

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Paul Coverdell National Acute Stroke Prevention
CDC-RFA-DP15-15140501SUPP20
Application Due Date: 05/27/2020

Paul Coverdell National Acute Stroke Prevention
CDC-RFA-DP15-15140501SUPP20
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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:

Paul Coverdell National Acute Stroke Prevention

Announcement Type:

Competing Continuation

Agency Notice of Funding Opportunity Number:

CDC-RFA-DP15-15140501SUPP20

Assistance Listings (CFDA) Number:

93.810

Key Dates:

Due Date for Application: **05/27/2020**

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

Additional Overview Content:

Executive Summary:

Stroke is the 5th leading cause of death in the U.S. and a leading cause of severe disability, and yet, stroke is preventable. To date, there has been little development of integrated stroke care across the continuum from onset of stroke through early pre-hospital care, Emergency Department (ED) and hospital care, and transition to post-hospital care, rehabilitation, and recovery.

During 2012-2014, the CDC provided funding to 5 recipients to engage in pre-hospital emergency medical services quality improvement as well as post-hospital transitions of care. Based on this work, we have learned that partnerships between pre-hospital emergency medical services and hospital emergency departments are critical to providing timely acute stroke care; and that the early post-hospital period is a vulnerable time for patients discharged to home. Building on this knowledge gained, we saw a need to further improve the quality of transition for stroke patients discharged to home from the hospital through follow up appointments with their primary care provider and ensuring they have access to community resources. Enhanced patient and caregiver education as well as ongoing rehabilitation that focuses on secondary prevention are also critical to improving the quality of transition for stroke patients discharged to home from the hospital. Further, we learned that community education to prevent first stroke may be effective in addressing race/ethnic disparities in stroke mortality.This comprehensive approach to a stroke system of care required multiple partnerships throughout clinical and community participants.

The Paul Coverdell National Stroke Prevention (PCNASP) program Notice of Funding Opportunity (NOFO) CDC-RFA-DP15-1514 funds 9 recipients to develop comprehensive stroke systems of care. These systems will improve the quality of care for acute stroke patients, improve recovery, improve adherence to post-stroke guidelines, and reduce complications,

readmissions, and early mortality for acute stroke patients. The (NOFO) CDC-RFA-DP15-5140501SUPP20 recipient activities will build on year 5 of the (NOFO) CDC-RFA-DP15-1514 including partnership building, data collection, validation, linkage, integration, analysis, and quality improvement.

Specifically, the activities will include:

- Continuing the collection of pre, in and post hospital data;
- Maintaining the established data management system to collect and link pre, in and post hospital data and ensure data quality;
- Analyzing and using the data collected to improve care and transitions of care for stroke patients;
- Submitting the data to CDC according to CDC guidelines;
- Coordinating the implementation of quality improvement activities with emergency management services and hospital partners;
- Coordinating and promoting public stroke messaging;
- Maintaining a steering committee for the program to advise and guide the work of the program; and
- Continuing partnerships with state and/or regional Emergency Management Service Directors.

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

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

This program is authorized under Section 317 of the Public Health Services Act (PHS Act), 42 U.S.C. 247b(k)(2) as amended.

Background

During the first few years of this current budget cycle, there were delays in the CDC Paul Coverdell National Acute Stroke Prevention program (PCNASP) receiving the required data requested from the recipients. The (NOFO) CDC-RFA-DP15-1514 funding award greatly expanded data collection from the previous funding award (CDC-RFA-DP12-1203) and added pre and post hospital data collection to the established in-hospital data collection system. The

previous funding award (CDC-RFA-DP12-1203) required only in hospital data collection. Therefore, at the initiation of this award, time was spent refining the pre- and post-hospital data elements collaboratively with the recipients to ensure buy-in and clinical relevance. A method to collect this data across the system of care was also not yet available to collect all of the (NOFO) CDC-RFA-DP15-1514 required data elements. Because of the complexity of data platforms and differences in data elements, the recipients were collecting some of the data but the forms and the data systems for them to collect all of the required data had to be created. This affected all recipients across the board on their ability to provide timely and quality data to CDC. CDC program staff continued to work closely with American Heart Association (AHA) and the National Emergency Management Services Information System (NEMSIS) staff to help develop and support alignment of existing data collection platforms that would fully support the collection of the required data elements. The full platform and adjusted forms to collect the full list of required data elements were not available to the recipients until the end of year 3 budget period. This data delay has prompted the CDC program to seek an additional year for the recipients to provide the required data that is linked across the system of care, and to be able to validate and analyze the data. Data quality and validity are key to assessing the impact of the recipients' work on improving patient stroke outcomes through implementing quality improvement initiatives, training and education, and coordinating better patient transitions of care. The CDC program team believes a supplemental budget year would allow recipients to be able to fully collect and analyze the data. And as a result, recipients will be able to identify and implement strategies to improve data quality. Furthermore, recipients will be able to identify what facets of stroke care impact stroke outcomes to further improve patient care and care transitions. A supplemental budget year would also provide an orderly closeout to prevent loss of data and ensure full utilization of this important newly implemented data collection for stroke systems of care, and prevent the loss of resources acquired during the period of performance, such as staff working on the project at the state level.

Purpose

The purpose of this NOFO CDC-RFA-DP15-5140501SUPP20 is to provide supplemental funding to recipients currently funded through NOFO CDC-RFA-DP15-1514 and to extend the current period of performance through 06/29/2021. The activities will build on year 5 activities of NOFO CDC-RFA-DP15-1514 including partnership building, data collection, validation, linkage, integration, analysis, and quality improvement. improvement. The purpose of NOFO CDC-RFA-DP15-1514 is to improve the stroke systems of care through data collection and identifying areas to improve health outcomes and guide quality improvement efforts at various stages of care.

This NOFO addresses the Healthy People 2020 Heart Disease and Stroke focus areas of:

HDS-3 Reduce stroke deaths

HDS-6 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years

HDS-7 Reduce the proportion of adults with high total blood cholesterol levels Reduce the proportion of adults with high total blood cholesterol levels

HDS-17 (Developmental) Increase the proportion of adults aged 20 years and older who are

aware of and respond to early warning symptoms and signs of a stroke

HDS-19.3 (Developmental) Acute reperfusion therapy within 3 hours from symptom onset for patients with strokes (Developmental) Acute reperfusion therapy within 3 hours from symptom onset for patients with strokes

HDS-20.2 (Developmental) Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels

HDS-21 (Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.

HDS-23 (Developmental) Increase the proportion of adult stroke survivors who are referred to a stroke rehabilitation program at discharge.

Program Implementation

Recipient Activities

The activities supported by this NOFO CDC-RFA-DP15-15140501SUPP20 are a continuation of currently funded activities to support the extension of Year 05 through June 29, 2021 and work towards closing out the project.

Specifically, the activities will include:

- Continuing the collection of pre, in and post hospital data;
- Maintaining the established data management system to collect and link pre, in and post hospital data and ensure data quality;
- Analyzing and using the data collected to improve care and transitions of care for stroke patients;
- Submitting the data to CDC according to CDC guidelines;
- Coordinating the implementation of quality improvement activities with emergency management services and hospital partners;
- Coordinating and promoting public stroke messaging;
- Maintaining a steering committee for the program to advise and guide the work of the program; and
- Continuing partnerships with state and/or regional Emergency Management Service Directors.

The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ocio/policy/collection/.

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

CDC Activities

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

Section II. Award Information

Type of Award:	Cooperative Agreement CDC substantial involvement in this program appears in the Activities Section above.
Award Mechanism:	U58
Fiscal Year Funds:	2020
Approximate Total Supplemental Funding:	$6,740,000

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

Approximate Number of Awards:	9
Approximate Average Award:	$750,000

This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range:	$740,000
Ceiling of Individual Award Range:	$750,000

This ceiling is for a 12-month budget period.

Anticipated Award Date:	06/30/2020
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:	State governments Special district governments

Eligibility is limited to the 9 recipients currently funded under Notice of Funding Opportunity CDC-RFA-DP15-1514:

1. Ohio Department of Health
2. Health Research, Inc/NYS Department of Health
3. Massachusetts Department of Public Health

4. California Department of Public Health
5. Wisconsin Department of Health Services
6. Washington State Department of Health
7. Michigan Department of Health and Human Services
8. Georgia Department of Public Health
9. Minnesota Department of Health

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

Other

Special 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:

The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package. Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

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: 30. 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
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

Provide a brief report addressing the following:

- Progress on the following:
    - Increased public awareness of signs and symptoms of stroke and knowledge of appropriate activation of emergency medical systems.
    - Maintenance of existing broad reach and/or increase the state-wide reach of the stroke system of care. As an example, if the recipient already has a geographically broad reach or a high proportion of state stroke cases at participating program hospitals, this should be maintained and expanded as appropriate for their state. For recipients that do not have a broad state-wide program, the the recipient is expected to increase the reach of their program.
    - Increased data usage and sharing between components of the stroke care system that will result from having an integrated/linked data platform for pre-hospital data, in-hospital data, and early post-discharge data.
        - Improved reliability and validity of data as determined through annual data validation of select and highly important data elements, as well as quarterly data quality reviews.
    - Increased workforce capacity and scientific knowledge for stroke surveillance within stroke systems of care. Providing resources, tools, guidance, and technical assistance to emergency management services and hospital stroke care providers will increase the knowledge, skills, and abilities of these providers in providing evidence-based stroke care.
    - Increased implementation of quality improvement strategies for acute stroke care across the continuum of stroke care (emergency management services care, hospital care, and early post-hospital care).
        - Increase efficiencies and effectiveness of pre-hospital, in-hospital, and post-hospital stroke care practices and resources (e.g. reduced door-to-needle time, increased use of thrombolytic therapy).
        - Increased pre-notification of hospitals by emergency management services of suspected stroke patients.
    - Improved patient and caregiver receipt of education on ongoing post-stroke care needs.
    - Reduced time to treatment for acute stroke events.
    - Improved transition of care from emergency services to hospital emergency department.
    - Improved transition of care from hospital to home, which may include reintegration with primary care provider, access to community resources, enhanced patient/caregiver education, and ongoing rehabilitation and secondary prevention.
    - Improved quality of emergency management services care for possible stroke

patients.
    - Improved quality of acute and sub-acute emergency department and hospital stroke care as measured by adherence to established guidelines for care and quality metrics.
    - Improved defect free care for acute stroke patients.

- Evaluation Performance Measures including activities and outcomes
- Work Plan for supplemental year (June 30, 2020-June 29-2021)

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

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:

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

No more than 5 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.aspx*

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

Risk Assessment Questionnaire Requirement
CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will

include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

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

Duplication of Efforts

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

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: **05/27/2020**

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.

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-DP15-15140501SUPP20**. 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:

Performance report and work plan — Maximum Points: 0

Eligibility is limited to the 9 recipients currently funded. Applications will not be scored. Technical Reviews will be conducted by CDC staff. The review criteria below will be used. Applications will not be scored.

-

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by **NCCDPHP** 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”.

Technical reviews will be conducted by CDC staff. The items that will be reviewed for the continuation of the award include progress on activities, evaluation performance measures, and work plans.

Selection

N/A

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

Anticipated Announcement and Award Dates

Anticipated NOFO announcement date : 04/27/2020

Anticipated NOFO award date: 06/30/2020

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

Registry (quarterly) and hospital inventory (annually) data should be uploaded into the CDC Secure Access Management Services (SAMS) secure web portal. Evaluation Process and Outcome Performance Measures (POPMs) reports (annually) should be sent to the CDC Evaluators. Regular and direct communication between recipients and program staff will facilitate keeping track of progress and help to identify areas where assistance is needed and to ensure that project objectives are being met. The recipients will provide a final report that will include the outcomes achieved over the project period. If there were barriers to achieving specific outcomes, the recipients should state the actions taken to address these barriers. The CDC team will provide specific guidance to recipients regarding the format and content of the final report. The final report should be submitted into Grant Solutions no later than 90 days after the end of the project period.

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

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

Lisa Cooper, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

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Section VIII. Other Information

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