

Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

COVID-19 Response Supplement Part B: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement.

CDC-RFA-OT18-18030203SUPP20

Application Due Date: 04/08/2020

COVID-19 Response Supplement Part B: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement.

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

COVID-19 Response Supplement Part B: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement.

Announcement Type:

Type 3

Agency Notice of Funding Opportunity Number:

CDC-RFA-OT18-18030203SUPP20

Assistance Listings (CFDA) Number:

93.772

Key Dates:

Due Date for Application: **04/08/2020**

Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Additional Overview Content:

Executive Summary:

This is an emergency supplemental funding opportunity announcement in response to the current outbreak of Coronavirus Disease, COVID-19.

This notice announces the availability of emergency supplemental funding to prevent, prepare for, and respond to COVID-19 for American Indian/Alaska Native (AI/AN) regional tribally designated organizations that were eligible to apply for, but did not receive awards under, Strategy 1 of CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement. It is within the government's best interest to expand the supplement to include the eligible applicants. This will result in funding coverage for all 11 regionally designated tribal organizations in the country providing COVID-19 Emergency Response funding to the largest number of tribal populations. Funding associated with this announcement is awarded under Strategy 2 of CDC-RFA-OT18-1803.

Funding Strategy 2 is subject to the availability of appropriated funds and agency priorities. Under Funding Strategy 2, as set out in the original award, CDC publishes and competes CDC Center, Institute and Office (CIO) project plans according to geographic categories. There is one COVID-19 Emergency Response Project Plans project plan attached to this announcement:

1. COVID-19 Emergency Response for Regional Tribally Designated Organizations (expanded response)

AI/AN regional tribally designated organizations that were eligible to apply for, but did not receive awards under, Strategy 1 are eligible to apply for this supplemental COVID-19 Emergency Response Project Plan according to the following geographic categories: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions V, VI, and VII; and 3)

Category C: HHS Regions VIII, IX, and X.

CDC is taking a multipronged approach to provide COVID-19 funding to Indian Country. CDC's approach aims to get public health resources out quickly during the COVID-19 declared emergency and enable broad access and opportunity for COVID-19 resources across all tribal nations. Organizations who do not meet the criteria for the attached COVID-19 Emergency Response Project Plan may receive funding through other mechanisms.

Under this supplement, applicants will be funded to use the cooperative agreement's existing six (6) program strategies to support tribes, tribal organizations, urban Indian health organizations, or health service providers to prevent, prepare for, and respond to the COVID-19 including the following:

- To carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities
- For alterations or renovations of non-federal facilities that directly support activities in the program strategies to improve preparedness and response capability, subject to prior approval from CDC.
- To reimburse costs for these purposes incurred on or after January 20, 2020.

Activities proposed in applicant Work Plans and Budget Narrative(s) should be based on the needs of the geographic category(s) and strategies outlined in the individual COVID-19 Emergency Response Project Plan for which they apply.

Awards under this emergency supplemental will be available until September 30, 2022.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the OSTLTS:

- Increase state, tribal, local, and territorial public health agencies' capacity to more efficiently and effectively manage and deliver high-quality programs and services to protect the public's health.

Program outcomes for OT18-18030202SUPP20 will align with project activities and will be developed in coordination with CDC within the first 60 days of award.

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

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Under section 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2), as amended] and the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-

123).

Background

On January 20, 2020, CDC activated its Emergency Operations Center. On January 31, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the emerging outbreak of coronavirus a "public health emergency of international concern" (PHEIC). On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the current outbreak of coronavirus disease, COVID-19.

On Friday, March 6, the President signed the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. The supplemental contains more than $8 billion, of which $950 million is specifically directed for grants or cooperative agreements to states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

Consistent with the supplemental appropriation, funds were to be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes. The Centers for Disease Control and Prevention (CDC) is taking a multipronged approach to provide at least $40 million in COVID-19 funding to Indian Country. CDC's approach aims to get public health resources out quickly during the COVID-19 declared emergency and enable broad access and opportunity for COVID-19 resources across all tribal nations. Recipients who do not meet the criteria for the attached COVID-19 Emergency Response Project Plan may receive funding through other mechanisms.

Funding awarded through this supplemental will support the ability of AI/AN regional tribally designated organizations to perform activities including but not limited to the following foundational capabilities, in response to the COVID-19 outbreak:

- Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, to address natural or other disasters and emergencies, including special protection of vulnerable populations.
- Ability and capacity to lead the *Emergency Support Function 8 – Public Health & Medical* for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.

Ability to function as a Laboratory Response Network (LRN) Reference laboratory for

biological agents and as an LRN chemical laboratory at a level designated by CDC.

Purpose

The purpose of this notice is to announce the availability of emergency supplemental funding to prevent, prepare for, and respond to the COVID-19 emergency response for the American Indian/Alaska Native (AI/AN) regional tribally designated organizations that were eligible to apply for, but did not receive awards under, Strategy 1 of CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement. It is within the government's best interest to expand the supp to include the eligible applicants. This will result in funding coverage for all 11 regionally designated tribal organizations in the country providing COVID-19 Emergency Response funding to the largest number of tribal populations. These recipients are eligible to submit applications for the supplemental FY 2020 funding for COVID-19 Emergency Response Project Plan, according to the Geographic Category (A, B, or C)*. Funding associated with this announcement is awarded under Strategy 2 of CDC-RFA-OT18-1803.

Funding Strategy 2 is subject to the availability of appropriated funds and agency priorities. Under Funding Strategy 2, CDC publishes and competes CIO project plans according to geographic categories. There is one COVID-19 Emergency Response Project Plans project plans attached to this announcement:

1. COVID-19 Emergency Response for Regional Tribally Designated Organizations (expanded response)
    - Applicants must be able to provide management and oversight of subawards, contracts, or other funding streams to tribal nations within their service area to focus on tribes with the greatest burden and needs.
    - Applicants should work with their tribal epidemiology center (TEC) on data, epidemiology, and surveillance activities when feasible.
    - Applicants must be able to conduct regional planning, coordination, communication, and other COVID-19 response activities that would benefit tribes in their geographical region and service area.

AI/AN regional tribally designated organizations that were eligible to apply for, but did not receive awards under, Strategy 1 are eligible to submit applications for the supplemental FY 2020 funding for COVID-19 Emergency Response Project Plan, according to the Geographic Category (A, B, or C)* for which they were eligible under CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement.

*The geographic categories are the following: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions V, VI, and VII; and 3) Category C: HHS Regions VIII, IX, and X.

Program Implementation

Recipient Activities

The nature of the activities proposed will depend on the priorities for affected jurisdictions/areas, but should align to supporting the following emergency/crisis response activities:

• Case identification • Data management • Distribution and use of medical material • Emergency operations and coordination • Epidemiology • Equipment, supplies, and shipping • Infection control	• Laboratory • Public health management and risk assessment of travelers and other persons with potential COVID-19 exposures and confirmed diagnoses • Risk communication • Surge staffing • Surveillance • Travelers health

Applicant activities should support the original intent of the NOFO and they may propose to address outcomes using the following strategies and activities.

1. *Tribal Public Health Systems Infrastructure Improvement:* Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
2. *Tribal Public Health Workforce:* Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
3. *Tribal Data/Information Systems Including Epidemiologic Surveillance Capacity Expansion:* Activities to increase the use of data and information systems
4. *Tribal Public Health Programs and Services:* Activities to strengthen the ability to meet public health needs in a comprehensive manner
5. *Tribal Public Health Resources and Communication:* Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
6. *Tribal Public Health Partnerships:* Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

CDC anticipates activities funded under this NOFO, including the COVID-19 Emergency Response Project Plan, will lead to the development of resources such as tools, materials, software, trainings, and webinars. Recipients are expected to share these resources with CDC and will receive further guidance upon funding.

- Collaborate with recipients to ensure coordination and implementation of strategies to provide capacity-building and quality improvement assistance to tribal health systems
- Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations
- Support ongoing opportunities to foster networking, communication, coordination, and

collaboration, and serve as a conduit for information exchange, including fostering collaboration between recipients that would not normally interact with each other or collaborate on tribal public health efforts
- Collaborate with recipients to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance
- Collaborate with recipients, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices

Section II. Award Information

Type of Award: Cooperative Agreement
CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: U38

Fiscal Year Funds: 2020

Approximate Total Supplemental Funding: $6,000,000

This amount is subject to availability of funds. Includes direct and indirect costs.

The funding levels represent emergency supplemental funding for the COVID-19 Emergency Response Project Plan. Individual awards will vary depending on the activities and the approximate funding available for the specific COVID-19 Emergency Response Project Plan.

The table below lists the CIO Projects Plans for this FY 2020 supplemental NOFO, which is

Year 2 of the CDC-RFA-OT18-1803 NOFO: *Tribal Public Health Capacity-Building and*

Quality Improvement Umbrella Cooperative Agreement. The COVID-19 Emergency Response Project Plan will be added to the "Related Documents" section on Grants.gov under this supplemental NOFO. Applicants are eligible to submit applications for FY 2020 COVID-19 Emergency Response Project Plans according to the Geographic Category (A, B, or C) where they are located and additional criteria as outlined in the Project Plan.

The geographic categories are the following: 1) Category A: HHS Regions I, II, III, and IV; 2) Category B: HHS Regions V, VI, and VII; and 3) Category C: HHS Regions VIII, IX, and X.

Project Title	**Total Project Funding**	**Proposed Project Funding per Recipient**	**Eligible Geographic Categories**
COVID-19 Emergency Response for Regional Tribally Designated Organizations (expanded response)	$6,000,000	$2,000,000 - $3,500,000	A, B, C

Please note: Any activities involving information collection (e.g., surveys and questionnaires) from 10 or more non-federal individuals/entities are subject to OMB/PRA requirements and

may require CDC to coordinate an OMB Information Collection Clearance.

Approximate Number of Awards: 2

Approximate Average Award: $3,000,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.
Floor of Individual Award Range: $2,000,000
Ceiling of Individual Award Range: $3,500,000
This ceiling is for a 12-month budget period.
These funding numbers are based on the appropriations being available through September 30, 2022.

Please note: The individual award ceiling varies among the COVID-19 Emergency Response Project Plans. If a funding amount greater than the ceiling of the award range is requested, the application will be considered based on availability of funds.

Anticipated Award Date: 04/13/2020
Budget Period Length: 12 month(s)
Period of Performance Length: 1 year(s)

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category: Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)

Only the AI/AN regional tribally designated organizations that were eligible to apply for, but did not receive awards under, Strategy 1 of CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement are eligible to submit applications under this supplemental NOFO, CDC-RFA-OT18-18030203SUPP20.

Required Registrations

System for Award Management and Universal Identifier Requirements
An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.
a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant

organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.
b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.
c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Applicant Registration" option at www.grants.gov. All applicant organizations must register with www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this program, CDC strongly encourage recipients to leverage other resources and related ongoing efforts to promote sustainability.

Sources for cost sharing or matching include complementary foundation funding, other US government funding sources, including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, US Park Service) and other funding sources.

Other

Special Requirements

If a funding amount greater than the ceiling of the award range is requested, the application will be considered based on availability of funds.

Please review the Emergency Response Project Plan for additional requirements.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov.
If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

Due to the urgency and significant workload related to the COVID-19 Emergency Response, this announcement only requires initial submission of a brief, high-level work plan, as described in the following sections; an SF-424 Application for Federal Domestic Assistance Version 2, including the "Consolidated Application/Plan/Funding Request Explanation, which serves as a summary budget narrative; and an SF-424A Budget Information-Non-Construction report. The summary budget narrative should be a short description of the funding request.

Recipients have until May 28, 2020 (45 days from the anticipated date of award) to submit revised work plans (work plan template provided) in GrantSolutions as a grant note.

The COVID-19 Emergency Response Project Plan is organized in this FY 2020 supplemental NOFO by organization type and target population. Applicants are permitted to submit Work Plans in response to the Project Plan where they meet the organization type, target population, and any additional criteria outlined in the Project Plan. The COVID-19 Emergency Response Project Plan is included the "FY 2020 COVID-19 Emergency Response Project Plan" attachment for this supplemental NOFO on Grants.gov.

COVID-19 Work Plans: To align with the structure of this supplemental NOFO, the COVID-19 Work Plan represents the "Project Narrative." **Applicants must complete a work plan template for the COVID-19 Emergency Response Project Plan for which they would like to apply, using the "COVID-19 Work Plan Template" attached for this supplemental**

NOFO on Grants.gov.

The submitted work plan in response to the COVID-19 Emergency Response Project Plan includes the proposed objectives and accompanying activities, outputs, performance measures, and outcomes for the remainder of the Year 2 budget period. The work plans also indicate how performance measures are linked to the selected program outcome(s). In addition, each submitted work plan describes the approach to implement the project, the applicant's organizational capacity, and the applicant's organizational experience, as they relate to the proposed project; details a plan for collaborative work; and provides a budget. The master document must be uploaded and submitted as the "Project Narrative" on Grants.gov.

Budget Narratives: Applicants must create one budget narrative to accompany each Work Plan in response to a COVID-19 Emergency Response Project Plan. The detailed budget narrative document must be uploaded and submitted as the "Budget Narrative" on Grants.gov.

General instructions for submitting responses to COVID-19 Emergency Response Project Plans:

1. **Go to** gov.
2. **Select** "Applicants."
3. **Select** "Apply for Grants."
4. **Select** "Get Application Package."
5. **Insert** the Supplemental NOFO number only, formatted as: CDC-RFA-OT1818030202SUPP20.
6. **Download** the application package.
7. **Complete** the Budget Information for Non-Construction Programs (SF424A) form.
8. **Complete** the Application for Federal Domestic Assistance-Short Organizational Form (SF424).
9. **Upload** the COVID-19 Work Plan documents **separately** under "Project Narrative."
10. **Upload** the Budget Narrative documents **separately** under "Budget Narrative."
11. **Upload the Indirect Cost Rate Agreement.**

Follow instructions to submit the application package to Grants.gov.

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 20. If your narrative exceeds the page limit, only the first

pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

To align with the structure of this supplemental NOFO, the Work Plan represents the "Project Narrative."

Applicants must complete a work plan template (see "COVID-19 Work Plan Template" attached for this supplemental NOFO on Grants.gov) for the COVID-19 Project Plan for which they would like to apply. The submitted work plans in response to the COVID-19 Project Plan must include the proposed objectives and accompanying activities, outputs, performance measures, and outcomes for the Year 2 budget period. The work plans must indicate how each performance measures are linked to the selected program outcome(s). In addition, each submitted work plan must describe the approach to implement the project, the applicant's organizational capacity, and the applicant's organizational experience, as they relate to the proposed project; detail a plan for collaborative work (if required); and provide a budget.

Applicants must also create a separate budget narrative to accompany each Work Plan. A detailed budget narrative is required for each work plan.

Please note: An Annual Progress Report (APR) will be required for each work plan. The APR must provide a status of proposed activities, outputs, and outcomes. CDC will provide additional information regarding APRs post Funding Strategy 2 award.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

The Project Narrative must include the information as required in the "Work Plan" template:

1. Project Approach: Describe your overall plan for achieving the outcomes outlined in the COVID-19 Emergency Response Project Plan.
2. Work Plan: Describe the objectives, activities, outputs, performance measures (process and outcome), and outcomes related to the selected NOFO strategies and outcomes.
3. Organizational Capacity: Describe your capacity to successfully complete the project outlined in the COVID-19 Emergency Response Project Plan. Include your organization's relevant staffing, systems, and resources.
4. Program Experience: Describe your experience as it relates to the project outlined in the COVID-19 Emergency Response Project Plan. Include products developed; services, training, and technical assistance provided; and relevant target populations supported.
5. Collaborative Work: Describe your plan for collaboration as it relates to the project outlined in the COVID-19 Emergency Response Project Plan. Include specific organizations or entities as applicable.
6. Sub-contractual Work: Describe your plan for sub-contractual work. Include any recommended criteria for identifying and selecting subcontractors.
7. Budget Information: Provide a line item budget for the allocation of funds, following the categories in the SF-424.
8. Additional Attachments: Includes the Budget Narrative, Indirect Cost Rate Agreement,

Budget Summary Spreadsheet (excel), and Consultant/Contractor Approval Request.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Please limit file size for each uploaded file. The total size of all uploaded files must be 50 megabytes (MB) or less.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

- Table of Contents for Entire Submission
- Project Abstract Summary
- Work Plan
- Budget Narrative
- CDC Assurances and Certifications
- Indirect cost rate, if applicable
- Curriculum Vitaes for key staff

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

File names should be in the format

"*ShortApplicantName*_Y2FS2_COVID19SUPPexpanded_*ShortDocumentTitle*," where

ShortApplicantName is the name or abbreviation for the applicant name and ShortDocumentTitle is a shortened but distinct document title. So for example, if applicant ABC were to submit CVs that were applicable to a project called Let's Get Healthy, an appropriate file name would be "ABC_Y2FS2_COVID19SUPPexpanded_CVs" or "ABC_Y2FS2_GetHealthy_CVs". No more than 20 electronic attachments should be uploaded per application.

No more than 25 electronic attachments should be uploaded per application.

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

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

x

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

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

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

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

budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.
This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.
If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Application Deadline Date

Due Date for Applications: **04/08/2020**

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59pm Eastern Standard Time on the deadline date.

Intergovernmental Review

Executive Order 12372 does not apply to this program.

Pilot Program for Enhancement of Employee Whistleblower Protections

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

Copyright Interest Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through

PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

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

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

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

- http:// frwebgate.access.gpo.gov /cgi-bin/getdoc.cgi ?dbname= 109_cong_bills&docid= f:s2590enr.txt.pdf,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf

Funding Restrictions

Funding Restrictions:
Restrictions, which must be taken into account while writing the budget, are as follows:
In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) agrees to:

1. Comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19;
2. In consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and
3. Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

If recipient disburses any funds received pursuant to this award to a local jurisdiction, recipient shall ensure that the local jurisdiction complies with the terms and conditions of this award.

Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov.
Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.
In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application:
Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option. Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (AOR) will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.
If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An

organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the **CDC-RFA-OT18-18030203SUPP20**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Work Plan — Maximum Points: 35

Develops a complete and comprehensive plan for the budget period that describes: a) how the applicant will adequately achieve the capacity-building and quality improvement program outcomes, and b) how the plan will focus on capacity-building and quality improvement assistance that addresses the needs of the target population.

1. Objectives (5 points): SMART (Specific, Measurable, Achievable, Realistic, and Timebound) objectives that address the needs of the target population and relate to the applicants' activities
2. Activities (10 points): Activities are achievable, able to build capacity, and likely to lead to the attainment of the proposed objective
3. Outputs (5 points): Outputs/deliverables that thoroughly represent the direct results of the activities
4. Process Measures (10 points): Process measures are measurable, based on achievable activities, and address the purpose of the project objectives.
5. Outcome Measures (5 points): Outcome measures are measurable, based on achievable activities, and address the purpose of the project objectives.

Approach — Maximum Points: 20

For each Work Plan submitted, the extent to which the applicant:

1. Describes the overall strategy for accomplishing the objectives of the project (5 points)
2. Describes the target population to receive the capacity-building and quality improvement assistance under this program (5 points)
3. Demonstrates a comprehensive understanding of the capacity-building and quality improvement needs for the target population (5 points)

4. Demonstrates an ability to build and/or access specific organizations or entities that are appropriate for accomplishing the outlined project objectives (5 points)

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

For each Work Plan submitted, the extent to which the applicant:

1. Scope of Work (10 points): Demonstrates the applicant's experience and capabilities to perform the work
2. Staffing (10 points): Demonstrates how the applicant will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities
3. Readiness (10 points): Demonstrates readiness to establish partnerships (e.g., contracts, MOUs, MOAs) in a timely manner and plan for long-term sustainability of the project

Applicant's Program Experience — Maximum Points: 15

For each Work Plan submitted, the extent to which the applicant:

1. Content Expertise (5 points): Demonstrates content expertise as it relates to the project
2. Relationship with Target Population (5 points): Demonstrates a relationship with the target population
3. Capacity-Building and Quality Improvement Experience (5 Points): Demonstrates an established track record of providing services to assist capacity-building and quality improvement to the target population.

When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget should include the following headers:

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

For guidance on completing a detailed budget, visit https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by **OSTLTS** and PGO. Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled “Criteria”.

CSTLTS and OGS will determine whether an objective review panel or technical review will be used to evaluate complete and responsive applications.

Applications will be compiled and reviewed according to Geographic Category. Applicants are able to apply for the FY 2020 COVID-19 Emergency Response Project Plan in the Geographic Category where they are located, as described in CDC-RFA-OT18-1803. If an objective review panel is utilized, the panel will evaluate complete and responsive applications according to the criteria listed in "Section V. Application Review Information: Criteria."

Selection

- In addition, the following factors may affect the funding decision:

Final funding determinations will be based on application scores from either the objective review panel process or technical review process. Proposals will be assessed on their feasibility, organizational resources, ability to reach the target populations, and linkages between the project goals and objectives, project activities, and intended outcomes for impact. CDC will provide justification for any decision to fund out of rank order.

CDC will provide justification for any decision to fund out of rank order.

Anticipated Announcement and Award Dates

April 13, 2020

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.
Unsuccessful recipients will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which

ARs are relevant to the NOFO. All NOFOs from the Center for Global Health must include AR-35. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at:

https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Reporting

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

- http:// frwebgate. access. gpo.gov /cgi-bin /getdoc.cgi ?dbname= 109_cong_bills &docid= f:s2590enr .txt.pdf
- https://www.fsrs.gov /documents /ffata_legislation_ 110_252.pdf

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

Mitch Morris, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Telephone: (770) 488-1518
Email: mhm9@cdc.gov
Rose Mosley, Grants Management Specialist

Department of Health and Human Services
Office of Grants Services
Atlanta, GA 30341
Telephone: (770) 488-2450
Email: RMosley@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.

CDC encourages inquiries concerning this announcement at CDCTribalCoAg@cdc.gov.

CDC will host an information call to discuss details about the COVID-19 Supplement on, April 7, 2020 from 3:00-4:00pm Eastern.

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