in this NOFO, and you are required to apply to all three components.

- **Component 1:** Core.
- **Component 2:** Rapid small-scale response to VPD outbreaks or other public health emergencies (funded).
- **Component 3:** Rapid large-scale response to VPD outbreaks or other public health emergencies (approved but unfunded).

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period:
\$2,000,000,000

Expected total program funding per budget period: \$400,000,000

Expected awards: 66

Expected average award amount per budget period: \$6,060,606

We plan to award projects for 5 12-month budget periods for 5 year period of performance.

The number of awards is subject to available funds and program priorities.

Funding strategy

You must apply to all three components. You will submit one application that includes the work plan and budget for all three components. The work plan and budget will be completed in the Vaccines for Children Cooperative Agreement Management Platform (VFC CAMP). Each component will be awarded to 66 recipients.

Component 1

The funding formula is a weighted jurisdiction-by-jurisdiction calculation made up of the following factors:

- Base amounts.
- Population.
- Land area.
- Uninsured adults.

- Births.
- Poverty.
- Rural population.
- VFC providers.
- VFC-eligible population.

Component 2

- Funding for rapid small-scale VPD outbreak activities. The estimated yearly funding is \$250,000, as available.

Component 3

- Approved but unfunded rapid large-scale VPD outbreak activities. The estimated yearly funding is \$3,000,000, as available.

Eligibility

Statutory authority

The Vaccines for Children (VFC) Program is authorized under:

- Section 1928 of the Social Security Act. [42 U.S.C. section 1396s].
- Section 317 of the Public Health Service Act [42 U.S.C. section 247b], as amended.

Direct assistance (DA) is available through this NOFO. DA may be requested for:

- Public Health Advisors, including salary and travel.
- Statistical Analysis Software (SAS) licenses.

Eligible applicants

Only these types of organizations may apply. State, territorial, local, and tribal government organizations may also opt to select a bona fide agent to apply on their behalf.

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Territorial governments and Freely Associated States.

Applicants must meet certain population thresholds as described here. This strategy allows ISD to reach the greatest number of people while balancing the need for direct support to some of the largest cities in the United States.

Eligible applicants include:

- The 51 state health departments or their bona fide agents, including the District of Columbia.
- Local health agencies or their bona fide agents, if they serve a city population* of 1.4 million or more (i.e., Chicago, Houston, New York City, Philadelphia, San Antonio).
 - If the city does not have a public health department, then the county covering the jurisdiction may apply (i.e., Los Angeles, CA covered by Los Angeles County and Phoenix, AZ covered by Maricopa County).
- All U.S. territories and the Freely Associated States in the Caribbean and Pacific (American Samoa, Commonwealth of the Northern Mariana

Islands, Guam, Puerto Rico, the U.S. Virgin Islands, the Freely Associated States of the Federated States of Micronesia, Republic of Palau, and Republic of the Marshall Islands). Note: The Freely Associated States do not participate in the Vaccines for Children Program.

*Population for city jurisdictions. Source: U.S. Census Bureau, 2022 American Community Survey 5-Year Data (2018 - 2022) - Table S0101.

Bona fide agents must submit documentation that demonstrates their arrangement with the eligible applicant. See [Attachments](#).

Responsiveness criteria

We will review your application to make sure it meets these requirements.

These are the basic requirements you must meet to move forward in the competition. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements in [eligibility](#).
- Is submitted after March 13, 2025.
- Proposes research activities. See [45 CFR 75.2](#) for the definition of research.

See the [application checklist](#) to understand which elements of your application are part of the responsiveness criteria.

Application limits

In addition to the [responsiveness criteria](#), you must follow these limits related to the number of applications your organization can submit.

Under this NOFO, you may submit only one application under your organization's UEI.

Cost sharing and matching funds

There is no cost-sharing requirement for this NOFO.

Program description

Background

Overview

Sustaining and strengthening vaccine access for everyone in the United States is more important today than ever before. While the nation's immunization infrastructure has improved since the Vaccines for Children (VFC) Program became operational in 1994, important work remains to increase vaccination coverage, confidence, and demand and advance equitable access and uptake across the lifespan.

The VFC Program has significantly reduced vaccine inequities among children. However, disruptions, such as the COVID-19 pandemic, can have sustained impacts on childhood immunization. Adolescent immunization continues to lag for selected recommended vaccines.

Adult immunization is also a challenge. National Immunization Survey (NIS) data show current and new vaccines are low, and racial, ethnic, and other disparities persist.

To stop misinformation from eroding public trust in vaccines, public health must work with the community partners and trusted messengers to improve confidence in vaccines through culturally appropriate communication strategies.

The following seven strategies address these challenges and help protect all people from vaccine-preventable diseases:

- **Strengthen program infrastructure and management.** Invest in the critical people and the equitable distribution of resources needed to maintain and strengthen the nation's immunization infrastructure.
- **Increase vaccine access.** Ensure that all communities and populations have equitable access to vaccines. This opportunity invests in programs that identify and prioritize populations of focus, and their defined needs, based on:
 - Disparate vaccine coverage rates associated with structural and social conditions.
 - Unique and intersectional geographic, sociodemographic, and other characteristics.

- **Improve vaccination equity.** Support efforts to reduce disparities in vaccinations and pursue equitable distribution and administration of vaccines. This opportunity invests in programs that focus on:
 - Knowledge-building regarding disparities in vaccination coverage.
 - Collaboration with trusted community partners.
 - Increasing uptake across communities.
- **Promote vaccine confidence and demand.** Invest in increasing trust, confidence, and demand for vaccines across communities.
- **Enhance data and evaluation.** Invest in enhancing existing data systems and creating new tools to improve the quality of data and of program outcomes.
- **Strengthen program support for partners.** Invest in enabling and building partner capacity in immunization across the country. This opportunity builds and leverages strong networks of partners and increases collaboration opportunities to help advance vaccine confidence, equity, and demand activities.
- **Enhance vaccination response readiness.** Invest in improved systems, data, and capabilities to respond to emerging threats and improve readiness across the nation.
 - Component 2: Rapid small-scale response to VPD outbreaks or other public health emergencies.
 - Component 3: Rapid large-scale response to VPD outbreaks or other public health emergencies.

This funding opportunity builds on the strong historic work of the past and lessons learned during the pandemic. It also pushes forward with a commitment to increase vaccination coverage across the lifespan for all people and population groups. As the nation transitions out of the COVID-19 pandemic, routine vaccination remains a key part of healthy living for children, adolescents, and adults.

Related work

- [Immunization and Vaccines for Children](#) [CDC-RFA-IP19-1901]

Purpose

The purpose of this funding opportunity is to protect all people from vaccine-preventable diseases using these seven strategies:

- Strengthen program infrastructure and management.
- Increase vaccine access.
- Improve vaccination equity.
- Promote vaccine confidence and demand.
- Enhance data and evaluation.
- Strengthen program support for partners.
- Enhance vaccination response readiness.

These strategies will reduce morbidity and mortality from vaccine-preventable diseases.

Approach

Program logic model

The following logic model includes the strategies and activities required under this NOFO for Components 1, 2, and 3.

The logic model also includes the program's expected outcomes. Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease.

Not all outcomes apply to all strategies. The table shows how they apply.

You will use these outcomes as a guide for developing performance measures.

Table: Strategies and outcomes

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strengthen program infrastructure and management <ul style="list-style-type: none"> • Maintain diverse and qualified staff. • Manage and distribute vaccine assets using VTrckS. • Maintain IIS capabilities. • Train and monitor Vaccines for Children (VFC) and Adult Immunization Program (AIP) providers. • Conduct effective fiscal management. 	<ul style="list-style-type: none"> • Increased staff capacity to implement and monitor immunization program. • Increased network of providers in diverse settings and low-income areas. • Strengthened provider practices through site visits. 	<ul style="list-style-type: none"> • Increased network of providers in tribal health organizations, federal IHS-run facilities, and Urban Indian organizations. • Increased vaccination efforts in mobile clinics, community centers, and social gatherings. • Increased vaccination of children, adolescents, and adults in communities experiencing vaccine hesitancy and inequities. • Increased dissemination of inclusive and accessible educational materials and outreach messages to mitigate mis/dis-information. • Increased monitoring and evaluation of the immunization program and surveillance systems. • Maintain IIS interoperability, data completeness, and efficiency. • Increased preparedness for emergency response to outbreaks and other 	<ul style="list-style-type: none"> • Increased vaccine access. • Increased vaccine confidence and demand. • Enhanced data and evaluation. • Strengthened program support for partners. • Improved vaccination equity. • Enhanced vaccination response readiness.
Increase vaccine access <ul style="list-style-type: none"> • Develop, maintain, and enhance network of public and private vaccination providers to equitably administer VFC, Section 317, and state-funded vaccines to eligible adults and pediatric populations. 	<ul style="list-style-type: none"> • Increased and strengthened collaboration with community partners and trusted messengers to increase vaccine access, equity, confidence, and demand. 		
Improve vaccine equity <ul style="list-style-type: none"> • Use qualitative and quantitative data to identify populations of focus. • Implement and evaluate interventions. 	<ul style="list-style-type: none"> • Increased partner education opportunities and effective outreach messages. 		
Promote vaccine confidence and demand			

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> Establish partnerships with trusted messengers and organizations, dissemination of inclusive and accessible education materials and messages, and mitigation of vaccine mis/disinformation. <p>Enhance data and evaluation</p> <ul style="list-style-type: none"> Operate and maintain data systems, including IIS capabilities and data quality. <p>Strengthen partner support</p> <ul style="list-style-type: none"> Develop or engage a coalition. Provide education opportunities. <p>Enhance vaccination response readiness</p> <ul style="list-style-type: none"> Conduct vaccine-preventable disease surveillance. Conduct outbreak planning and exercises, including mass vaccination exercises. 	<ul style="list-style-type: none"> Decreased mis/disinformation regarding vaccination. Maintained Immunization Information System (IIS) according to CDC IIS Functional Standards. Developed and updated pandemic and emergency vaccination response plan in collaboration with community partners. Increased strength and resilience across the immunization workforce. 	<p>public health emergencies.</p> <ul style="list-style-type: none"> Increased community understanding of immunization. Maintained quality, compliance, and integrity of the VFC program, Section 317 and state-funded vaccination programs. Maintained procedures ensuring vaccines purchased from federal contracts are properly ordered, stored, and managed. 	

Strategies and activities

This section elaborates on the strategies and activities described in the logic model and provides details about how you expect to implement your program.

You must execute the NOFO requirements and meet period of performance outcomes for each strategy outlined.

You can find strategy and activity resources and examples in the Strengthening Vaccine-Preventable Disease Prevention and Response Companion Guide (CG) located in VFC CAMP Knowledge Center.

Component 1: Core

Strategy 1: Strengthen program infrastructure and management

To strengthen the immunization program, you will be expected to:

- Assess program capacity and needs.
- Plan for resource allocation and use.
- Build staff capacity.
- Monitor funding and expenditures.
- Coordinate with local health departments and partners to ensure immunization access across jurisdictions.

To fulfill these expectations, you must complete the following activities:

- Manage vaccine purchase and distribution according to CDC guidelines.
 - Order, distribute, and administer vaccines with the appropriate funding source and in sufficient quantities to meet the needs of the populations being served. Ensure that VFC vaccines are administered only to eligible participants.
 - For vaccines purchased with non-CDC funds:
 - When entering bulk orders or approving state-funded direct ship provider orders, approved funds must be available at the time the order is entered or approved.
 - Bulk orders must be purchased and received at the CDC depots prior to placing provider orders.
 - Purchase an alternative vaccine, as directed by CDC, to obtain state, local, or CHIP credit when unable to purchase a vaccine due to vaccine shortages or contract minimums.

- Store and handle vaccines according to CDC recommendations in the [Vaccine Storage and Handling Toolkit](#).
- Attend and contribute to CDC-led, immunization-program-related meetings, technical site visits, calls, surveys, trainings (e.g., recipient immunization meetings, monthly all-recipient calls, new program manager orientation, reverse site visits, VFC, IQIP, IIS, school vaccination, adult vaccination, perinatal hepatitis B prevention, etc.).
- Provide trainings, job aids, and follow-up support to providers that explain:
 - How to use CDC's vaccine order management system or recipient vaccine ordering system for immunization inventory and ordering.
 - Vaccine ordering policies and requirements, including CDC's inventory-on-hand and supporting documentation for vaccine orders.
 - How to properly store and handle publicly-purchased vaccines, using [CDC's Vaccine Storage and Handling Toolkit](#).
 - CDC's vaccine purchase policies, including contract restrictions.
- Manage the Vaccine Tracking System (VTrckS) access for jurisdictional staff, including:
 - Removing, within 24 hours, 100% of the users who no longer need access.
 - Identifying and maintaining a designated proofing agent (DPA).
- Support the integrity and viability of federal vaccine inventory by applying the National Center for Immunization and Respiratory Diseases' (NCIRD) policy on recipient-supported vaccine depots.
- Maintain immunization information system (IIS) capabilities to support Immunization Programs:
 - Operate and maintain the IIS according to [CDC IIS Functional Standards](#) by conducting routine assessments (e.g., Measurement and Improvement (M&I), IIS Quarterly Report [IISQR], IIS Certification) within the timeframe appropriate for each assessment as defined in the CG.
 - Maintain and enhance the vaccine ordering, inventory management, and vaccine accountability functionality in the IIS to support national vaccine programs.
 - Use Clinical Decision Support for Immunization (CDSi) guidance and test cases to ensure IIS evaluation and forecasting is compatible with Advisory Committee on Immunization Practices

(ACIP) recommendations. Update the IIS platform within 45 days of any new CDSi guidance.

- Evaluate IIS capabilities and plan activities to optimize for scalability and performance, minimize systems downtime, and ensure uninterrupted immunization data flow in alignment with CDC requirements by meeting the current published version of the Functional Standards.
- **OPTIONAL:** Enhance recipient-developed IIS platform by adding a new functionality to automate the Vaccine Tracking System (VTrckS) External Information System (ExIS) interface to upload vaccine orders (and other transactions) to VTrckS, as applicable. Recipients that are planning to transition to a CDC-funded technology partner platform within the next two years should not focus on this activity.
- Maintain diverse and qualified staff and partners to effectively implement and administer the program.
 - You must have at least the following staff:
 - 1 full-time program manager.
 - 1 full-time Vaccines for Children (VFC) coordinator (except for recipients that do not receive VFC funding).
 - 1 full-time IIS manager.
 - 1 person responsible for managing the Vaccine Spend Plan.
 - You may also want to include the following staff:
 - Administrative Support.
 - Adult Immunization Coordinator.
 - Data Analyst.
 - Fiscal Manager.
 - Grants Manager.
 - Health Communicator/Educator.
 - Health Equity Coordinator.
 - IIS Data Quality Specialist.
 - IIS Interoperability Specialist.
 - Immunization Quality Improvement for Providers (IQIP) Coordinator.
 - Perinatal/Maternal Immunization Coordinator.
 - Program Evaluator.

- School Vaccination Coordinator.
 - Vaccine Confidence Strategist.
 - Vaccine Preventable Disease Epidemiologist.
- Conduct and track vaccine provider site visits per CDC guidance.
- Maintain an effective Immunization Quality Improvement for Providers (IQIP) Program to strengthen provider vaccination practices and reduce barriers and missed opportunities for vaccination of children and adolescents.
 - Partner with a minimum of 25% of VFC-enrolled providers to implement the 12-month [IQIP process](#) to increase vaccine uptake.
 - Collaborate with providers to implement two [quality improvement \(QI\) strategies](#). You must select one of the following strategies to implement:
 - Strengthen vaccination communications to address vaccine hesitancy.
 - Provide strong vaccine recommendation.
 - Complete the IQIP process with a minimum of 85% of VFC-enrolled providers who receive an IQIP site visit within 12 months.
 - Collaborate with IIS staff to ensure provider-level vaccination coverage assessment capability for quality improvement projects.
 - Report all IQIP program data to CDC within 10 days of every provider-level encounter.
- Meet monthly with fiscal staff to develop, track, monitor and forecast budgets, including funds provided to subrecipients or contractors. Ensure expenditures are budgeted appropriately by funding source.
- Complete reports and submit by deadlines outlined in the Reporting Section.
- Implement the following Immunization Programs:
 - Vaccines for Children Program (VFC) required activities:
 - Recruit and enroll provider locations.
 - Manage vaccine ordering, inventory maintenance, and storage and handling.
 - Conduct site visits to ensure provider compliance.
 - Monitor for fraud and abuse.
 - Implement written policies and procedures to govern the VFC program.

- Note: The [VFC Operation Guide](#) provides the program requirements, supplemental information, and best practices.
- Adult Immunization Program required activities in Domains 1 and 2 of the Adult Immunization Framework located in VFC CAMP Knowledge Center.

Adult Immunization Program Expansion

You must maintain and enhance the Adult Immunization Program development and capacity by implementing the Adult Immunization Program Framework (“Framework”). The Framework package provides guidance, supplemental information, and best practices for implementing activities aimed at developing or maintaining an Adult Immunization Program.

You may be engaged in activities at different maturity levels (i.e., Levels 1 - 4) across the domains. Activities may not necessarily fall into a single level of maturity, and you will not be expected to complete Levels 1 through 4 within each domain before progressing to the next domain. However, proposed work plans and activities should prioritize addressing activities in lower levels first, if not already completed.

CDC recognizes the funding in this NOFO is not adequate to build and maintain a comprehensive adult immunization program. You should plan strategically to focus on activities in Domains 1 and 2.

Required activities (years 1 and 2)

- In the first three months of each budget year, you are required to assess your current adult immunization program by completing the Adult Immunization Program Framework Checklist.
- You will determine program gaps from responses to key questions in Domain 1 (Organizational Goals and Priorities) and Domain 2 (Organization Capacity) of the Adult Immunization Program Framework Checklist.
- Based on the identified gaps in Domains 1 and 2, you are required to develop the next steps and procedures to advance to the next maturity level within that Domain, including figuring out the process of what would be required to do that activity.

Domain 1: Organizational goals and priorities

- Develop and share a mission statement.
- Review identified goals, objectives, performance indicators, and activities.
- Identify and engage policymakers to support adult immunization goals, objectives, performance indicators, and activities.

Domain 2: Organizational capacity

- Put in place an organizational structure to support an adult immunization program.
- Provide internal capacity-building opportunities for adult immunization program staff.
- Identify and use diverse sources of funding (i.e., federal, state, local, other funds) to support adult immunization.

Optional activities (years 3 to 5)

Continue to address identified gaps and complete at least 1 activity from each domain:

Domain 3: Adult provider networks

- Review and calculate the number of adult providers and adult patients in your jurisdiction.
- Examine, evaluate, and update existing adult vaccine provider formal agreements or enrollment forms.
- Review and evaluate existing systems for adult providers to order vaccines, report inventory, and track returns and wastage.

Domain 4: Provider compliance

- Examine and improve existing adult vaccine provider enrollment processes and enrollment site visit protocols.
- Examine and improve adult vaccine provider compliance program site visit processes and protocols.
- Review storage and handling processes for adult vaccines and assess compliance with CDC standards.
- Develop and implement quality improvement initiatives for adult vaccine providers.

Domain 5: Data monitoring and evaluation

- Review and improve processes to strengthen adult vaccine provider onboarding to the IIS.
- Develop or improve a plan to increase provider reporting of adult vaccines to the IIS.
- Develop or improve IIS data quality plan specific to adult populations.
- Develop or improve systems to monitor the overall adult vaccine program, including adult vaccine providers.

Domain 6: Provider and partner education

- Disseminate and provide guidance on new and existing resource and training opportunities to adult vaccine providers.
- Provide training and technical assistance opportunities for providers on the utilization of the IIS.
- Engage and collaborate with organizations, coalitions, and trusted messengers to improve resource sharing and capacity, and implement innovative approaches to enhance vaccine information, access, and outreach.
- Review and implement the [CDC Success Framework for Adult Immunization Partner Networks](#).

Strategy 2: Increase vaccine access

To ensure access to vaccines, you will need to:

- Implement the Vaccines for Children (VFC) program.
- Identify and maintain a network of providers to administer Section 317- and state- or local-funded vaccines to eligible populations.

You will be required to ensure that all communities and populations have equitable access to vaccines by completing the following activities:

- Recruit and maintain a network of public and private vaccination providers to equitably administer VFC, Section 317, and state-funded (if applicable) vaccines to eligible adult and pediatric populations according to ACIP/CDC recommendations. You must:
 - Complete an assessment of all healthcare providers in the jurisdiction.
 - Develop activities to maintain the current providers and enroll new providers. Examples of providers to enroll include:
 - Primary care providers.
 - Federally qualified health centers (FQHCs).
 - Rural health clinics (RHCs).
 - Retail pharmacies.
 - School-based providers.
- Expand the network of prenatal or maternal providers and birthing hospitals (centers) in VFC and adult programs. You must:
 - Identify and enroll at least 30% of birthing hospitals (centers) in the VFC program.

- Offer all age-appropriate VFC vaccines, including nirsevimab, to VFC-eligible newborns before hospital discharge.
- Collaborate with health system and providers to identify 80% of pregnant persons that are hepatitis B surface antigen (HBsAg) positive and provide the following case management to their infants:
 - Provide postexposure immunoprophylaxis (hepatitis B and hepatitis B immune globulin) within 12 hours of birth to 98% of identified infants.
 - Complete the hepatitis B vaccine series (all valid doses) by 12 months of age for 90% of identified infants.
 - Provide post vaccination serologic testing as recommended by ACIP to a minimum of 75% of identified infants.
- Engage American Indian/Alaska Native (AI/AN) communities and other tribal partners to assure vaccine access and improve vaccination coverage within the jurisdiction's AI/AN population. You must:
 - Enroll Tribal health organizations, Urban Indian Organization Health Centers, and Indian Health Service providers in VFC and adult programs.
 - Provide sufficient vaccine supply to AI/AN-serving facilities.
 - Educate all providers and AI/AN communities on VFC eligibility and access.
 - Develop and implement culturally appropriate confidence and demand communication strategies.

Strategy 3: Improve vaccination equity

You will need to implement and evaluate two interventions to improve vaccination coverage, reduce vaccination coverage disparities, and increase equitable vaccine distribution and administration. You may implement and evaluate these interventions at the same time or sequentially. Evaluation-related guidance, standard tools and templates, and examples of data sources can be found in the CG.

You will be expected to complete the following activities:

- Use qualitative and quantitative data to identify communities, populations, or geographic areas with low vaccination coverage or at high risk for VPD outbreaks, focusing on disparities or inequitable access. Examples include:
 - Consistently lower routine childhood vaccination rates for one or more vaccines compared with national estimates.

- Experience with a recent vaccine-preventable disease outbreak (since 2018).
- Vaccination coverage that has not met [Healthy People 2030](#) goals despite public health efforts.
- Geographic area with a high [Social Vulnerability](#) Index.
- Provide justification for selection of two populations of focus and develop strategies and activities to implement the following two interventions, one for each population.
 - Increase vaccine confidence and demand by identifying and working with trusted community messengers. *(For additional details, please see Promote Vaccine Confidence and Demand section.)*
 - Increase access to vaccination by establishing additional or alternative vaccination providers (e.g., pharmacy enrollment into the VFC Program, mobile/temporary clinics, non-traditional settings). *(For additional details, please see Vaccine Access section.)*
- Evaluate each intervention using templates and tools provided in the CG. The evaluation is required to include process measures and estimates of the costs to implement the intervention. Optional elements to include in the evaluation include the following.
 - Outcome measures.
 - Estimate of any benefits, such as number of additional vaccine doses administered or increase in vaccination coverage that resulted from the intervention.

Strategy 4: Promote vaccine confidence and demand

Community engagement and partnerships are essential to maintain and increase vaccination coverage across the lifespan. Providing accurate and consistent messages from trusted messengers about vaccination to all populations is critical to:

- Educate providers, partners, and consumers.
- Address vaccine equity issues by building vaccine confidence and demand.

Trusted messengers are people seen as credible sources of information by specific populations and can include doctors, community and faith-based leaders, and local celebrities.

Complete the following required activities to promote vaccine confidence and demand:

- Strengthen existing partnerships and engage with new partners, including trusted messengers.
- Disseminate resources to providers to ensure they are equipped to discuss vaccine concerns confidently and make recommendations.
- Disseminate and promote inclusive and accessible educational materials and outreach messages through a variety of channels (e.g. television, radio, billboards, print, digital, websites, and social media).
 - Recipients are encouraged to use CDC-developed materials that can be modified, such as Back to School, National Immunization Awareness Month, and National Influenza Vaccination Week.
 - Communication and print resources can be found at [Communication and Print Resources | CDC](#).

Strategy 5: Enhance data and evaluation

Data quality is the key to successfully reaching programmatic goals, effectively monitoring immunization coverage, identifying areas for improvement, and responding to vaccine-preventable disease (VPD) outbreaks.

Access to timely data is used to evaluate the immunization program and provide the evidence needed to:

- Manage programs more effectively and efficiently.
- Assess and improve existing activities.
- Plan and implement new activities.
- Understand reasons for performance.
- Demonstrate value.
- Ensure accountability.

To support data collection on disease trends and vaccine uptake, engage in various surveillance and reporting activities:

Vaccine Adverse Event Reporting System (VAERS)

Surveillance of vaccine safety issues is essential. VAERS analyses can trigger investigations of possible relationships between a vaccine and adverse events. VAERS is also an acceptable reporting tool for vaccine administration errors, even in circumstances where no adverse event occurs. You play a critical role in this process. You will need to:

- Submit, facilitate the submission of, or follow up on VAERS reports as requested.

- Collaborate and educate healthcare providers to ensure their awareness of VAERS, the importance of reporting adverse events after vaccination to VAERS, and how VAERS data can help patient understanding of vaccine safety.

National Immunization Surveillance

Immunization Information Systems (IIS) Required Activities

- Meet CDC requirements for data quality. High quality data measurements are found in the [IIS Data Quality Blueprint](#).
 - Assess key attributes of IIS data quality and leverage CDC data quality reports to identify strengths and weaknesses (e.g., completeness, timeliness). Implement solutions to address weaknesses.
 - Identify, assess, and plan to incorporate data from available sources to improve demographic record completeness and validity (e.g., provider enrollment information, vital records, newborn screenings, driver's license data, the jurisdiction's Health Information Exchange).
 - Identify and resolve duplicate and fragmented patient records and vaccination events.
 - Submit quarterly routine vaccination data to CDC and collaborate with CDC in pre- and post- submission quality control activities to verify results.
 - Use an electronic tool to verify validity of addresses in the IIS or validate accurate assignment of address to an individual to improve demographic records. Ensure residential addresses are standardized and validated as United States Postal Services' addresses to meet these goals:
 - Year 1: Provide baseline percentage of records in the IIS with validated USPS addresses.
 - Year 5 end: Achieve 95% record validity.
 - Participate in and meet CDC public health surveillance system requirements.
 - Complete CDC and Office of the National Coordinator of Health IT's (ONC) IIS Data Quality Certification requirements, once available. Use an ONC public health IT certified IIS platform, once available.
 - **OPTIONAL:** Participate in Privacy Preserving Record Linkage (PPRL) to ensure a consolidated vaccination record for each person in the IIS and submit PPRL data as part of routine data submission.

- **OPTIONAL:** Provide data quality feedback and recommendations for improvements to providers and staff annually.
- Maintain IIS's interoperability in accordance with current technology standards to improve data completeness and increase efficiencies by completing the following activities.
 - Maintain current bidirectional connections.
 - Provide a baseline of the number of providers with interoperable interface connections to the IIS in Year 1.
 - Increase the number of additional providers with interoperable interface connections to the IIS in Years 2 – 5.
 - Align recipient's IIS Health Level 7 (HL7) Implementation Guide (IG) with the National HL7 IG, except for jurisdictional policies preventing alignment, by the end of Year 5.
 - Maintain bidirectional data exchange that conforms to the latest HL7 standards.
 - Validate data exchange through [American Immunization Registry Association's \(AIRA\) Measurement and Improvement Initiative \(M&I\)](#).
 - Submit the most recent M&I report for baseline measurement during Year 1.
 - Achieve validation within all interoperability focused content areas during Years 2 – 5.
 - Transport Basic.
 - Submission Basic.
 - Submission Basic and Acks.
 - Query Basic.
 - Submission Complete.
 - Query Complete.
 - Transport Complete.
 - Participate in the Immunization (IZ) Gateway for interjurisdictional data exchange, data exchange with multijurisdictional providers, and with CDC in all use cases, as appropriate by jurisdictional policies.
 - Enroll and onboard providers to exchange vaccination data with the IIS.
 - Provide a baseline for the percentage of providers in queue for enrollment and onboarding, as well as set a timeline for onboarding completion during Year 1.

- Reduce the percentage of providers in queue for enrollment and onboarding during Years 2 - 5.
- **OPTIONAL:** Standardize provider enrollment and onboarding, including participation in the HL7 IG digitalization project to document local HL7 IG into Implementation Guide Authoring and Management Tool (IGAMT).
- **OPTIONAL:** Monitor, maintain, and provide feedback on existing interfaces, including providing monthly error report to providers.
- Support and inform provider and partner efforts to improve immunization rates using IIS data.
- Maintain IIS query capacity to generate vaccination coverage and line list reports based on user-defined query parameters including, at minimum:
 - Patient age group, as calculated by date of birth range.
 - Race and ethnicity.
 - Geographic area (e.g., ZIP Code).
 - Recipients of specific vaccines.
 - Required activities:
 - Year 1: Maintain capability to generate vaccination coverage and line list reports.
 - Year 2: Establish baseline in provider-generated reports.
 - Years 3 to 5: Collaborate with CDC to improve capacity to generate vaccination coverage and line list reports.
- Provide Immunization program and IIS staff access to analyze and use IIS data to support coverage rate improvement and inform interventions based on user-selected criteria.
 - IIS staff, non-IIS immunization program staff, and providers use IIS to produce provider-level coverage assessments.
 - Providers and jurisdictions use IIS to support reminder recall and other activities to improve coverage by generating:
 - Provider-level reminder recall reports at least annually.
 - Jurisdiction-level reminder recall reports at least annually.
- **OPTIONAL:** Provide technical help to healthcare providers on generating coverage estimates to inform vaccination efforts.
- Collaborate with other jurisdictions and technology partners to support IIS consistency and standardization:

- Share effective strategies, costs for system enhancements, platform upgrades, enhancements, and defect patches with peers.
- Leverage peer activities and lessons learned to meet IIS functional standards.
- Use available CDC-shared services, where appropriate, to ensure standardization and create efficiencies.
 - Create a standard structure for planning, managing, and overseeing IIS technology solutions over the entire life cycle using IT governance and project management best practice.
 - Develop appropriate deliverables and artifacts for each phase.
- Support emergency response activities to assess vaccination coverage and identify populations to prepare for and respond to outbreaks and other public health emergencies.
 - Enroll and rapidly onboard providers in response-related vaccination programs and IIS.
 - Require all registered providers to submit test messages once every 6 months, indicating response readiness.
 - Assess the proportion of providers that comply with the provider agreement:
 - Report data to the IIS within established timeframes.
 - Test and maintain response capability in the IIS, ancillary, and CDC systems by submitting of data in accordance with CDC requirements for public health response.
- Contribute to the development of accurate national coverage assessments, by submitting record-level data and aggregate data.
 - Collect, store, and submit to CDC all required vaccine administration data elements.
 - Submit an executable CDC Data Use Agreement within the first 3 months of Year 1.
 - Submit redacted data to CDC to support IIS data quality improvement, estimate national coverage, respond to ad hoc inquiries, and monitor disease outbreak responses and trends in vaccine administration across the lifespan.
 - Participate in CDC efforts to improve IIS data quality and report progress as required through the submission of record-level data and aggregate data.

Immunization Information Systems (IIS) – National Immunization Survey Integration Project (NIS)

You will need to participate in the integration of IIS data with CDC's (NIS). This will help strengthen vaccination surveillance systems by leveraging rich data sources to estimate vaccination coverage.

Complete the following activities:

- Identify and implement steps to increase the percentage of IIS records for children ages 0 through 17 years with at least one current telephone number.
- Monitor the percentage of IIS records for children that have at least one current telephone number.
- Develop, implement, or maintain data use agreements (DUA) that will allow CDC's NIS contractor to conduct the NIS by using selected patient information from children in the IIS (e.g., age) to more efficiently sample households.
 - Obtain recipient-specific approvals needed for data sharing (e.g., IRB, legal review).
- Establish protocols to share selected IIS data with the NIS contractor and share IIS data quarterly with the NIS contractor once the DUA is signed.

Vaccine-Preventable Disease (VPD) Surveillance

- Implement, maintain, and evaluate vaccine-preventable disease surveillance systems.
- Investigate and document cases or outbreaks of VPDs that are nationally notifiable and reportable in the jurisdiction, ensuring that appropriate clinical specimens are tested.
- Collect relevant epidemiologic information in accordance with the CDC [Manual for the Surveillance of Vaccine-Preventable Diseases](#).
- Implement appropriate public health activities for the control and prevention of cases or outbreaks of VPDs that are nationally notifiable and reportable in accordance with the CDC Manual for the Surveillance of Vaccine-Preventable Diseases.
- Collaborate with appropriate staff to submit timely and complete data to appropriate public health authorities for case and outbreak surveillance of VPDs that are nationally notifiable and reportable in the jurisdiction.
 - Notify CDC immediately about cases by phone or email and electronically transmit complete case notifications and supplemental

surveillance information to CDC via the National Notifiable Diseases Surveillance System* (NNDSS) within 1 month of diagnosis for:

- Congenital rubella syndrome (CRS).
 - Diphtheria.
 - Measles.
 - Polio.
 - Rubella.
 - Novel influenza A.
 - Pediatric (<18 years of age) influenza deaths.
- Collect and electronically transmit complete case notifications and supplemental surveillance information to CDC via NNDSS* within one month of diagnosis for:
 - Haemophilus influenzae.
 - Meningococcal disease.
 - Mumps.
 - Pertussis.
 - Invasive pneumococcal disease.
 - Tetanus.
 - Hepatitis A.
 - Hepatitis B.
 - Varicella.
 - Assess timeliness and completeness of each case or outbreak investigation, reporting, and notification for VPDs that are nationally notifiable and reportable in the jurisdiction.
 - Monitor the quality of VPD surveillance by reviewing surveillance data and surveillance indicators** to identify problems and strategies to resolve the problems, in accordance with the CDC Manual for the Surveillance of Vaccine-Preventable Diseases.

*Jurisdictions other than the 52 specified in NNDSS (i.e., 50 states, New York City, and Washington, DC) may be approved by NCIRD to transmit case or outbreak data to CDC via other methods (e.g., CSV file, phone, fax, email).

**VPD Surveillance Indicator Reports are created by NCIRD for the 50 states, New York City, and Washington DC, as those are the jurisdictions specified in NNDSS. Jurisdictions that do not receive jurisdiction-specific surveillance indicator reports from NCIRD are required to conduct and document internal surveillance data reviews.

School Vaccination Assessment

Complete the following activities:

- Assess kindergarten (school-entry) vaccination coverage and exemption levels, in accordance with state vaccination and assessment requirements and report data to CDC annually. These data, broken out by school type including homeschool, should include:
 - Number of students enrolled in any kindergarten.
 - Number of students enrolled in schools that provided data for the assessment.
 - Number of students who received the state-required number of doses of each required vaccine, by vaccine type.
 - Number of students with any exemption and with state-allowed types of exemption, by exemption type.
 - Data collection tool and instructions.
 - Additional information about assessment methods, vaccine requirements, IIS as tool for schools, data utilization, and other relevant policies and practices.
- Develop a written report describing the methodology for collection and analysis of kindergarten (school-entry) vaccination coverage and exemption level data. Provide any pre-existing protocol or written standard operating procedure. A template will be provided for recipients without these documents. The report should include:
 - Descriptions of any sampling procedures.
 - Data collection.
 - Data aggregation and management.
 - Quality control procedures.
 - Any changes from the previous year.
 - Limitations.
 - Barriers.
 - Other relevant information.

Strategy 6: Strengthen program support for partners

Immunization programs should cultivate new partnerships while also enhancing existing partnerships to educate and increase vaccine confidence and uptake. Building partnership networks to increase vaccine equity in racial and ethnic minority populations as well as other disproportionately affected populations (e.g., people with disabilities, people experiencing homelessness,

or people who use drugs) to address specific community and population needs.

State chapters of national provider organizations and local or community-based organizations can create and empower change at the local level, share best practices, and distribute consistent immunization messages.

To meet these goals:

- Develop a coalition or engage a current coalition and implement activities to increase vaccination across the lifespan.
- Engage with existing trusted messengers and recruit new messengers.
- Provide partner education opportunities:
 - Convene at least one regional or statewide educational opportunity, such as a conference, webinar, etc. for healthcare providers and partners, on the latest immunization recommendations or best practices in immunization services.
 - Disseminate information about vaccine-preventable diseases, immunization recommendations, vaccine counseling, and immunization best practices, including timing and spacing of immunization doses, contraindications and precautions, immunization storage and handling best practices, immunization safety monitoring, and Vaccine Adverse Event Reporting System (VAERS) at least once a year.
 - Provide continuing education (CE) opportunities annually about Advisory Committee on Immunization Practices (ACIP) updates, immunization recommendations and schedules, and immunization best practices.
 - Provide opportunities for partners to share best practices and lessons learned.
- Support and inform the public's efforts to understand vaccination coverage within their community.
 - Maintain a public-facing portal integrated with the IIS that allows individuals to access their personal immunization history.
 - Maintain a public-facing dashboard to provide information about vaccination coverage for all routine vaccinations in the jurisdiction.
- Engage with schools, school districts, state departments of education, local health departments, and other partners to improve vaccination coverage in childcare and school settings.

- Provide school-entry vaccination coverage data and exemption data to schools, school districts, or state departments of education.
- Leverage CDC communication resources and campaign materials to improve vaccination coverage.
- **OPTIONAL:** Implement school-located vaccination clinics.

Strategy 7: Enhance vaccination response readiness

An effective vaccination response relies on:

- Strong immunization programs that can provide expertise in all aspects of pandemic vaccine planning and response.
- Coordination between preparedness and immunization staff.
- Vaccine administration capacity with enough vaccine providers and settings within affected communities.
- Ensuring providers are ready to order, receive, and administer vaccines.

To enhance your vaccination response readiness, complete the following activities:

- Participate in annual planning activities and exercises (e.g., tabletop exercises) for vaccine-preventable disease outbreaks with infectious disease, epidemiology, and public health emergency preparedness (PHEP) experts, and potentially external partners, to help inform vaccine-preventable disease outbreak response plans (e.g., vaccine equity considerations, select occupational groups, high-risk populations, and how to address vaccine mis- and disinformation).
- Conduct an annual mass-vaccination clinic exercise leveraging the jurisdiction's mass vaccination tool or IIS module, incorporating external healthcare groups and non-governmental organizations that could help with vaccinations, including partners that serve and support communities with consistently low-routine vaccination rates, and ensuring staff are appropriately trained, prepared, and protected (e.g., documented immunity through vaccination or serology, where applicable) to administer vaccinations.
- Maintain and exercise a pandemic or VPD outbreak vaccination response plan. Your response plan may include:
 - Name of immunization program staff and their Incident Management System (IMS) roles and responsibilities during response.

- List of pediatric and adult vaccine providers and clinics, including long-term care facilities, providers who vaccinate pregnant people, and partners, to meet pandemic vaccine program coverage goals.
- Population estimates for different groups to help inform vaccination planning, especially those that may be disproportionately affected by a pandemic (e.g., children, pregnant people, long-term care facility residents, people with disabilities).
- Vaccine ordering plan for pandemic providers.
- Steps to conduct and evaluate a temporary mass vaccination clinic.
- Lessons learned from recent pandemics or VPD outbreaks should be incorporated into future mass vaccination programs.

Component 2: Rapid small-scale response to VPD outbreaks or other public health emergencies

This emergency component is intended to be **approved and funded** as a baseline practice. Future years' funding levels will depend on funding availability.

This component is funded to support additional activities needed within a budget period for a moderate response to a VPD outbreak or other public health emergency.

Activities include:

- Improve vaccine confidence.
- Increase vaccine uptake.
- Increase in public health infrastructure or staff.

Funds provided for the outbreak activities **can only be used** after notifying and consulting with your Project Officer, reviewed by disease-specific SME, and approved by ISD leadership.

The estimated yearly funding is \$250,000, as available.

Component 3: Rapid large-scale response to VPD outbreaks or other public health emergencies

This emergency component is intended to be **approved but unfunded (ABU)** as a baseline practice. Future years' funding levels will depend on funding availability.

This component would be funded to support additional activities needed within a budget period when funding is made available for a substantial response to a VPD outbreak or other public health emergency.

The estimated yearly funding is \$3,000,000, as available.

Outcomes

This section includes information about the outcomes we expect you to report progress on and achieve within the performance period. Outcome reporting requirements will only be required for Components 2 and 3 if there is a VPD outbreak.

As reflected in the logic model, you will be expected to show measurable progress each year towards these long-term outcomes for all three components:

- Increased vaccine access.
- Increased vaccine confidence and demand.
- Enhanced data and evaluation.
- Strengthened program support for partners.
- Improved vaccination equity.
- Enhanced vaccination response readiness.

Focus populations

In your application, you must show that the proposed populations, communities, and geographic or catchment areas have:

- Low vaccination coverage rates.
- Low vaccination access.
- Low vaccination confidence, demand, or both.
- A disproportionate burden of vaccine preventable disease infection or mortality rates.

Describe the population selected, including relevant health disparities.

Explain how the selected interventions will:

- Improve health.
- Contribute to vaccine coverage in population groups.
- Prepare communities to improve health through life saving vaccination interventions.

Use national, state, or local data sources, including the time period for the data, to substantiate identification of communities, populations, geographic or catchment areas.

Note: In this NOFO, we define catchment areas as a county, metropolitan statistical areas, or a group of contiguous counties.

Equal opportunities

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of:

- Race.
- Color.
- National origin.
- Disability.
- Age.
- Sex (including gender identity, sexual orientation, and pregnancy).
- Other constitutionally protected statuses.

Health disparities

The goal of health equity is for everyone to have a fair and just opportunity to be as healthy as possible. Health disparities are often caused by social determinants of health. Social determinants of health are conditions in the environments where people are born, live, learn, work, play, worship, and age.

These determinants affect a wide range of health, functioning, and quality-of-life outcomes and risks. They also influence which populations are most affected by health conditions.

A health disparity is a difference in health burdens between groups of people with differing [social determinants of health](#).

Organizational capacity

Upon receipt of award, you must be able to implement this program in the state, locality, territory or tribal area in which you are located and operate.

To ensure that you are able to execute CDC program requirements and meet period of performance outcomes, describe your organization's capacity to:

- Implement the required strategies and activities successfully.
- Conduct surveillance, evaluation, and performance monitoring.
- Achieve the required outcomes.
- Complete reporting requirements on time.
- Implement the VFC and 317 Programs.

Upload an organization chart to [Grants.gov](#), illustrating where the program is within the organization. Include the program's organizational structure.

Explain the organization's ability and experience in handling program management needs.

Describe your organization's:

- Plan for staffing, including:
 - Current staff, staff to be hired, or proposed contractors sufficient to achieve program outcomes, including staffing the four required positions. Upload resumes for current staff and job descriptions for vacant positions.
 - Roles and responsibilities of staff and how each will contribute to the outcomes.
 - Organization's hiring processes, with timeframe to complete the process.
 - Staff experience in program management, performance monitoring, budget management, and administrative support.
 - Evaluation expertise of current staff, staff to be hired, or proposed contractors.
 - Workforce training and development.
- Financial management system, including:
 - How your organization will ensure proper funds management, alignment between activities and correct funding sources, and that award contracts are written in accordance with 45 CFR 75.302.
 - How the program and financial staff will track program expenditures.
 - How the program will ensure timely financial reporting and drawdowns.
- Partnerships, including:
 - Successful collaborations with partners to achieve program outcomes. Provide specific examples.

Collaborations

To implement a successful vaccination program, collaborate and coordinate with:

- The CDC.
- Other CDC-funded programs, including those involved in immunization and vaccination activities.
- Recipients of CDC's Immunization Services Division's awards.

You will also need to collaborate with:

- Partners in your jurisdiction that support the achievement of the NOFO strategies and outcomes.
 - Include two letters of support (dated within 45 days of the application due date) to document collaborations with jurisdictional partners, including their role and how they will help you achieve NOFO goals and outcomes.
 - Examples of jurisdictional partners include:
 - Businesses.
 - Non-governmental organizations.
 - Non-profit agencies.
 - Community coalitions.
 - Tribal-serving organizations.
 - Indian Health Services.
 - Healthcare providers.
 - Hospitals.
 - Healthcare systems.
- American Indian and Alaskan Native (AI/AN) tribes.
 - To show you understand and will address public health issues on tribal lands within your jurisdiction, complete the following:
 - Send a letter of notification to the AI/AN tribes about the NOFO and proposed funding that will benefit them. Include a copy of the letter in the application, if applicable.
 - Invite the tribes to planning meetings during the application process to set a positive framework for working together, if funded.
 - Include letters of support to document collaborations with AI/AN tribes. Letters must be dated within 45 days of the application due date. These letters must state the role of AI/AN tribes and specify how they will help you achieve NOFO goals and outcomes.
 - Describe how collaboration with and support to tribes will be offered with the following:
 - Immunizations.
 - Data sharing.
 - Technical assistance with surveillance or outbreaks.

Data, monitoring, and evaluation

Required performance measures

This section describes the reports that you will submit to report on performance measures. In VFC CAMP, you will write your milestones and provide quarterly updates to ensure you are meeting your performance measures.

You must submit the following reports.

Table: Reporting requirements

Required reports	How often
Cost and Affordability Tool (CAT)	Annual
Population Estimates Survey (PES)	Annual
Vaccine Spend Plan <ul style="list-style-type: none"> • Create and regularly update the vaccine spend. • Make necessary changes to the fund split template. • Incorporate information from regular monitoring and relevant reports. 	Annual for initial set up and then monthly updates
Federal-Excise-Tax (FET) Credit <ul style="list-style-type: none"> • Vaccine return transactions in VTrckS corrected or created based on feedback about returns received by CDC's centralized distributor 	Within 30 days of receipt of return correction or creation request
CHIP Vaccine Purchase Estimator Tool (VPET)	Quarterly
VFC Management Survey (VMS)	Annual
VFC and Vaccine Accountability Metrics (VVAM)	Annual
Framework-Checklist Assessment	Annual
Framework: Next Step Summary	Annual
Framework: Workspace Workplans	Annual
Framework: Closeout Summary	Annual
FFR	Annual

Required reports	How often
Quarterly Performance Reporting	Quarterly, last day of each quarter
Perinatal Hepatitis B Report	Annual
IIS Report	Quarterly
Routine Vaccine Data Specifications	Monthly aggregate Quarterly line level
Data Use Agreement	1-time, first quarter of 5-year cycle
Data Management Plan	Annual
Routine Vaccination Data	Monthly aggregate Quarterly record level
Success Story	Annual
Pandemic Vaccination Response Plan	30 days after the end of the budget period
Annual School Coverage Report	April 30
Methodology for kindergarten vaccination coverage assessment and exemption levels	Annual
IQIP Performance Metrics	Every 6 months

Evaluation and performance measurement plan

Use the measures required under the [Required performance measures](#).

Include the following elements.

Methods

Describe how you will:

- Collect the performance measures.
- Respond to the evaluation questions.
- Use evaluation findings for continuous program quality improvement.
- Incorporate evaluation and performance measurement into planning, implementing, and reporting of project activities.

Additionally, explain:

- How findings will contribute to reducing or eliminating health disparities, if relevant.
- How key program partners will participate in the evaluation and performance measurement process.
- How feasible it will be to collect appropriate evaluation and performance data.
- How you will share evaluation findings with communities and populations of interest in a way that meets their needs.
- Other relevant information, such as performance measures you propose.

Data management plan

For all public health data you plan to collect, a data management plan (DMP) is required. For a definition of “public health data” and other key information, see [AR 25: Data Management and Access](#) on our website.

- Submit your DMP with your application and include:
 - The data you will collect or generate and what its sources will be.
 - Whether there are reasons why you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns.
 - Who can access data and how you will protect it.
 - Data standards that explain what documentation released data will have. That documentation should describe collection methods, what the data represent, and data limitations.
 - Archival and long-term data preservation plans.
 - How you will update the DMP as new information becomes available over the life of the project. You will provide updates to the DMP in annual reports. For more information about CDC’s policy on the DMP, see [Data Management and Access Requirement](#) at CDC’s website.

Evaluation activities

You must take on specific evaluation activities. Describe:

- The type of evaluations you will complete, such as process, outcome, or both.
- Key evaluation questions these evaluations will address.
- Measures and data sources.
- Any other relevant information.

An initial draft of your evaluation and performance measurement plan, including the DMP, should be submitted with your application. You must submit a more detailed plan within the first six months of the award. See [reporting](#).

Work plan

You must provide a work plan for your project. The work plan connects your performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes.

Components 1, 2, and 3

You will complete the work plan in VFC CAMP. Once complete, you will export the work plan as a PDF and submit through grants.gov with the rest of your application.

Funding policies and limitations

General guidance

- Your budget is arranged in eight categories: salaries and wages, fringe benefits, travel, equipment, supplies, contractual, other (includes consultant costs), and indirect costs.
- To determine the appropriate funding source for each strategy and activity, review the CG's Allowable Expense by Funding Category table.
- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about this determination, ask the grants management specialist.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- If needed, you may use funds to meet national standards or seek health department accreditation or reaccreditation through the [Public Health Accreditation Board](#) (PHAB). This allowability applies only to state, tribal, local, and territorial government agencies within the U.S. and its territories. Include the proposed activities and a description of the connection to national standards or accreditation achievement in the budget narrative.
- You may use funds to support your jurisdiction's vital records office (VRO) to do any of the following:
 - Build its capacity through partnerships.

- Provide technical or financial assistance to improve vital records timeliness, quality, or access.
 - Support vital records improvement efforts.
- You may use funds to make sure that state, tribal, local, and territorial employees funded by CDC grant or cooperative agreement awards are adequately trained and prepared to effectively participate in jurisdictional emergency response activities.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we will consider:
 - Funding more applicants.
 - Extending the period of performance.
 - Awarding supplemental funding.
- Recipients do not have the authority to carry over VFC unobligated balances each budget year.
- ISD funds may, on a limited, case-by-case basis, be used to support outbreak activities to the extent they are used for their primary purpose: to protect people across the lifespan from vaccine-preventable diseases by equitably increasing access, confidence, and demand for vaccines. Recipients must receive approval from CDC to use funds during an outbreak for new activities not previously approved.

See also [program-specific limitations](#).

Unallowable costs

You may not use funds for:

- Research.
- Clinical care, except as allowed by law.
- Pre-award costs, unless we give you prior written approval.
- Other than for normal and recognized executive-legislative relationships:
 - Publicity or propaganda purposes, including preparing, distributing, or using 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 [Anti-Lobbying Restrictions for CDC Recipients](#).
- Clinical care (non-immunization services).
- Food and alcohol.
- Building purchases, construction, and capital improvements.
- Entertainment costs.
- Honoraria.
- Land acquisition.
- Interest on loans for the acquisition or modernization of an existing building.
- Payment of bad debt or collection of improper payments.
- Promotional or Incentive Materials (i.e., plaques, clothing, and commemorative items such as pens, mugs, cups, folders, folios, lanyards, magnets, conference bags).
- Vehicles, including trailers.
- Event security.
- Furniture.

For guidance on some types of costs that we restrict or do not allow, see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).

Indirect costs

Indirect costs have a common or joint purpose across more than one project and cannot be easily separated by project.

To charge indirect costs you can select one of two methods:

Method 1 — Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Provide a summary of the rate. Enclose a copy of the current approved rate agreement in your [attachments](#).

Method 2 — *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis*

rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

For foreign awards or training awards, see instructions.

Other indirect cost policies

- As described in [45 CFR 75.403\(d\)](#), you must consistently charge items as either indirect or direct costs and may not double charge.
- Indirect costs may include the cost of collecting, managing, sharing, and preserving data.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2024, the salary rate limitation is \$221,900. We will update this limitation in future years.

Program income

Program income is money earned as a result of your award-supported project activities. You must use program income for the purposes and under the conditions of the award. Find more about program income at [45 CFR 75.307](#).

National public health priorities and strategies

- [Vaccines National Strategic Plan 2021-2025 | hhs.gov](#)
- [2020-2025 Federal Health IT Strategic Plan | HealthIT.gov](#)
- [National Health IT Priorities for Research: A Policy and Development Agenda | HealthIT.gov](#)

Healthy People 2030

- [Vaccination - Healthy People 2030 | health.gov](#)
- [Children - Healthy People 2030 | health.gov](#)
- [Infectious Disease - Healthy People 2030 | health.gov](#)
- [Women - Healthy People 2030 | health.gov](#)
- [Adolescents - Healthy People 2030 | health.gov](#)
- [Infants - Healthy People 2030 | health.gov](#)



Step 2:

Get Ready to Apply

In this step

Get registered

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Get registered

You must be registered in both SAM.gov and Grants.gov to apply. You can review the requirements and get started on developing your application before your registrations are complete.

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number 25-0007.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, [contact Grants.gov](#) for assistance.

To get updates on changes to this NOFO, select Subscribe from the View Grant Opportunity page for this NOFO on Grants.gov.

Need help? See [Contacts and Support](#).

Help applying

For help related to the application process and tips for preparing your application, see [How to Apply](#) on our website. For other questions, see [Contacts and Support](#).

Join the informational call

Webinar 1

- Wednesday, January 8, 2025
- 1:30 to 2:30 p.m. ET
- [Join by ZoomGov](#)
- Passcode: DQ#sDV!7

Other ways to join:

- One tap mobile:
 - +16692545252,,1606522054#,,,,*01596000# US (San Jose)
 - +16468287666,,1606522054#,,,,*01596000# US (New York)
- Telephone (for higher quality, dial a number based on your current location):
 - 669-254-5252 US (San Jose)
 - 646-828-7666 US (New York)
 - 646-964-1167 US (US Spanish Line)
 - 669-216-1590 US (San Jose)
 - 415-449-4000 US (US Spanish Line)
 - 551-285-1373 US (New Jersey)
- Webinar ID: 160 652 2054

Webinar 2

- Wednesday, January 8, 2025
- 6:00 to 7:00 p.m. ET
- [Join by ZoomGov](#)
- Passcode: 4Vz55j\$L

Other ways to join:

- One tap mobile:
 - +16692545252,,1609519751#,,,,*81838686# US (San Jose)
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- Telephone (for higher quality, dial a number based on your current location):
 - 669-254-5252 US (San Jose)
 - 646-964-1167 US (US Spanish Line)
 - 646-828-7666 US (New York)
 - 551-285-1373 US (New Jersey)
 - 669-216-1590 US (San Jose)
 - 415-449-4000 US (US Spanish Line)
- Webinar ID: 160 951 9751



Step 3:

Prepare Your Application

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Application contents and format

Applications include 5 main elements. This section includes guidance on each. Make sure you include each of the following:

Table: Application contents

Elements	Grants.gov form to use
Project abstract	Use the Project Abstract Summary Form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative justification	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Other Attachments form.
Other required forms	Upload using each standard form.

See requirements for [other submissions](#).

Your organization's authorized official must certify your application.

We will provide instructions on document formats in the following sections. If you don't provide the required documents, your application is incomplete.

See [responsiveness criteria](#) and [initial review](#) to understand how this affects your application.

Required format for project abstract, project narrative, and budget narrative

File format: PDF

Size: 12-point font

Footnotes and text in graphics may be 10-point.

Ink color: Black

Spacing: Single-spaced

Margins: 1-inch

Include page numbers

Project abstract

Page limit: 1

File name: Project abstract summary

Provide a self-contained summary of your proposed project, including the purpose and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

Project narrative

Page limit: 20

File name: Project narrative

Your project narrative must use the exact headings, subheadings, and order as follows. See [technical review criteria](#) to understand how reviewers will evaluate your project narrative.

Background

Describe the problem you plan to address. Be specific to your population and geographic area.

See the [background](#) section of the program description.

Approach

Strategies and activities

Describe how you will implement the proposed strategies and activities to achieve performance outcomes. Explain whether they are:

- Existing evidence-based strategies.
- Other strategies. Note where in your [evaluation and performance measurement plan](#) you describe how you will evaluate them.

See the [strategies and activities](#) section of the program description.

Outcomes

Identify outcomes you expect to achieve or make progress on by the end of the performance period. Use the [logic model](#) in the approach section of the program description to identify your outcomes.

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in the [data, monitoring, and evaluation](#) section of the program description.

Work plan

Include a work plan using the requirements in the [work plan](#) section of the program description.

Focus populations and health disparities

Describe the specific population or populations you plan to address under this award. Explain how you will include them and meet their needs in your project. Describe how your work will benefit public health and alleviate health disparities.

See the [focus populations](#) section of the program description.

Organizational capacity

Describe how you will address the requirements in the [organizational capacity](#) section of the program description.

You must provide attachments that support this section, including:

- [Resumes and job descriptions](#)
- [Organizational chart](#)

Collaborations

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the requirements in the [collaborations](#) section of the program description.

Budget narrative

Page limit: None

File name: Budget narrative

The budget narrative supports the information you provide in Standard Form 424-A, and you must submit a separate budget narrative for each component. See [other required forms](#).

As you develop your budget, consider if the costs are reasonable and consistent with your project's purpose and activities. We will review your budget and approve costs prior to award.

The budget narrative must explain and justify the costs in your budget. Provide the basis you used to calculate costs.

For Components 1, 2, and 3, you will complete the budget narrative in VFC CAMP, export to PDF and submit through grants.gov with the rest of your application.

Component 1:

- In Year 1, you must budget to attend a three-day Strengthening Vaccine-Preventable Disease Prevention and Response Kickoff training in Atlanta, Georgia, for at least one staff member.
- In Years 2 – 5, you must budget for at least one staff member to travel to Atlanta, Georgia for a three-day reverse site visit.

Component 2

- Complete budget in VFC CAMP.

Component 3

- Complete budget in VFC CAMP.

Your budget narrative must follow this format:

- Salaries and wages.
- Fringe benefits.
- Consultant costs.
- Equipment.
- Supplies.
- Travel.
- Other categories.
- Contractual costs.
- Total direct costs (total of all items).
- Total indirect costs.

See [funding policies and limitations](#) for policies you must follow.

HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

Attachments

You will upload attachments in Grants.gov using the Other Attachments Form. When adding the attachments to the form, you can upload PDF, Word, or Excel formats.

Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and all the headings in the [project narrative](#) section. There is no page limit.

File name: Table of contents

Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the *de minimis* rate, you do not need to submit this attachment.

File name: Indirect cost agreement

Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications and plans to hire.

File name: Resumes and job descriptions

Organizational chart

Provide an organizational chart that describes your structure. Include any relevant information to help us understand how parts of your structure apply to your proposed project.

File name: Organizational chart

Letters of support

Attach three from relevant organizations supporting your organization's successful work.

File name: Letter of support (if you upload each letter separately, add the name of the supporting organization to each letter)

Report on overlap

You must provide this attachment only if you have submitted a similar request for a grant, cooperative agreement, or contract to another funding source in the same fiscal year and that request may result in any of the following types of overlap:

Programmatic

- They are substantially the same project.
- A specific objective and the project design for accomplishing it are the same or closely related.

Budgetary

- You request duplicate or equivalent budget items that already are funded by another source or requested in the other submission.

Commitment

- Given all current and potential funding sources, an individual's time commitment exceeds 100%, which is not allowed.

We will discuss the overlap with you and resolve the issue before award.

File name: Report on overlap

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and their instructions at [Grants.gov Forms](#).

Table: Required standard forms

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application. It is crucial that you label the “Grant Program Function or Activities” on the SF-424A with the component titles you’re applying for. The spelling, capitalization, and punctuation should match these component names: <ul style="list-style-type: none">• Component 1: Core• Component 2: Small Scale Response• Component 3: Large Scale Response
Disclosure of Lobbying Activities (SF-LLL)	If applicable. With the application or before award.



Step 4:

Learn About Review and Award

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Application review

Initial review

We will review your application to make sure that it meets the [responsiveness criteria](#). If your application does not meet these criteria, we will not move it to the technical review phase.

We will not review any pages that exceed the page limit.

Technical review

A technical review will be conducted by Project Officers and SMEs. This technical review will identify areas where post-award technical assistance may be needed and whether any recommendations require a response from recipients after award.

Table: Criteria

Criterion
1. Background and approach
2. Evaluation and performance measurement
3. Organizational capacity

Criteria

Background and approach

Make sure that responses are consistent with the requirements in the [program description](#) sections shown in the following table.

Table: Background and approach criteria

Evaluate the extent to which the applicant provides:	Consistent with:
A background that supports a clear problem to address.	Background
Strategies and activities consistent with the program's logic model.	Approach, logic model
Outcomes consistent with the outcomes in the program's logic model.	Approach, logic model
Strategies and activities that are achievable and appropriate to accomplish the project outcomes.	Strategies and activities
Strategies and activities that are as evidence based as possible.	Strategies and activities
At least two focus populations. The focus populations are consistent with the applicant's background and purpose.	Focus populations
How they will consider and address health disparities in designing and implementing their strategies and activities.	Focus populations, health disparities
A work plan that is aligned with the strategies, activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.	Work plan
A proposed use of funds that aligns with the work plan and is an efficient and effective way to implement the strategies and activities and attain the outcomes.	Work plan

Evaluation and performance measurement

Make sure that responses are consistent with the program description's [data, monitoring, and evaluation](#) section generally, including the subsections shown in the following table.

Table: Evaluation and performance measurement criteria

Evaluate the extent to which the applicant describes:	Consistent with:
Their ability to collect the data needed for evaluation and performance measurement.	Methods
Clear monitoring and evaluation procedures and how they will incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.	Methods
How they will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement.	Methods
Appropriate participation in the evaluation and performance measurement planning process by key partners.	Methods
How they will share evaluation findings with communities and populations of interest in a way that meets those populations' needs.	Methods
Their available data sources and feasibility of collecting appropriate evaluation and performance data.	Data management
A data management plan that includes data, access, standards, long-term and archiving plans, collection methods, and data limitations. Includes how they will update the plan throughout an award.	Data management
The type of evaluations, such as process, outcome, or both, that they will use, as well as the key evaluation questions, data sources, and measures. Includes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.	Methods

Organizational capacity

Ensure that responses are consistent with the Program Description section Organizational Capacity generally, including any subsection or required attachment shown in the following table.

Table: Organizational capacity criteria

Evaluate the extent to which the applicant describes:	Consistent with:
Relevant experience and capacity to implement the activities and achieve the project outcomes. Experience includes management, administrative, and technical experience.	Organizational capacity
Experience or capacity to implement the evaluation plan.	Organizational capacity
A staffing plan that is sufficient to achieve the project outcomes and clearly defines staff roles. Provides an organizational chart that supports the structure.	Resumes and job descriptions , Organizational chart
Collaborations that support the applicant's capacity or add value to the project.	Collaborations

We do not consider **voluntary** cost sharing as part of the technical review process.

Selection process

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.

Our ability to make awards depends on available appropriations.

Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov [Responsibility / Qualification](#) to check this history for all awards likely to be over \$250,000. We also check Exclusions.

You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Award notices

If you are successful, we will email a Notice of Award (NoA) to your authorized official.

We will email you or write you a letter if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

Once you draw down funds, you have accepted all terms and conditions of the award.

If you want to know more about NoA contents, go to [Understanding Your Notice of Award](#) at CDC's website.



Step 5:

Submit Your Application

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Application submission and deadlines

See [find the application package](#) to make sure you have everything you need.

You must obtain a UEI number associated with your organization's physical location. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location receiving the federal funds.

Make sure you are current with SAM.gov and UEI requirements. See [get registered](#).

You will have to maintain your registration throughout the life of any award.

Deadlines

Application

Due on March 13, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Submission methods

Grants.gov

You must submit your application through Grants.gov. See [get registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure your application passes the Grants.gov validation checks. Do not encrypt, zip, or password-protect any files.

See [Contacts and Support](#) if you need help.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

You will need to submit application information for intergovernmental review under Executive Order 12372, Intergovernmental Review of Federal Programs. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others don't.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you don't need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Application checklist

Make sure that you have everything you need to apply:

Item	How to upload	Page limit
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary Form.	1 page
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	20 pages
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	None
Attachments (7 total)	Insert each in a single Other Attachments form.	
<input type="checkbox"/> Table of contents		None
<input type="checkbox"/> Indirect cost agreement		None
<input type="checkbox"/> Proof of nonprofit status		None
<input type="checkbox"/> Resumes and job descriptions		None
<input type="checkbox"/> Organizational chart		None
<input type="checkbox"/> Letters of support		None
<input type="checkbox"/> Report on overlap		None
Other required forms (3 total)	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		None
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) (if applicable)		None



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [69](#)

Post-award requirements and administration

We adopt by reference all materials included in the links within this NOFO.

Administrative and national policy requirements

There are important rules you need to read and know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NoA). The NoA includes the requirements of this NOFO.
- The rules listed in [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supplies.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those highlighted in the [HHS Administrative and National Policy Requirements](#)

- The following [CDC's Additional Requirements](#) (AR) apply to this NOFO's awards:
 - [AR-10: Smoke-Free Workplace Requirements](#)
 - [AR-11: Healthy People 2030](#)
 - [AR-12: Lobbying Restrictions](#)
 - [AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities](#)
 - [AR-14: Accounting System Requirements](#)

Applicant organization specific ARs:

- [AR-8: Public Health System Reporting Requirements](#)

AR applicable to awards involving Health IT

- [AR-38: Health Information Technology \(IT\) Interoperability](#)

Reporting

If you are successful, you will have to submit financial and performance reports. These include:

Table: Financial and performance reports

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	<ul style="list-style-type: none"> Builds on the plan in the application. Includes measures and targets. Shows how data are collected and used (data management plan). 	6 months into award.
Annual Performance Report	<ul style="list-style-type: none"> Serves as yearly continuation application. Includes performance measures, successes, and challenges. Updates work plan. Includes how CDC could help overcome challenges. Includes budget for the next 12-month budget period. 	No later than 120 days before the end of each budget period.
Federal Financial Report	<ul style="list-style-type: none"> Includes funds authorized and disbursed during the budget period. Indicates exact balance of unobligated funds and other financial information. 	90 days after the end of each budget period.
Data on Performance Measures	<ul style="list-style-type: none"> Includes information similar to the Annual Performance Report. 	CDC will only require this report if it needs more frequent reporting than in the Annual Performance Report.

Report	Description	When
Final Performance Report	<ul style="list-style-type: none"> Includes information similar to the Annual Performance Report. 	120 days after the end of the period of performance.
Final Financial Report	<ul style="list-style-type: none"> Includes information in Federal Financial Report. 	120 days after the end of the period of performance.

To learn more about these reporting requirements, see [Reporting](#) on the CDC website.

CDC award monitoring

Monitoring activities include:

- Routine and ongoing communication between CDC and recipients.
- Site visits.
- Recipient reporting, including work plans, performance reporting, and financial reporting.

We expect to include the following in post-award monitoring:

- Tracking your progress in achieving outcomes.
- Making sure your systems can hold information and generate data reports.
- Creating an environment that fosters integrity in performance and results.

We may also include the following activities:

- Making sure work plans are feasible based on the budget.
- Making sure work plans are consistent with award intent.
- Making sure you are on track to achieve outcomes on time.
- Working with you to adjust your work plan based on outcome achievement, evaluation results, and changing budgets.
- Monitoring programmatic and financial performance measures to ensure satisfactory performance.
- Other activities that help us identify and manage risk, including among high-risk recipients.
- If you fail to comply with the terms and conditions of the award, we can take corrective action. We may withhold, suspend, or terminate the award. The regulatory procedures are specified at [45 CFR 75.371](#).

CDC's role

Partnership between us and the recipient is essential to the success of the ISD cooperative agreement. A willingness to work closely together to make sure these goals are met is extremely important.

To ensure recipients achieve the purpose of this award, we will conduct the following activities:

- Provide ongoing guidance, programmatic support, training, and technical assistance.
- Provide and maintain VFC CAMP.
- Provide subject matter expertise and resources.
- Develop and support improvements in IIS data quality and program measures to assess IIS performance.
- Monitor vaccine spending plan, provide regular feedback, and collaborate to address barriers.
- Provide VFC policy guidance.
- Facilitate opportunities to collaborate with peers.

Non-discrimination and assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Termination

If we determine that priorities have changed, or that the project cannot attain its goals, we can terminate the award. See [45 CFR 75.372\(a\)\(2\)](#). If we decide to terminate the award, we will provide notice and an explanation to all recipients before the end of the budget period. Before termination, recipients may provide comments on the notice. Termination is a discretionary action that is not subject to appeal.



Contacts and Support

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Agency contacts

Program

Randi Tolstyk

770-488-5114

ISD2025NOFO@cdc.gov

Grants management

Kathy Raible

770-488-2045

kcr8@cdc.gov

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Reference websites

- [CDC.gov](https://www.cdc.gov)
- [U.S. Department of Health and Human Services \(HHS\)](https://www.hhs.gov)
- [Grants Dictionary of Terms](#)
- [CDC Grants: How to Apply](#)
- [CDC Grants: Already Have a CDC Grant?](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)