

Eligibility

1. What organizations are eligible to apply for this funding opportunity (CK-23-0003)?

This funding opportunity has maximum competition. Eligible organizations include, but are not limited to, state governments, public and state-controlled institutions of higher education, non-profits with and without 501(c) (3) status, private institutions of higher education, for profit organizations, small businesses, and ministries of health.

2. Are foreign entities allowed to apply?

Yes, this NOFO is open competition. Foreign entities such as ministries of health are eligible to apply.

General Questions

1. Are letters of intent (LOI) to apply required?

The Letter of Intent (LOI) is requested but optional. Letters of intent are due by April 14, 2023.

2. Can you tell us more about the benefit of submitting an LOI?

The benefit of the LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI should include high-level organizational information, contact information, and countries or regions of interest.

3. Who is encouraged to submit the optional LOI?

All organizations who intend to apply are encouraged, but not required, to submit a Letter of Intent (see previous FAQ).

4. Are letters of support required? Is there a limit to how many letters of support may be submitted?

Letters of support are not required but are highly encouraged. They may strengthen your application's approach and description of organizational capacity. Letters of support should be from key in-country or regional collaborators or partners. There is no limit on how many letters can be submitted.

5. What does it mean to be approved but unfunded (ABU)?

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

6. Can ABU recipients be funded out of rank order?

Yes. Applications may be funded out of rank order based on geographical location to ensure global reach for populations. The geographical location will be based on regions defined by the [World Health Organization](#).

7. If the capacities of an ABU recipient changes during the 5-year cooperative agreement, may ABU recipients be removed from the ABU list?

Applicants will be reviewed based on the merits of the applications submitted. If selected, the applicants will be evaluated to determine if they have the financial and programmatic capacity to manage the agreement. ABU applications will be active for 12 months. If funding becomes available during that time and an ABU applicant is in line to receive the next award or if funding out of rank order is supported by the NOFO, then a risk assessment will be performed to determine their capacity.

8. Will some cooperative agreement recipients be funded in this first round of awards?

Up to three applicants will be selected to receive initial funding for Component 1 to conduct core surveillance, preparedness, and emergency response activities. Applicants not initially selected for a Component 1 award will be included on the Approved but Unfunded (ABU) roster and may be eligible for an award if additional funding becomes available.

9. When will Component 2 be funded?

This NOFO will also establish an ABU list for Component 2 to conduct expanded surveillance, preparedness, and emergency response activities if additional funding becomes available in the event of a large-scale public health threat. The number of recipients will depend on the availability of funding.

10. What is the smallest award possible on this cooperative agreement?

There is no minimum award. The number of recipients and amount of funds will depend on the availability of funding.

11. What is the time period of the opportunity?

Upon selection, recipients are eligible for awards each year for the 5 years of the cooperative agreement, pending public health need and availability of appropriations. Individual projects can vary in length, scope, and funding.

12. How many awards will be made?

Up to three applicants will be selected to receive initial funding for Component 1 to conduct core surveillance, preparedness, and emergency response activities. Applicants not initially selected for a Component 1 award will be included on the Approved but Unfunded (ABU) roster and may be eligible for an award if additional funding becomes available. This NOFO will also establish an ABU list for Component 2 to conduct expanded surveillance, preparedness, and emergency response activities if additional funding becomes available in the event of a large-scale public health threat. The number of recipients will depend on the availability of funding.

13. What is the total funding over the period of performance (5 years)?

The period of performance for this NOFO is 5 years. The total anticipated period of performance funding is \$30,000,000 for up to three applicants across Component 1 and 2.

14. What is the expected yearly award?

The anticipated average yearly award will be \$2,000,000 per applicant.

Component 1: \$333,333 average funding available per fiscal year per recipient

Component 2: \$1,666,667 average funding available per fiscal year per recipient

15. If CDC were to receive additional funding, is there a mechanism for additional funds to go towards this opportunity?

Applicants not initially selected for a Component 1 award will be included on the Approved but Unfunded (ABU) roster and may be eligible for an award if additional funding becomes available. This NOFO will also establish an ABU list for Component 2 to conduct expanded surveillance, preparedness, and emergency response activities if additional funding becomes available in the event of a large-scale public health threat. The number of recipients will depend on the availability of funding.

16. What are the main strategies targeted by this notice of funding opportunity?

There are 2 strategies that apply to both components in this NOFO: strategy 1: Strengthen public health and environmental surveillance of enteric diseases and strategy 2: Build country capacity to prepare for and respond to enteric disease outbreaks. These strategies aim to build regional and country capacity globally to prevent, detect, respond to and control diseases spread through food, water, and animal contact, subsequently referred to as enteric diseases.

17. Are we expected to have subcontracts in place in the proposal to demonstrate ability for the two projects?

No, we do not expect subcontracts to be in place at the time of application. Applicants may include an intent to award a subcontract.

18. Will we be expected to carry out the proposed projects or are they just to demonstrate capacity for selection purpose?

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation, and performance measurement. An applicant's work plan is subject to change depending on the final award amount and feedback provided during objective and technical reviews.

19. What kind of budget information is needed?

As detailed in the “Budget Narrative” section of the NOFO, applicants must submit an itemized budget narrative. Please review this section in depth to address all necessary elements.

20. Any restrictions on indirect percentages besides approved HHS /CDC organization rates?

Yes, any non-Federal entity that has never received a negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

21. If we do not have an IDC rate, can we use 10% de-minimis rate for indirect?

If a non-Federal entity has never received a negotiated indirect cost rate, they may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC). This rate may be used indefinitely.

22. May an applicant submit more than one project if they have different scopes?

No. Each organization is asked to submit one application with one project plan. There are 2 strategies that apply to both components in this NOFO. Applicants must propose at least one activity for each strategy.

Strategy 1: Strengthen public health and environmental surveillance of enteric diseases

Strategy 2: Build country capacity to prepare for and respond to enteric disease outbreaks

23. Do the projects proposed need to be new or can they expand or build on existing programs?

Proposed projects can build upon existing programs, although the proposed activities cannot duplicate existing grants or cooperative agreements.

24. What will identify a stronger application from a weaker application?

Scoring criteria is outlined in the Review and Selection Process within Phase II Review. Please review this section to identify the elements of a strong application.

25. Where should the applications be uploaded?

Applications should be submitted through [Search Grants | GRANTS.GOV](#). Applications must be submitted by 11:59 PM U.S. Eastern Time on May 15, 2023. The applicant is strongly encouraged to review the NOFO and comply with all required registrations as early as possible to ensure successful submission. If the application is not submitted by the deadline, it will not be processed.

26. Does the CDC provide equipment?

No, the CDC will not provide equipment for projects, but award funds can be used towards equipment.

27. Can funds be used to train foreign investigators in the US if their end goal is to continue lab capacity and country?

Yes, this approach would be applicable in this NOFO.

28. Are there particular regions or specific countries of interest?

No, there are not specified or targeted countries or regions.

29. How should applicants purpose activities for Component 2, in anticipation of a large-scale public health emergency?

Applicants may propose scaling up core activities from component 1, expanding activities in country or to other countries, adding new activities under each strategy, or other activities that would be appropriate during a large-scale public health emergency.

30. Is component 1 a pilot and component 2 an expanded scope?

Component 1 is the core work, and component 2 would be expansion or scale up in the event of a large-scale public health emergency.

31. Can the budget submitted be greater than the estimated average award?

If an applicant's budget is higher than the average award amount and they are selected to be a recipient their budget will be marked down to the amount of funding that is available at the time of award.

32. Does the award amount include direct and indirect costs?

Yes, the award includes direct and indirect costs.