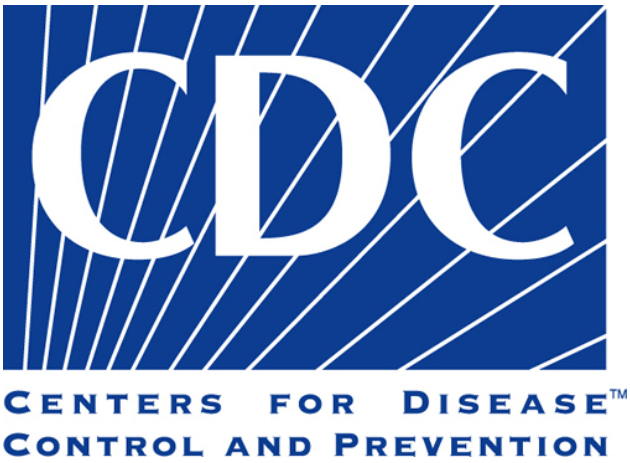


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Community Health Workers for COVID Response and Resilient Communities (CCR)-Evaluation and Technical Assistance (ETA); CCR-ETA

CDC-RFA-DP21-2110

05/24/2021

Table of Contents

A. Funding Opportunity Description 3
B. Award Information 20
C. Eligibility Information 22
D. Required Registrations 23
E. Review and Selection Process 34
F. Award Administration Information 39
G. Agency Contacts 46
H. Other Information 46
I. Glossary 47

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP21-2110. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Community Health Workers for COVID Response and Resilient Communities (CCR)-Evaluation and Technical Assistance (ETA); CCR-ETA

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP21-2110

E. Assistance Listings Number:

93.495

F. Dates:

1. Due Date for Letter of Intent (LOI):

Not Applicable

2. Due Date for Applications:

05/24/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Date: April 5, 2021

Time: 2:30 pm - 4:00 pm U.S. Eastern Standard Time

Conference Number: 1-888-989-9773

Conference I.D.: 2568038#

Join via Computer: https://adobeconnect.cdc.gov/rvu1et3m3oy1/

F. Executive Summary:

Summary Paragraph
The Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 allocated funds to the Centers for Disease Control and Prevention (CDC) for states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes. CDC announces the availability of funds to achieve the goal of the CARES Act in protecting the American people from the public health impacts of COVID-19. This four-year opportunity provides funds to conduct a national evaluation of the Community Health Workers for COVID Response and Resilient Communities (CCR) program, DP21-2109 and provide training and technical assistance (TA) to CCR recipients. This program has two components: 1) conduct a national evaluation of the CCR and 2) deliver training and TA to CCR recipients. Applicants may only apply for 1 component.

Component 1 (C1): National evaluation of CCR
Component 2 (C2): Training/TA for CCR recipients

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
5
Component 1: approximately 3 awards
Component 2: approximately 2 awards

d. Total Period of Performance Funding:
$ 32,000,000

e. Average One Year Award Amount:
$ 1,500,000

Over four years, CDC will award approximately $9 million each year for three years and approximately $5 million each year for one year with the average award varying. These awards will range from approximately $1.5 million - $3 million depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizations based on capacity and a range of catchment areas whose resource needs will vary. Average budget period award amounts for each component are:

Component 1 (C1): National evaluation of CCR: $2 million
Component 2 (C2): Training/TA for CCR recipients: $1.5 million

f. Total Period of Performance Length:
4

g. Estimated Award Date:
August 01, 2021

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
The novel Coronavirus Disease 2019 (COVID-19) has impacted communities nationwide, including states, localities, and territorial jurisdictions. Such public health crises exacerbate existing health disparities and inequities in the social determinants of health (SDOH), conditions in which people are born, live, learn, work, play, worship, and age. Black/African Americans, Hispanics/Latinos, and American Indian/Alaska Native populations have higher rates of unemployment; are more likely to work in essential, low-income positions that do not allow telework; live in communities with higher rates of environmental hazards; and do not have health insurance or paid sick leave through employers. Racial and ethnic minorities, economically disadvantaged persons, justice-involved, people experiencing homelessness, and people who use drugs and/or have certain underlying medical conditions are also at risk. These factors increase risk of exposure to COVID-19, while limiting ability to stay home or access care. Racial and ethnic minority groups experience higher incidence of some chronic diseases shown to increase severe illness from COVID-19. Distrust of medical and governmental entities and longstanding disparities in vaccine coverage may impact achievement of high COVID-19 vaccination rates.

Investments are needed to decrease disparities among these populations. Initiatives promoting health equity in policies and reducing inequities should be pursued and evaluated for effective and targeted systems' changes across relevant sectors. Overwhelming evidence demonstrates that health is highly influenced by SDOHs (e.g., intergenerational wealth, quality education, stable employment opportunities). Through partnerships around community health assessment and planning efforts, federal, state, local, tribal, and territorial governments have invested in long-range policy and environmental change plans to improve SDOH in communities with the poorest health outcomes. Community Health Workers (CHWs) are well-positioned to reach communities, especially those disproportionately impacted by COVID-19. CHW interventions can improve uptake and access to health care services, improve communication between community members and health providers, reduce the need for emergency and specialty

services, and improve adherence to health recommendations. While CHW administered interventions have a demonstrated impact, barriers to increased intervention implementation exist (e.g., insufficient numbers of trained individuals; lack of funding/reimbursement; poor integration of CHWs in care teams, the health care delivery system, or community organizations addressing SDOH; and limited communication technology).

CHWs can improve access to COVID-19 related services (e.g., testing, contact tracing, health education, immunization services) and management of other underlying medical conditions that increase the risk of severe COVID-19 illness and adverse outcomes. CDC is funding a new initiative, Community Health Workers for COVID Response and Resilient Communities (CCR), DP21-2109. Through this initiative, CDC will provide training and technical assistance (TA) to CCR recipients to increase community resiliency and respond to COVID-19 in the hardest hit communities.

The purpose of this NOFO, DP21-2110, is to support evaluation, training, and TA to strengthen capacity of CCR recipients and their partners to address disparities in access to COVID-19 related services. This NOFO has two components: Component 1 (C1), conduct a national evaluation of the CCR, and Component 2 (C2), deliver training and TA to CCR recipients. Applicants may only apply for 1 component.

b. Statutory Authorities
This program is authorized under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), Public Law 116-136 and under the Public Health Service Act 42 U.S.C. 301(a).

c. Healthy People 2030
This funding opportunity focuses on COVID-19 response and community resilience addressing Healthy People 2030 goals including emergency preparedness: https://health.gov/healthypeople/objectives-and-data/browse-objectives/emergency-preparedness and vaccination: https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccnation.

For further information, please see https://health.gov/healthypeople/objectives-and-data/browse-objectives.

d. Other National Public Health Priorities and Strategies
The COVID-19 pandemic requires a coordinated public health response; recipients should consider the following in their proposed work:

- Topics (e.g. social determinants of health) related to health conditions associated with increased risk of COVID-19 illness and poorer outcomes. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
- Centers for Disease Control and Prevention (2020). Community Preventive Services Task Force. The Community Guide. Retrieved from The Guide to Community Preventive Services (The Community Guide).

- Health Resources and Services Administration (2020). Coronavirus-Related Supplemental Funding Allowable Uses Technical Assistance Resource. https://bphc.hrsa.gov/emergency-response/coronavirus-info/supplemental-funding-uses

e. Relevant Work

This NOFO will leverage previous work funded by the CDC with various public and private partners to implement and evaluate the effectiveness of different approaches for building the public health infrastructure to respond to COVID-19.

- Centers for Disease Control and Prevention (2020). Public Health Crisis Response NOFO. https://www.cdc.gov/cpr/readiness/funding-covid.htm
- Centers for Disease Control and Prevention (2020). CDC COVID-19 Funding for Tribes. https://www.cdc.gov/tribal/cooperative-agreements/covid-19.html?deliveryName=USCDC_289-DM25904Centers for Disease Control and Prevention (2020). COVID-19 Financial Resources. Retrieved from Financial Resources | CDC.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Proposed High Level Strategies	**Proposed Outcomes** Short Term Outcomes: Year 1	Intermediate Outcomes: Year 2	Long Term:>Year 3
Conduct a national evaluation of CCR (DP-21-2109) to monitor implementation, inform program improvement and assess overall program reach/outcomes.	**Increased collection of high-quality monitoring and evaluation data for CCR COVID-19 public health response efforts among priority populations.**	**Increased use and dissemination of data to inform improvement of COVID-19 public health response efforts among priority populations within communities.**	Decreased impact of COVID-19 on those at highest risk (priority populations) and settings. Increased community resilience to respond to COVID-19 and future public health emergencies. **IMPACT** ↓ Decreased health disparities ↓
Provide training and technical assistance	**Increased capacity of**	**Increased reach of**	

nationally to CCR recipients to ensure relevant knowledge and skills to support the COVID-19 public health response to manage outbreaks and community spread.	**CCR recipients to support, train, and deploy CHWs for COVID-19 public health response efforts among priority populations.**	**CHW-influenced COVID-19 mitigation efforts among priority populations within their communities.**	Increased health equity

i. Purpose

The purpose of this NOFO, DP21-2110, is to support evaluation, training, and technical assistance (TA) to strengthen the capacity of CCR recipients and their programmatic partners to address disparities in access to COVID-19 related services. There are two components to this initiative: Component 1 focuses on conducting a national evaluation of DP21-2109; Component 2 focuses on providing training and TA to CCR recipients.

ii. Outcomes

Applicants are expected to focus on those outcomes that align with two high-level strategy categories that align with the two DP21-2110 Components, conducting a national evaluation of DP21-2109 (Component 1) and providing training and TA to DP21-2109 recipients (Component 2).

COMPONENT 1: NATIONAL EVALUATION OF DP21-2109

Short-term outcomes:

- **Increased collection of high-quality monitoring and evaluation data for CCR (DP21-2109)**

Intermediate outcomes:

- **Increased use and dissemination of data to inform improvement of COVID-19 public health response efforts among priority populations within communities.**

COMPONENT 2: TRAINING AND TECHNICAL ASSISTANCE TO DP21-2109 RECIPIENTS

Short-term outcomes:

- **Increased capacity of CCR recipients to support, train, and deploy CHWs for COVID-19 public health response efforts among priority populations within their communities.**

Intermediate outcomes:

- **Increased reach of CHW-influenced COVID-19 mitigation efforts among priority populations within their communities.**

COMPONENTS 1 and 2: *Long-term outcomes*:

- Decreased impact of COVID-19 on those at highest risk (priority populations) and settings.
- Increased community resilience to respond to COVID-19 and future public health emergencies.

iii. Strategies and Activities

Component 1. Conduct a national evaluation of DP21-2109 (CCR) to monitor implementation, inform program improvement, and assess overall reach and outcomes. Applicants for Component 1 must describe how they will conduct all 5 strategies and related activities listed below.

1. Collaborate with other CCR-ETA Component 1 recipients.

a. Collaborate with other Component 1 recipients to plan and conduct the national evaluation of DP21-2109 (CCR). A recipient of Component 1 who is also a DP21-2109 CCR recipient should **not** collect data from their own program for the national evaluation.
b. Collaborate with Component 2 recipients to coordinate efforts in working and collaborating with CCR recipients.

2. Plan and conduct a national evaluation of CCR

a. Develop a national evaluation plan of DP21-2109 CCR Component A (Capacity Building) and Component B (Implementation Ready) to assess changes in 1) skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations within communities, 2) workforce of CHWs delivering services to manage the spread of COVID-19, 3) referrals to community resources and clinical services among populations prioritized for CCR services, 4) program reach of CHW-influenced mitigation efforts among priority populations within communities, 5) integration of Community Health Workers into organizations and care teams to support the public health response to COVID-19 among priority populations within communities (e.g. community-clinical linkages), 6) referral to and provision of community resources to those at highest risk for poor health outcomes among priority populations within communities, and 7) key COVID-19 outcomes among priority populations (e.g., measures of immunization coverage, contact tracing, COVID-19 testing) among priority populations. The evaluation plan should have a detailed program logic model based on the model presented in DP21-2109, process and outcome evaluation questions, a description of the evaluation methods, specific process and outcome measures to be assessed, primary and secondary data sources to be used, data collection tools to be used, the approach to analysis, and data dissemination plans.
b. Develop a detailed evaluation protocol including data collection instruments and related data dictionaries. Outcomes that can be consistently measured among all CCR recipients in order to assess overall reach and aggregate performance for the overall CCR program as well as for individual CCR recipients should be identified. Additional outcomes that are common among programs, but not necessarily universal, also may be identified for inclusion if they help demonstrate the impact of the program.

c. Collaborate with CDC to define common measures for the national evaluation.
d. Collect data from CCR Component A and Component B recipients using standardized reporting methods or data collection system to ensure common data elements are collected and can be aggregated for the national evaluation. Collect secondary data as needed from existing reporting systems (e.g., CDC COVID Data Tracker that includes county-level data; census data) to measure COVID-19 outcomes at a level consistent with CCR recipient catchment areas for CHW interventions.
e. Develop and deliver training for CCR recipients to support their participation in the national evaluation, including for data collection and reporting. Provide ongoing training and technical assistance to support recipients in timely data reporting, including data for performance measure reporting and other primary data collected for the national evaluation.
f. Provide TA to CCR recipients to support their own, recipient-led evaluations. This should include, but not be limited to, review and feedback of each recipient's individual evaluation plan. A system for delivering evaluation-focused TA should be established and recipients should track all TA that is provided.
g. Analyze and synthesize evaluation data to enable CCR recipient-specific and national-level reporting of evaluation results and related recommendations.

3. Use monitoring data for program improvement

a. Routinely assess data quality and identify areas for quality improvement in data quality.
b. Routinely review monitoring and evaluation data with CCR recipients to address data quality issues, monitor progress, and improve implementation of CCR strategies. Provide feedback to CCR recipients at least semi-annually. A quality improvement cycle should be applied in order to regularly provide feedback to CCR recipients for use in improving data quality and program implementation.
c. Use data dashboards or other data dissemination methods to support meaningful use of evaluation data for program improvement by CCR recipients.

4. Disseminate evaluation results

a. Disseminate evaluation results to all relevant stakeholders, including CCR recipients, CDC, national partners, and the public. Results should be summarized in various formats, including as manuscript(s) for publication.

5. Plan and conduct special studies with a subset of at least 5 CCR recipients to assess program effectiveness

a. Develop selection criteria and identify a subset of CCR recipients to participate in rigorous evaluations of CHW interventions to examine program effectiveness in achieving COVID-19 outcomes (e.g., increased immunization rates, effective contact tracing, increased testing), as well as cost-effectiveness. Cost-effectiveness studies should examine CHW reimbursement strategies.

b. Collaborate with each CCR recipient participating in a special study to design a unique evaluation study protocol appropriate for the intervention and context. Rigorous designs should be employed that allow for determination of intervention effectiveness.
c. In collaboration with the participating CCR recipient sites, conduct each study, including conducting data collection and analysis.
d. Disseminate evaluation results including through publishable manuscripts.

Component 2. Provide training and technical assistance (TA) to CCR recipients to ensure relevant knowledge and skills to support the COVID-19 public health response to manage outbreaks and community spread. Applicants for Component 2 must describe how they will conduct all 7 strategies and related activities below.

1. Conduct rapid assessment of CCR recipients to identify training/TA needs.

a. Develop and conduct a brief needs assessment that yields results to be used to inform training and TA needs of CCR recipients related to CCR recipient activities, including training, deploying and engaging CHWs to prevent and control COVID-19 infections and strengthening community resilience. Needs assessment should include assessing CCR recipients' preferred modes of receiving training and TA on these topics.
b. In consultation with CDC, use needs assessment results to identify topics for training/TA.

2. Collaborate with other CCR-ETA recipients to develop a national CCR training/TA/peer learning plan for CCR recipients.

a. Collaborate with other Component 2 recipients in carrying out all Component 2 activities.
b. Collaborate with Component 1 recipients to ensure that relevant monitoring and evaluation data collected under Component 1 are used to inform training and TA provided by Component 2 recipients.

3. Develop a national CCR training/TA plan that includes peer learning.

a. In collaboration with other Component 2 recipients and using findings from Component 1 activities, develop a national training/TA plan, specifying training types, modes of delivery, training materials that exist or need to be developed, timeline for delivering training, and staff who will deliver training. Learning objectives for specific training should be included. The plan should also describe the frequency of peer learning meetings (i.e., Community of Practice) (at least quarterly, but may be more frequent), length of trainings, types of ongoing TA, and focus of peer learning. The Training and TA plan should be flexible to allow for changing needs of CCR recipients as their response to COVID-19 evolves. Trainings should be interactive to maximize participation and should use multiple methods to reinforce training and TA objectives.
b. Research and identify a platform for supporting Communities of Practice/Peer Learning that provides a structure for CCR recipients to learn from each other's experiences.

4. Develop and/or identify training curricula and tools and instruments for evaluating delivery of training/TA/peer learning.

a. Identify existing COVID-19 CHW resources and websites that can be used for this effort.

b. Develop new COVID-19 CHW training curricula and tools where gaps exist, particularly as identified in the rapid needs assessment (Activity 1) and through ongoing monitoring of monitoring and evaluation data.
c. Develop new or modify existing surveys or other tools to evaluate training and TA delivered to CCR recipients that assesses participant satisfaction, acquisition of knowledge and skills, and how the training and TA relates to the implementation and intended outcomes of the CCR NOFO.

5. Establish communities of practice to facilitate information sharing and peer learning across CCR recipients.

a. Implement peer learning/Community of Practice for CCR recipients in order to provide a platform for CCR recipients to learn from one another's experiences.
b. Facilitate Community of Practice/Peer Learning sessions at least quarterly that include both a brief didactic component and an opportunity for peer-to-peer learning but allows for more frequency should the CCR recipients prefer this method of TA provision over others.

6. Promote and deliver/facilitate training, TA, and peer learning to CCR recipients.

a. Promote training/on-going TA/peer learning for CCR recipients.
b. Deliver training/on-going TA to CCR recipients.
c. Facilitate peer learning meetings (Communities of Practice) among CCR recipients.

7. Evaluate training and TA delivered and Peer Learning/Community of Practice activities.

a. Evaluate all training delivered to assess whether learning objectives were met.
b. Use training/TA evaluation results to inform and refine future training, TA and peer learning/Community of Practice activities to ensure continuous quality improvement.
c. Track individual TA provided so that the number, type, and extent of TA can be assessed.
d. Evaluate effectiveness of peer learning/Community of Practice activities.
e. Evaluate CCR recipients' satisfaction with TA and Community of Practice/Peer Learning activities.

1. Collaborations

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

Required Collaborations:

Recipients are required to collaborate with one another, CCR recipients, and other CDC funded programs. Strategies and activities will be planned and conducted collaboratively by recipients of the cooperative agreement to ensure a comprehensive approach to technical assistance and evaluation. Collaboration with CCR recipients is essential to achieve the goals and outcomes of this cooperative agreement. Recipients are also encouraged to collaborate and coordinate with other CDC funded programs operating in the same area and avoid duplications of efforts. State- and/or local-level CDC funded programs to advance efforts to mitigate the spread of COVID-19 infection include:

- CDC-RFA-DP21-2109: Community Health Workers for COVID Response and Resilient Communities (CCR) NOFO

- Epidemiology and Laboratory Capacity Program: https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html
- State (and jurisdictional) Immunization Program: https://www.cdc.gov/vaccines/imz-managers/awardee-imz-websites.html
- Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response Program: https://www.cdc.gov/tribal/documents/cooperative-agreements/COVID-19-Funding-for-Tribes-Grant-Recipients-OT20-2004-508.pdf
- Tribal Public Health Capacity Building and Quality Improvement Program: https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html
- Cooperative Agreement for Emergency Response: Public Health Crisis Response and COVID-19 Crisis Response Cooperative Agreement Components A and B Supplemental Funding Program: https://www.cdc.gov/cpr/readiness/funding-covid.htm
- Racial and Ethnic Approaches to Community Health (REACH) Flu Vaccine Supplement. DP18-1813. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/current_programs/index.html.

Encouraged Collaborations:
Recipients are also highly encouraged to collaborate with other CDC-funded programs that focus on population health approaches to reduce health disparities and address the social determinants of health that contribute to them such as injury prevention, mental health promotion, sexually transmitted disease and chronic disease prevention. These collaborations are especially essential for implementing the strengthening community resilience strategies of this NOFO. This will ensure proposed activities are complementary with other CDC- funded programs operating in the same area and avoid duplications of efforts.

b. With organizations not funded by CDC:
Required Collaborations:
Recipients are required to collaborate with organizations that have expertise to enhance efforts to complete the required activities for each component. To demonstrate organizational capacity to establish partnerships, applicants must provide a signed Letter of Support from at least one organization. The letter of support should describe the unique expertise of the organization and how they will support the recipient to carry out the required activities and achieve the goals and outcomes of the NOFO. The letter of support should be dated within 45 days of the application due date. These letters must state the role of organizations and specify how they will help the applicant achieve the goals and outcomes of the NOFO. Applicants must file the letter of support, as appropriate, name the file "CHW-ETA_LOS_Applicant Name", and upload it as a PDF file at www.grants.gov.

2. Target Populations
The target population for this NOFO is CCR recipients. Component 1 and 2 recipients must collaborate with the DP21-2109, CCR recipients to conduct the program activities detailed above for the respective components.

a. Health Disparities
CDC recognizes that social and economic opportunities, health behavior, and the physical environment in which people live greatly impact health outcomes. Health disparities represent

preventable differences in the burden of disease, disability, injury or violence, or in opportunities to achieve optimal health. This announcement provides the opportunity to conduct a national evaluation of the CCR and deliver training/TA to CCR recipients in order to strengthen their efforts to address health-related social needs (i.e. housing instability and poor quality, food insecurity, insufficient utility resources, interpersonal violence, insufficient transportation, and inadequate educational resources) for the priority populations described in DP21-2109. The CCR is an opportunity to demonstrate how increased awareness of available community services, navigation assistance to access services, and partner alignment to ensure that available services support community needs can positively impact health in these communities.

iv. Funding Strategy
Applicants may apply for Component 1 only or Component 2 only, but not both.

Component 1 focuses on conducting a national evaluation of DP21-2109/CCR, including assessment of standardized data and measures across all recipients, and a subset of special studies. We expect to fund approximately 3 recipients for Component 1 for approximately $2 million each for four years.

Component 2 focuses on delivering training and TA to recipients of DP21-2109/CCR. We expect to fund approximately 2 recipients for Component 2 for approximately $1.5 million each year for three years.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy
Evaluation and performance measurement help demonstrate achievement of project outcomes; build a stronger evidence base for specific interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and, drive continuous improvement. Evaluation and performance measurement can also determine if the intended populations are reached and program impact is achieved. CDC's evaluation strategy is grounded in the CDC Evaluation Framework for Public Health, MMWR, September 18, 1999, Vol. 48 / No. RR-11. CDC requires ongoing evaluation and performance measurement under this NOFO. CDC expects recipients to maintain sufficient staffing and analytic capacity to meet these requirements.

With support from CDC, recipients will be required to submit a more detailed Evaluation and Performance Measurement Plan, including a Data Management Plan (DMP), within the first 6 months of receiving the award, as described in the Reporting Section of this NOFO. CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement and for compliance with the monitoring and evaluation guidance established by CDC or other guidance otherwise applicable to this cooperative agreement. The evaluation plan should include a program logic model specific to the recipient's program, and specify process and outcome evaluation questions, methods, analysis, and how results will be used and disseminated.

CDC will work individually and collectively with DP21-2110 CCR-ETA recipients to track the

implementation of recipient strategies and activities and assess progress in achieving NOFO outcomes within the four-year period of performance. Recipients are required to report data to CDC on a regular basis so that CDC can monitor progress. For Component 1 recipients, evaluation data reported to CDC will include results of the national evaluation of the CCR grant, including CCR recipient performance measure data; individual recipient evaluation plans, progress and results; and recipient performance measure data as described in this NOFO. Component 2 recipients will report evaluations and assessments of technical assistance/training/peer support activities and performance measure data as described in this NOFO.

The data CDC collects for performance measurement and evaluation are directly related to the implementation of the strategies and/or the desired outcome indicated in the logic model. Performance measures related to Component 1 and 2 may be proposed by recipients based on activities conducted and finalized in collaboration with CDC and recipients of DP21-2109. All performance measure data will be reported to CDC via a secure system. Recipients will report their performance measure data annually via the data system and will have access to their data only. Over the 4-year performance period, data will be secured with limited access to authorized CDC program and evaluation staff.

Short-term measures and intermediate term measures reported by recipients are described in the table below. Recipients will be required to report only on measures that align with the component they are working on (Component 1 or 2):

- short-term outcomes measures for each required strategy
- intermediate outcomes measures

The tables below align with the logic model and show the alignment among the overarching high-level approach for each component, along with the specific strategies, outcomes and performance measures for Components 1 and 2.

CCR-Evaluation, Training, and TA: Component 1 Strategies, Outcomes, and Performance Measures			
Strategies	**Short-term Outcomes and Measures**	**Intermediate Outcomes and Measures**	**Long-Term Outcomes**
Conduct a national evaluation of CCR efforts to monitor implementation, inform program improvement,	**Increased collection of high-quality monitoring and evaluation data for CCR COVID-19 public health response efforts**	**Increased use and dissemination of data to inform improvement of COVID-19 public health response efforts among priority populations.**	**Outcome:** Decreased impact of COVID-19 on

and assess overall reach/outcomes.	**among priority populations**		those at highest risk (priority populations) and settings. **Outcome:** Increased community resilience to respond to COVID-19 and future public health emergencies **IMPACT** ↓ Decreased health disparities
C1.S1. Collaborate with other CCR-ETA recipients	**Measure:** Successful, coordinated evaluation efforts across Component A recipients	**Measure:** # and type of dissemination products with evaluation results that are disseminated. **Measure:** # of published manuscripts based on national evaluation and special study results. **Measure:** Improved rea ch of CCR recipients as measured by evaluation outcomes (e.g., improved ratios of individuals in a community□with access to CHWs)	
C1.S2. Plan and conduct a national evaluation of CCR	**Measure:** Successful completion of an evaluation protocol, data collection tools, dissemination plan, and related training for CCR recipients **Measure:** # and role of CCR recipients completin g training for data collection and reporting **Measure:** # of CCR recipients reporting high quality data according to timelines		
C1.S3. Use monitoring data for program improvement	**Measure:** # and types of data monitoring reports or dashboards for CCR recipients **Measure:** # of CCR recipients participating in regular data review processes.		
C1.S4. Dissemination	**Measure:** Successful completion of annual		

evaluation results	evaluation report		
C1.S5. Plan and conduct special studies with a subset of CCR recipients to assess program effectiveness	**Measure:** Successful completion of study protocols. **Measure:** # CCR recipients participati ng in special studies.		

CCR-Evaluation, Training, and TA: Component 2 Strategies, Outcomes, and Performance Measures			
Strategies	**Short-term Outcomes and Measures**	**Intermediate Outcomes and Measures**	**Long-Term Outcomes**
Provide training and technical assistance (TA) nat ionally to CCR recipients to ensure relevant knowledge and skills to support the COVID-19 public health response to manage outbreaks and community spread.	**Increased capacity of CCR recipients to support, train, and deploy CHWs for COVID-19 public health response efforts among priority populations within their communities.**	**Increased reach of CHW-influenced COVID-19 mitigation efforts among priority populations within their communities.**	**Outcome:** Decreased impact of COVID-19 on those at highest risk (priority populations) and settings. **Outcome:** Increased community resilience to respond to COVID-19 and future public health emergencies
C2.S1. Conduct rapid assessment of CCR recipients to identify training/TA needs	**Measure:** # of CCR recipients participating in rapid assessment **Measure:** Successful completion of report with assessment results	**Measure:** Improved capacity among CCR recipients to deploy CHWs to assist with COVID-19 mitigation strategies	
C2.S2. Collaborate with other CCR-	**Measure:** Successful completion	**Measure:**	

ETA recipients to develop national CCR training/TA/peer learning plan for CCR recipients	of a comprehensive training/TA plan, including methods for its evaluation	Improved reach of CCR recipients as measured by evaluation outcomes (e.g., improved ratios of individuals in a community with access to CHWs)	**IMPACT** ↓ Decreased health disparities
C2.S3. Develop a national CCR training/TA plan that includes peer learning			
C2.S4. Develop and/or identify training curricula and tools and instruments for evaluating delivery of training/TA/peer learning	**Measure:** # and types of training curricula developed and related resources **Measure:** # and types of existing training curricula identified **Measure**: # and types of tools for evaluating training/TA		
C2.S5. Establish communities of practice to facilitate information sharing and peer learning across CCR recipients	**Measure:** # of CCR staff participating in communities of practice per recipient **Measure:** Participants' satisfaction in communities of practice		
C2.S6. Promote and deliver / facilitate training, TA, and peer learning to CCR recipients	**Measure:** #, mode, and type of training sessions delivered to CCR recipients **Measure:** # of CCR staff participating in training per recipient **Measure:** Increased knowledge and skills of COVID-19 mitigation strategies for CHWs **Measure:** #,		

	time, and topics of T A sessions delivered per CCR recipient		
C2.S7. Evaluate training and TA delivered and peer learning/community of practice activities	**Measure:** Successful completion of annual evaluation reports		

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Core Capacity for All Applicants

Upon receipt of award all recipients must be able to implement this program in the state, locality,

territory, or tribal area in which they operate and are located. To ensure that recipients are able to execute CDC program requirements and meet period of performance outcomes, applicants must: describe relevant experience to implement the activities and achieve the project outcomes, describe experience and capacity to implement the evaluation plan, provide a staffing plan with clearly defined staff roles (including contractual staff if applicable) and resumes of key staff, and ensure a project management structure sufficient to achieve the project outcomes. This information must be described in the project narrative. Applicants must name the staffing plan file "Component [1 or 2] Staffing Plan" and upload to www.grants.gov. Applicants must name the resumes "Component [1 or 2] Resumes" and upload to www.grants.gov. Applicants must name the organizational chart file "Component [1 or 2] Organizational Chart" and upload to www.grants.gov. Key capacity requirements include:

- Leadership and management to plan and supervise the project and improve outcomes.
- Budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures.
- Contract management to manage any procurement efforts, including the ability to write, award, and monitor contracts, if included.
- Evaluation and performance monitoring to implement the recipient evaluation plan and maintain programmatic quality, consistency, and fidelity.
- Description in the project narrative of awareness of CDC-funded programs or other federally funded programs, that support the ongoing COVID-19 response.
- Description in the project narrative of experience convening and/or supporting a community coalition to achieve program goals.

Component 1: National evaluation of DP21-2109 (CCR). Applicants for Component 1 must have the following:

- Readiness and ability to begin program activities within 1 month of award.
- Approximately 5 years' experience conducting large-scale evaluations of public health activities carried out by multiple entities (e.g., states, localities, tribal organizations).
- Provide an organizational chart.
- Expertise in program evaluation, including expertise in multiple evaluation methods (e.g., surveys, cost studies, qualitative case studies) and analysis methods (e.g., descriptive analysis, logical regression modeling).
- Experience developing performance measures and collecting/analyzing performance measurement data.
- Knowledge of CHW interventions to address public health problems.
- Experience working with diverse populations.
- Experience designing and conducting rigorous evaluation studies.
- Experience in designing data collection instruments (e.g., surveys, case study interviews) and providing training/technical support to support data collection efforts
- Data management expertise to support development of data reporting systems and maintenance of high quality data.
- Experience disseminating evaluation results, including writing publishable manuscripts and visually engaging briefing documents.

Component 2: Training and technical assistance (TA) for CCR recipients

- Readiness and ability to begin program activities within 1 month of award.
- Experience collaborating with partners on public health efforts.
- Approximately 5 years' experience developing and delivering training and technical assistance to public health agencies.
- Provide an organizational chart.
- Expertise in developing culturally appropriate curricula and training materials and in designing and facilitating communities of practice.
- Knowledge of CHW interventions to address public health problems.
- Experience working with diverse populations.
- Experience evaluating training/TA efforts.

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for the subsequent year. Objectives should be written in SMART (specific, measurable, achievable, realistic, timely) format. The work plan should include evidence-based strategies and activities to achieve all outcomes listed in the logic model.

CDC will provide feedback and technical assistance to recipients to finalize the work plan post-award.

Applicants must name this file "Component ___[1 or 2] Work Plan" and upload to www.grants.gov.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Collaboration with CDC is required to maintain alignment with the overall mission and to track progress and performance. The proposed work plans and performance measures will be reviewed by CDC and may need to be altered to better reflect program activities as outlined in the NOFO. CDC will analyze programmatic and performance measure data to assess areas of improvement, identify technical assistance needs and report progress and outcomes.

CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement and for compliance with the monitoring and evaluation guidance established by CDC or other guidance otherwise applicable to this cooperative agreement. The evaluation plan should include a program logic model specific to the recipient's program, and specify process and outcome evaluation questions, methods, analysis, and how results will be used and disseminated.

f. CDC Program Support to Recipients

If funded, a cooperative agreement, as defined by the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224, 31 USC 6301 et seq.), will be used as the funding mechanism to award funds. CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds and is not intended to gain stricter controls. CDC will coordinate, facilitate, collaborate, and/or intervene to programmatically effectuate performance under the award. The substantial involvement responsibilities enumerated in this NOFO and any additional substantial involvement responsibilities will be used to benefit the program.

CDC will provide technical assistance to recipients through a variety of mechanisms including:

- Support collaboration across recipients of each component;
- Collaborate to determine the best means to collect program data from CCR recipients;
- Provide technical assistance to support data quality;
- Provide programmatic technical assistance and resources;
- Assign a CDC program consultant to each recipient;
- Work with recipients to solve challenges identified in evaluation and monitoring activities through conference calls, site visits, reverse site visits, and webinars.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:

U58

3. Fiscal Year:
2021
Estimated Total Funding:
$ 32,000,000

4. Approximate Total Fiscal Year Funding:
$ 9,000,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$ 32,000,000
This amount represents approximate funding provided through the CARES Act over a four-year period (approximately $9 million per budget period for years 1 - 3; approximately $5 million for year 4). This amount could increase during the period of performance.

6. Total Period of Performance Length:
4
year(s)

7. Expected Number of Awards:
5
Component 1: approximately 3 awards
Component 2: approximately 2 awards

8. Approximate Average Award:

$ 1,500,000
Per Budget Period

Over four years, CDC will award approximately $9 million each year for three years and approximately $5 million each year for one year with the average award varying. These awards will range from approximately $1.5 million - $3 million depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizations based on capacity and a range of catchment areas whose resource needs will vary. Average budget period award amounts for each component are:

Component 1 (C1): National evaluation of CCR: $2 million
Component 2 (C2): Training/TA for CCR recipients: $1.5 million

9. Award Ceiling:
$ 3,000,000
Per Budget Period

10. Award Floor:
$ 1,000,000
Per Budget Period

11. Estimated Award Date:
August 01, 2021
Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:
12 month(s)

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

07 (Native American tribal governments (Federally recognized))

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

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

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

As authorized by the Coronavirus Aid, Relief, and Economic Security Act ("CARES ACT"; Public Law 116-136), eligibility is limited to those listed above as well as those listed in Additional Information on Eligibility and include:

- American Indian/Alaska Native Urban Indian Centers
- Health Service Providers to federally recognized tribes

Per the program's statutory authority, only the types of entities listed are eligible to apply.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

Maintenance of effort is not required for this program

D. Required Registrations

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

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 can

require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/index.html.

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

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization		

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

b. Application Deadline

Number Of Days from Publication 60

05/24/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
Date: April 5, 2021

Time: 2:30 pm - 4:00 pm U.S. Eastern Standard Time

Conference Number: 1-888-989-9773

Conference I.D.: 2568038#

Join via Computer: https://adobeconnect.cdc.gov/rvu1et3m3oy1/

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:
Not Applicable

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.

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

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

No additional information is required for the project abstract.

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

Component 1 applicants can submit a project narrative that is up to 20 pages long. The applicant's work plan and budget narrative should be included in these 20 pages.

Component 2 applicants can submit a project narrative that is up to 20 pages long. The applicant's work plan and budget narrative should be included in these 20 pages.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the period of performance. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative,

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

- Salaries and wages
- Fringe benefits

- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

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

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

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

13b. Copyright Interests Provisions

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

encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

13c. Data Management Plan

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

14. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition andadditional guidance on lobbying for CDC recipients.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity atwww.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt whenwww.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated bywww.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non- validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service atwww.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note thatwww.grants.gov is managed by HHS.

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

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

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

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach **Maximum Points:** 35

Component 1. National Evaluation

Evaluate the extent to which the applicant:

- Describes an overall strategy and activities consistent with the CDC Project Description and logic model. (5 points)
- Describes: (20 points)
    - An approach to collaboration among Component 1 and Component 2 recipients

    - A strategy for developing a national evaluation plan for DP21-2109 in collaboration with other Component 1 recipients
    - An approach to carrying out the national evaluation plan of DP21-2109, including an approach to collect standardized evaluation data from all DP21-2109 recipients
    - An approach to collaborating with DP21-2109 recipients to carry out the national evaluation
    - A strategy for ensuring data quality and using monitoring data for program improvement
    - A plan for disseminating national evaluation results
    - An approach to designing special evaluation studies of individual DP21-2109 recipients
    - An approach to collaborating with individual DP21-2109 recipients on special studies
    - An approach for disseminating results of special studies
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. (5 points)
- Provides a detailed timeline for conducting the strategies and activities (5 points)

Component 2. Training and Technical Assistance
Evaluate the extent to which the applicant:

- Describes an overall strategy and activities consistent with the CDC Project Description and logic model. (5 points)
- Describes (20 points)
    - An approach for conducting a rapid needs assessment among DP21-2109 CCR recipients
    - An approach to collaboration among Component 1 and Component 2 DP21-2110 recipients
    - A strategy for developing a training and TA plan for DP21-2109 in collaboration with other Component 1 recipients
    - An approach to identify and/or develop training curricula, training tools, and instruments to evaluating the training/TA that is delivered
    - A strategy to deliver peer learning and/or develop a community of practice
    - An approach to delivery training and TA to CCR recipients and track delivery of that training/TA
    - A strategy to evaluate all training/TA/peer learning

- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. (5 points)
- Provides a detailed timeline for conducting the strategies and activities (5 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 30

Component 1. National Evaluation

Evaluate the extent to which the applicant:

- Provides an evaluation plan that includes key evaluation questions and potential data sources to demonstrate the impact and effectiveness of national evaluation efforts (15 points)
- Demonstrates the ability to collect data on the process and outcome performance measures specified by CDC (5 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (4 points)
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (5 points)
- Includes a preliminary Data Management Plan (DMP), if applicable. (1 point)

Component 2. Training and Technical Assistance

Evaluate the extent to which the applicant:

- Provides an evaluation plan that includes key evaluation questions and potential data sources to demonstrate the impact and effectiveness of training/TA delivery (15 points)
- Demonstrates the ability to collect data on the process and outcome performance measures specified by CDC (5 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (4 points)
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (5 points)
- Includes a preliminary Data Management Plan (DMP), if applicable. (1 point)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 35

Component 1. National Evaluation

Evaluate the extent to which the applicant addresses the items below.

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement Component 1 activities and achieve the project outcomes including (15 points):
    - An ability to begin program activities within 1 month of award
    - Experience conducting large-scale evaluations of public health activities carried out by multiple entities, including developing performance measures and collecting/analyzing performance data
    - Experience working with diverse populations
    - Experience designing and conducting rigorous evaluation studies
    - Expertise in designing data collection instruments, data management systems, and quality improvement systems.
    - Experience writing and publishing manuscripts
- Demonstrates experience and capacity to develop and implement the evaluation plan (5 points).
- Demonstrates knowledge and awareness of CDC-funded programs supporting the COVID-19 response. (5 points)
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart. (10 points)

Component 2. Training and Technical Assistance
Evaluate the extent to which the applicant addresses the items below.

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement Component 2 activities and achieve the project outcomes including (15 points):
    - An ability to begin program activities within 1 month of award
    - Experience and expertise in developing and delivering training and TA to public health agencies
    - Experience developing culturally appropriate curricula and training materials
    - Experience and expertise in facilitating peer to peer learning and/or communities of practice
    - Expertise in CHW interventions for public health
- Demonstrates experience and capacity to develop and implement the evaluation plan (20 points).

Budget **Maximum Points:** 0
Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

i. Approach **Maximum Points:** 0

ii. Evaluation and Performance Measurement **Maximum Points:** 0

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 0

Budget **Maximum Points:** 0

c. Phase III Review

CDC may fund out of rank order to ensure geographical representation and that approximately 2 tribal entities (i.e., tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes) across Components 1 and 2.

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

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Anticipated Award Date: August 1, 2021

F. Award Administration Information

1. Award Notices

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

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

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

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

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

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); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, 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.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. 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. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward

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

3. Reporting

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

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

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

Report	*When?*	*Required?*
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	*6 months into award*	*Yes*
Annual Performance Report (APR)	*No later than 120 days before end of budget period. Serves as yearly continuation application.*	*Yes*
Data on Performance Measures	*N/A.*	*Yes*
Federal Financial Reporting Forms	*90 days after the end of the budget period.*	*Yes*
Final Performance and Financial Report	*90 days after end of project period.*	*Yes*
Payment Management System (PMS) Reporting	*Quarterly reports due January 30; April 30; July 30; and October 30.*	*Yes*

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

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

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

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

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

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

• The frequency that evaluations will be conducted.

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

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

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

• Dissemination channels and audiences.

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

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

This report must include the following:

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

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

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

The recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

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

e. Final Performance and Financial Report (required)
The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)

- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

No additional information is required, other than what is listed above.

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

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

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

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

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

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

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

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

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

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or

more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified

portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

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

Address:

Telephone:

Email:
NCCDPHP_CHW@cdc.gov

Grants Management Office Information

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

First Name:
Keisha
Last Name:
Thompson
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Telephone:

Email:
dwt6@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Organization Charts

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Required Attachments:

- Resumes/CVs
- Letters of Support
- Staffing plan, can include position descriptions

I. Glossary

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

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

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

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

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

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

Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

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

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

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

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

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

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet,

obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the

public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

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