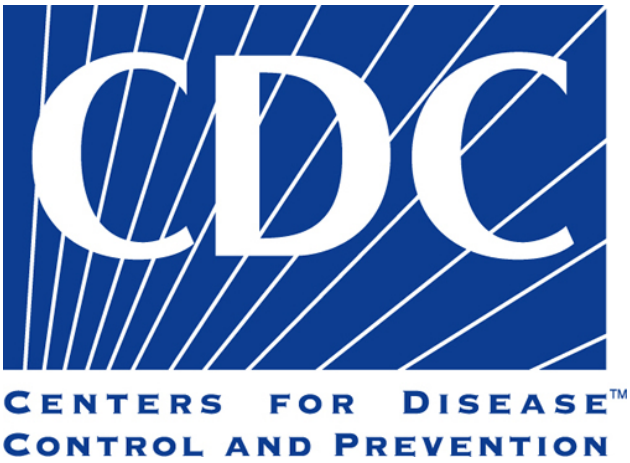

Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry

CDC-RFA-DP-23-0006

06/01/2023

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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-DP-23-0006. 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:

The Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry

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-DP-23-0006

E. Assistance Listings Number:

93.946

F. Dates:

1. Due Date for Letter of Intent (LOI):
03/27/2023
Recommended but not Required

2. Due Date for Applications:
06/01/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call
March 31, 2023, at 2:00 EST

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1602504053?pwd=dzEwb2N0NURMZVJHT1J2VDJxS0Qzdz09

Meeting ID: 160 250 4053
Passcode: 0X9fU&b&
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+1 415 449 4000 US (US Spanish Line)
Meeting ID: 160 250 4053
Passcode: 57522277

F. Executive Summary:

Summary Paragraph
This multi-component NOFO supports the SUID and SDY Case Registry to improve case ascertainment, data completeness, and timeliness. It builds on Child Death Review. Component A will identify, review, categorize SUID, enter data, conduct quality assurance protocols, analyze and disseminate data. All applicants for Component A can apply for Component B for 0-20 years which adds a clinical review, family health history interview, biospecimen collection, an opportunity to consent for subsequent NIH-sponsored research (outside the scope of this funding opportunity), and categorization of each case. Component C will implement community participatory, data-driven SUID prevention strategies that align with American Academy of Pediatrics recommendations on improving practices related to safe sleep, addressing social determinants, and promoting health equity. Outcomes include increased access to high-quality, timely data for SUID/SDY, with information on disparities and social determinants of health, for program improvement/public health purposes; increased implementation of policies/practices to standardize and reduce inequities in investigation practices, i.e medical record review, scene investigation and autopsies; and increased implementation of community participatory, data-

driven prevention strategies to reduce the risk factors for SUID. Applicants must apply for Component A. Component B and/or C are optional. Applicants will only be funded for B and/or C if awarded for A.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
37
Component A: 33-37
Component B: 13-20
Component C: 1-5

d. Total Period of Performance Funding:
$16,000,000

e. Average One Year Award Amount:
$110,000
Component A: $95,000
Component B: $70,000
Component C: $150,000

f. Total Period of Performance Length:
5 year(s)

g. Estimated Award Date:
September 30, 2023

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Background
In the US, approximately 3,400 SUID occur each year which include sudden infant death syndrome (SIDS), accidental suffocation in a sleeping environment, and other deaths from unknown causes among infants less than one year of age. Sudden Death in the Young (SDY) includes infants and young adults up to age 20 who die suddenly and unexpectedly. Significant racial and ethnic differences persist for both SUID/SDY, and prevention efforts are needed to address disproportionately impacted communities. Lack of standardization in death investigation, certification, and reporting can affect the ability to reliably monitor trends and risk factors

statewide and nationally.

Outcomes
This multi-component NOFO for the SUID/SDY Case Registry will generate higher quality data which will be used to increase understanding of SUID (Component A) and SDY (Component B), identify disparities and inform equitable investigations and inform SUID/SDY prevention strategies. In addition, Component C will support the development and implementation of prevention strategies that address social determinants and use a health equity lens to reduce infant deaths in the sleep environment among disproportionately impacted communities informed by compiled data and aligned with American Academy of Pediatrics' guidance.

Approach
The approach is based on previous funding cycles and includes 1) identifying all SUID/SDY cases in a jurisdiction, 2) uniformly documenting case circumstances, 3) applying the CDC algorithm to derive a category for each case, 4) improving ascertainment, completeness, and timeliness of data, and 5) establishing Registry classification algorithm derived mortality rates. In addition, this NOFO expands surveillance to better document drivers of health inequities. Recipients will address systemic drivers of disparities in disproportionately impacted communities by SUID/SDY through integration of health equity concepts into surveillance, partnerships, and prevention. Recipients will work to standardize death investigations, improve consistent collection of variables related to Social Determinants of Health (SDOH) (e.g., housing insecurity), and include a health equity lens in data analysis to better inform prevention. Improved understanding of disparities, inequities, and SDOH surrounding SUID cases will be used to develop and implement equitable prevention activities (Component C). This integrated approach will address inequities by improving the understanding of the contribution of SDOH on mortality rates and informing prevention strategies. All applicants are required to apply for Component A. Components B and C are optional. Recipients of Component B and/or C funds are required to be recipients of Component A funds.

Lessons Learned
This NOFO builds on the current approach that has resulted in 10 years of robust data informing changes in policies and practices in agencies serving families to prevent SUID/SDY. During past funding cycles, Case Registry recipients have improved timely access to high quality data, established SUID/SDY mortality rates, improved policies and practices of systems serving families, and informed guidance for safe sleep practices (e.g. unsafe surfaces, bedding and surface sharing). Current data shows a disproportionate impact of SUID/SDY among racial/ethnic minorities and people experiencing poverty. This funding will improve data collection with the goal of identifying drivers of inequities among disproportionately impacted communities and implementing strategies for preventing deaths and reducing disparities.

b. Statutory Authorities
Section 301(a) of the Public Health Service Act, as amended (42 USC 241(a)).

c. Healthy People 2030
Maternal, Infant and Child Health Maternal, Infant and Child Health:

- Reduce the rate of infant deaths — MICH02
- Reduce the rate of deaths in children and adolescents aged 1 to 19 years — MICH03

- Increase the proportion of infants who are put to sleep on their backs — MICH14

Tobacco Use:

- Increase the proportion of smoke-free homes — TU18

Injury Prevention:

- Increase the number of states where a child fatality team reviews external causes of death in children — IVPD01

d. Other National Public Health Priorities and Strategies

This NOFO aligns with the HRSA funded National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN), the Children's Safety Network Safe Sleep Safety Initiative, and the Smokefree Initiative to reduce secondhand smoke exposure and promote smokefree homes.

e. Relevant Work

This NOFO builds on current work of DP18-1806 and the previous work of DP14-1403 and DP15-1506, in collaboration with the National Heart Lung and Blood Institute and National Institute of Neurological Disorders and Stroke, to increase available data on sudden death in the young which includes cases from 0-20 years.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP-23-0006 Logic Model: *SUID and SDY Case Registry*
Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Timely **identification** of SUID cases (Component A) for child death review (CDR) and SDY cases for autopsy protocols (Component B) [A, T] Timely **review** at a CDR meeting all SUID/SDY cases (Component A-B)[C, T] and at SDY Advanced Review (AR) (Component B) **Categorize** each SUID case using established algorithm at CDR (Component A) [I] and each SDY case using established	**Increase in high-quality, timely data for SUID/SDY, including information on disparities and SDOH, for program improvement and public health purposes** (Component A & B) Increase in available data on rates of SUID/SDY,	Increase in the number of policies and practices for systems serving families that address SDOH associated with higher risk for SUID/SDY (Component A-B) **Increase in the number of implemented policies and practices to standardize and**	Reduction in

algorithm at SDY Advanced Review for eligible cases. **Conduct** a family health history and consent interview (Component B) [C, T, I] Timely **Entry** all case information including review team prevention recommendations (Component A-B) [C, T] Timely **quality assurance** checks/protocols on all cases within 30 days of completing data entry of case information (Component A-B) [Q, C, T] Analyze data to provide information on burden, risk factors, and opportunities for prevention, with a focus on identifying disparities and associated social determinants of health (SDOH) (Component A-B) Disseminate data to internal and external audiences to inform practice and policy changes, and leverage partnerships to prevent deaths and reduce disparities (Component A-B) [P] Develop one or more community participatory, data-driven prevention strategies for sleep-related deaths using information from compiled data that aligns with American Academy of Pediatrics' Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-	including mortality rates of categorical types of SUID/SDY (Component A-B) Increase in dissemination of data briefs/products used to inform programs and key partners and direct and tailor products to disproportionately impacted communities (Component A-C) **Increased opportunities for networking, cooperation, and data sharing with communities disproportionately impacted by sleep-related infant deaths** (Component C)	**reduce inequity in investigation practices, including review of medical records, scene investigation and autopsies** (Component A-B) Increase in standardized death investigation practices and reporting (Component A-B) Increase in community awareness of SUID/SDY associated factors (Component A-B) **Increase in implementation of community participatory, data-driven prevention strategies for disproportionately impacted communities** (Component C)	the rate of SUID or SDY (All Components) Reduction in disparities in SUID or SDY (All Component)

Related Infant Deaths (Component C) [P]			

[A] *Case Ascertainment*
[T] *Timeliness*
[C] *Data Completeness*
[I] *Calculate Mortality rates for SUID/SDY*
[Q] *Data Quality*
[P] *Prevention*

i. Purpose

This NOFO supports organizations in coordinating a state/jurisdictional Case Registry. Recipients will identify sudden/unexpected infant (0-365 days) (Component A) and child (0-18) (Component B) deaths, review cases using Child Death Review, enter data into the National Fatality Review Case Reporting System, analyze data to calculate incidence rates, identify disparities between subpopulations, and inform prevention strategies to reduce disparities. Component C will develop community participatory, data-driven SUID prevention strategies aligned with American Academy of Pediatrics guidance.

ii. Outcomes

Recipients are expected to achieve the following short and intermediate outcomes during the period of performance.

Component A and B

- Increase in high-quality, timely data for SUID/SDY, including information on disparities and SDOH, for program improvement and public health purposes
- Increase in the number of implemented policies and practices to standardize and reduce inequity in investigation practices, including review of medical records, scene investigation and autopsies

Component C

- Increased opportunities for networking, cooperation, and data sharing with communities disproportionately impacted by sleep-related infant deaths
- Increase in implementation of community participatory, data-driven prevention strategies for disproportionately impacted communities

iii. Strategies and Activities

Strategies: Recipients will be expected to implement the following strategies and activities that will improve case ascertainment, timeliness, and completeness of available SUID/SDY data during the period of performance. Recipients will also be expected to plan for appropriate staffing and project management structure for the Components applied for.

Component A recipients will be expected to:

- Identify SUID cases for child death review (CDR) within 30 days of death

1. Identify all SUID occurring in the funded state/jurisdiction for Child Death Review (CDR) within 30 days of the death. This should be accomplished in

partnership with CDR and by direct connections with forensic pathologists, coroners, medical examiners or death investigators AND reliable access to vital records data.

- Review at a CDR meeting all SUID cases within 150 days of identification
    1. Reviews should be at a multi-disciplinary local or state CDR meeting with all data available for the review. Reviews should follow the National Center for Fatality Review and Prevention's Program Manual. CDR discussion includes making committee recommendations for prevention on each case as allowable by state statute.
        - The data/case information should be compiled before and/or during the CDR meeting
        - The CDR team should include the following partners: child protective services, death investigators and pathologists, Emergency Medical Services (EMS), law enforcement, pediatric and other medical staff, social services, public health, prevention partners, fire departments, and any other relevant organizational or community members. Complete case/data information should be ascertained through partnerships with the CDR team members.

- Categorize each SUID case at the CDR meeting according to the established SUID algorithm.
- Enter all case information including review team prevention recommendations within 30 days of review

1. Enter all data/case information including CDR team identified risk factors and prevention recommendations into the National Fatality Review Case Reporting System (NFR-CRS) within 30 days of review.

- Perform quality assurance checks/protocols on all cases within 30 days of completing data entry of case information
    1. Perform quality assurance checks/protocols on all Case Registry cases in the NFR-CRS within 30 days of completing data entry. Each case should be reviewed by the recipient, include the complete state and county of residence, a review of the section N question 1 which indicates this is a case for inclusion in the Case Registry, and a check of the "quality assurance complete" button to include the case in the quarterly CDC data download. During the quality assurance checks, special attention should be paid to completeness of SUID/SDY Case Registry priority variables, variables ascertaining social determinants of health (SDOH), consistency between variables and narrative fields and ensuring prevention recommendations are captured. After case reviews are complete, recipient will receive case level feedback on categorization through CDC technical assistance, discuss with CDC and update category/cases accordingly.

- Analyze data to provide information on burden, risk factors, and opportunities for prevention, with a focus on identifying disparities and associated social determinants of health

1. Analyze annual Case Registry data compiled in the NFR-CRS to calculate SUID mortality rates, identify disparities, improve the case process and death investigations, and inform prevention activities.
    - Component A recipients will develop a plan to conduct analyses to calculate the rate of SUID using categorical causes in the algorithm, identify disparities in SUID mortality between populations, describe the SDOH/systems-level factors that may influence SUID mortality rates; describe compiled prevention recommendations captured during case reviews; incidence; and inform multi-level recommendations (e.g. patient, provider, community, systems) for reducing disparities and rates of sleep-related infant deaths in the jurisdiction.
    - Recipients' data analyses should include stratification by race and ethnicity, geography, social determinants of health (e.g. income) to determine disproportionately impacted groups and communities.

- Disseminate data to internal (death investigators, law enforcement, health services) and external (community partners) audiences to inform practice and policy changes, and leverage partnerships to prevent deaths and reduce disparitie. Disseminate statistics annually to the following groups:
    1. Organizations/partners who can improve primary data sources and discuss findings on individual cases including death investigators, law enforcement, health services, child protective services, child death review members, and other relevant partners and community organizations.
    2. Agencies that conduct infant and child death investigations to help them improve standardization of primary data sources and these investigations and ensure equitable investigations. Improvements implemented should include consideration of culturally appropriate methods of investigation and the use of doll reenactments for all infant deaths.
    3. External organizations and community partners who can facilitate changes to policies and practices and implement prevention recommendations. Recipients should develop and sustain bidirectional partnerships with communities that increase the utilization of SUID and SDY data to address disproportionate burdens.
        - Partnerships should support the dissemination of data including prevention recommendations in partnership with communities.
        - Leverage these collaborative partnerships to inform practice, program, and policy changes.

Component B recipients (if funded for component A) will receive additional funds to complete the following additional activities on SDY cases:

- Identify SDY cases for autopsy protocols within 24 hours
    1. SDY includes an expanded case definition to include all young people who die suddenly and unexpectedly from age 0 to at least age 17 and a maximum age of 20 years (SDY Cases). The maximum age defers to CDR legislation within a funded jurisdiction indicating the allowable age. All SUID cases brought

into the Case Registry in Component A are also a part of the below process for Component B.

- Review cases at an additional SDY Advanced Review 30 days after CDR review (Component B)
    1. The advanced review team should include at least a cardiologist, epileptologist and forensic pathologist, and geneticist/genetic counselor (when available).

- Categorize each SDY at an Advanced Review
    1. Categorize each SDY case according to a separate established SDY algorithm within 90 days of the original CDR meeting

- Conduct a family health history and consent interview
    1. Conduct family medical history and consent interviews for subsequent NIH-sponsored research (outside the scope of this funding opportunity) on all eligible cases. Families should be notified when further risk to surviving family members is identified using the family medical history and case information.

- Enter all case information from Advanced Review, including review team prevention recommendations within 30 days of review
    1. Enter all additional SDY data/case information including CDR team identified risk factors and prevention recommendations into the National Fatality Review Case Reporting System (NFR-CRS) within 30 days of review.

- Perform quality assurance checks/protocols on all cases within 30 days of completing SDY data entry of case information as outlined above for Component A.
- Analyze data to provide information on burden, risk factors, and opportunities for prevention, with a focus on identifying disparities and associated social determinants of health as outlined above for Component A.
- Disseminate data to internal (death investigators, law enforcement, health services) and external (community partners) audiences to inform practice and policy changes, and leverage partnerships to prevent deaths and reduce disparities

Component C recipients (if funded for Component A) will receive additional funds to implement one or more community participatory, data-driven prevention strategies during the 5-year project period. Recipients will engage communities to implement strategies informed by SUID Case Registry data for their jurisdiction. **Across the 5-year project period recipients will be expected to**:

1. Conduct community participatory sessions to understand challenges and potential facilitators affecting the implementation of Safe Sleep practices in communities disproportionately impacted by SUID.
2. Develop opportunities for networking, collaboration, and cooperation between SUID Case Registry staff and communities to communicate information from data on SUID.
3. Share jurisdiction-specific data, including disparities in safe sleep practices, to inform planning activities with disproportionately impacted communities.

4. Develop community participatory data-driven planning and implementation strategies tailored to specific community needs with documented disparities in SUID rates, that address challenges to the implementation of Safe Sleep practices.
5. Develop and implement one or more community participatory prevention strategies to reduce infant deaths in the sleep environment using information from compiled Case Registry data that aligns with the American Academy of Pediatrics' Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment.
6. Document and share community processes, challenges, and facilitators for implementation of prevention strategies, and other lessons learned.
7. Share findings in varying formats with community participants, CDC, other Case Registry recipients and other partners.

During Year 1 of the period of performance, Component C recipients are expected to:

- Identify and mobilize key community partners with a focus on assessing existing community assets and gaps. Partners should be engaged in sharing community voices and be able to contribute to the prevention strategy by affecting change and have a key interest in reducing sleep-related infant deaths and in creating a healthier community. Key representatives of disproportionately impacted communities should be engaged in the beginning and throughout the activities for Component C.
    1. In collaboration with the working group, utilize existing CDR data including, but not limited to, SUID rates, safe sleep practices, and geography to educate partners and inform planning activities.
    2. Conduct community participatory sessions to understand challenges and facilitators to Safe Sleep practices in disproportionately impacted communities.

- Identify existing prevention work with key programs already engaged in community-led infant mortality prevention in the jurisdiction(s), including but not limited to examples such as Health Resources and Services Administration (HRSA) led programs: Title V block grants, AAP SUID Prevention funding, HRSA Catalyst for Infant Health Equity, Healthy Start, Home Visiting, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), NAPPS-IIN, and Fetal Infant Mortality Review (FIMR).
- Lead identification of SUID prevention recommendations for implementation through development of a prevention strategy, with a focus on engaging community voices and perspectives. This may include describing and documenting recommendations within the context of current community priority concerns, needs, and community assets.
    1. Identify a specific group or geographic area disproportionately affected by SUID.
    2. Identify challenges to safe sleep practices faced by infant caregivers/families.
    3. Develop objectives and outcomes for one or more prevention strategies that address health inequities. Promising strategies to consider include:

- Improve knowledge and awareness of safe sleep practices by developing culturally appropriate health messages and educational tools for caregivers/families.
- Strategies to remove/reduce known challenges to safe sleep practices for infant caregivers/families (e.g., providing free or reduced cost cribs for families, holding safe-sleep baby showers).
- Strategies to implement safe sleep initiatives at the system or community level (e.g., church baby showers; strategies to address housing insecurity, Perinatal Quality Collaboratives safe sleep initiatives).
- Collaborating with agencies that interact with women, infants and childcare professionals on policies that support safe sleep practices informed by the AAP guidance.

- Document community collaborative processes, use of data to inform planning, and draft plans for prevention strategies.

In years 2-5 Component C recipients are expected to:

- Implement the prevention strategies plan using a plan-do-study-act model or other public health prevention framework.
- Document implementation progress to ensure plans are followed or modified based on experience and need for changes.
- Continue working group processes to inform strategies, analyze implementation process and other lessons learned, and report findings within the jurisdiction, including to participating communities.
- Report challenges and successes to CDC during regularly scheduled technical assistance and reporting.
- Share lessons learned, including any developed materials, during CDC technical assistance and the annual recipient Reverse Site Visit for other recipients to adapt and use.
- By the end of the project, recipients will have implemented one or more data-informed strategies to reduce risk factors associated with sleep-related deaths in infants. Recipients will have developed and disseminated tools and resources to help communities and other recipients use their Case Registry data, findings, and recommendations to:
    1. Partner to implement community-participatory prevention strategies to reduce sleep-related infant deaths.
    2. Identify challenges and facilitators affecting implementation of prevention strategies such as challenges in health and social service systems or local policies that are drivers of inequities.

1. Collaborations

Required and suggested collaborations essential to project success are explained below.

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

Required Collaboration:

All recipients shall collaborate with the SUID and SDY Data Coordinating Center (DCC). The current CDC- and NIH-funded DCC for this project is at the National Center for Fatality Review and Prevention at the Michigan Public Health Institute (MPHI). A plan should be made to submit a letter of support from the National Center/DCC that supports the below activities. Applicants must file the MOU/MOA/LOS, as appropriate, name the file "NCFRP_MOU/MOA/LOS", and upload it as a PDF file at www.grants.gov.

- All recipients will collaborate with the DCC at MPHI for support and access to the National Fatality Review Case Reporting System (NFR-CRS). CDC will receive a quarterly data set from this system.
- Applicants applying for Component B must also collaborate with the DCC for technical assistance on NIH-funded external activities including: ensuring that every SDY family will be provided the opportunity to consent for subsequent NIH-sponsored research (outside the scope of this funding opportunity); return of clinically actionable results and diagnostic genetic testing; collecting, storing, and shipping biospecimens to a biorepository; reviewing and submitting protocols to local or a central Institutional Review Board (IRB) at MPHI. If applying for component B the NCFRP_MOU/MOA/LOS should directly reference Component B activities.

Optional Collaborations:

Recipients may choose to develop and maintain collaborative relationships with other CDC-funded projects. Applicants must file the LOS, as appropriate, name the file "CDC_<program acronym>_LOS", and upload it as a PDF file at www.grants.gov.

- **Pregnancy Risk Assessment and Monitoring System (PRAMS).** All recipients may collaborate with their state PRAMS program to understand jurisdiction-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy, which include data on safe sleep practices and other associated factors to SIDS such as smoking and preterm birth.
- **Behavioral Risk Factor Surveillance System (BRFSS).** All recipients may collaborate with this program. Data from this survey is used by state health departments, programs throughout the CDC, and by health organizations across the U.S. BRFSS data can be used to understand U.S. residents health-related risk behaviors, chronic health conditions, and use of preventive services.
- **PLACES: Local Data for Better Health.** PLACES reports county-, place-, census tract-, and ZCTA-level data and uses small area estimation methods to obtain 29 (27 in the 2020 release) chronic disease measures for the entire United States. combining data related to SDOH measures with community-level chronic disease measures from PLACES can broaden the usefulness of each of these types of data in understanding community health.
- **Infectious Disease Pathology Branch (IDPB).** All recipients will have a subset of cases with histopathologic findings at autopsy or antemortem symptoms suggestive of an infection. These cases may be considered for infectious disease testing in collaboration

with the state public health lab. Per the Med-X model if there are cases that remain unexplained or for which additional testing at CDC might be of interest, IDPB shall be contacted for assistance.

- **Division of Population Health's (DPH) Epilepsy Program (Component B).** All recipients may collaborate with DPH as appropriate to better understand and prevent these deaths. Opportunities during technical assistance and annual meetings will be made available to learn more about this subset of deaths.

Other CDC Programs. Recipients may also collaborate with other CDC-funded surveillance programs to identify strategies to improve surveillance or with CDC-funded public health prevention programs to address prevention of unexpected deaths in infants and children. These collaborations are not required but can greatly increase the strength of SUID/SDY surveillance. Programs include but are not limited to: Perinatal Quality Collaboratives, Maternal Mortality Prevention Program, and the National Violent Death Reporting System. Recipients can collaborate with CDC-funded Maternal Child Health (MCH) assignees working in the funded jurisdictions.

b. With organizations not funded by CDC:

Required for Component A and B Applicants:

All recipients are expected to develop and maintain relationships to collaborate with the following organizations, offices, and professionals to accomplish the activities and outcomes outlined in this funding announcement. Sharing of resources with these partners is strongly encouraged. Memoranda (MOAs or MOUs) or letters of support (LOS) from collaborating organizations outlining a commitment to the outlined tasks below are required. Memoranda/LOS should demonstrate a commitment to support the applicant with surveillance activities and explicitly detail the nature of past collaborations, including specific activities and products, and of future collaborations in the proposed activities.

1. Medical Examiner, Forensic Pathologists, Death Investigators, and/or Coroner Offices:

All investigative offices in the proposed state/jurisdiction must provide an LOS/MOU/MOA indicating how they will assist with identifying and notifying all SUID Case Registry (Component A) recipients of each death within 30 days. This LOS/MOU/MOA should detail the relationship between the applicant and the agency. If applying statewide or in multiple jurisdictions each of the jurisdictions the applicant is applying should provide a letter.

Collaboration should include the following:

- Assist with the timely identification of all deaths that meet the case definition
- Provide autopsy and death scene investigation reports to recipients
- Attend and contribute to all CDR meetings
- Support the recipient in their external partnerships
- Support efforts to standardize infant and child death investigations
- Applicants must file the MOU or MOA or LOS, as appropriate, name the file "Investigation_MOUs/MOAs/LOS", and upload it as a PDF file at www.grants.gov

Additional Medical Examiner, Forensic Pathologists, Death Investigators, and/or Coroner Offices requirements for Component B

Applicants applying for Component B must collaborate with Medical Examiner, Forensic

Pathologists, Death Investigators, and/or Coroner Offices in the following additional specific ways. MOU/MOA/LOS with this group of professionals for Component B should include specific information on collaboration for these Component activities:

- Identify cases within 24 hours.
- Follow the standardized autopsy guidance including the collection, and appropriate storage and shipment of blood and tissue samples.
- Participate in the SDY Advanced review process
- Support the recipient in obtaining generational family history of cardiac conditions and sudden death for all SDY cases.
- Support offering the opportunity to consent for subsequent NIH-sponsored research (outside the scope of this funding opportunity).
- Support the recipient to notify families when further risk to surviving family members is identified using the family medical history and case information.
- Support the recipient in obtaining generational family history of cardiac conditions and sudden death for all SDY cases. Support the recipient in providing feedback to families on actionable genetic results.
- Participate in planning for grief and bereavement support of affected family members.
- If applying for Component A and B one Investigation_MOUs/MOAs/LOS will suffice but both Component A and B activities should be referenced

2. Collaboration with State Vital Records office. Birth certificate and death certificates are crucial to compiling data for all recipient's SUID/SDY cases. Collaborations with State Vital Records offices should include the following:

- Preferred level of collaboration: Provide real-time electronic access to death certificates as it allows recipients to identify cases for and abstract critical information. This includes participation in the National Association of Public Health Statistics and Information Systems – State and Territorial Exchange of Vital Events system.
- At the end of each cohort, provide access to a final death year file which is essential for final quality checks of case ascertainment (especially out of state deaths) and allows recipients to input International Classification of Death Codes into the surveillance data system.
- The MOU should outline the level of access to vital records (i.e., real-time electronic access; weekly data sets, etc.). Applicants must file the MOU or MOA or LOS, as appropriate, name the file "Vital_MOUs/MOAs/LOS", and upload it as a PDF file at www.grants.gov.

3. State/Local Child Death Review Program. All recipients should have active membership of a multidisciplinary CDR team. Representation at each meeting should include, but not be limited to, medical examiners/coroners, death scene investigators, pediatricians or other health care providers, and representatives of law enforcement, public health, child protective services, and emergency medical services. If the applicant is not a CDR program, the applicant must include a memorandum of support from their state (and local, if appropriate) CDR teams. This letter should outline the collaboration between the applicant and the appropriate CDR team(s) including the state CDR program coordinator.

Collaboration should include the following:

- Host regular and effective meetings (using NCFRP guide to effective CDR reviews) to ensure cases are reviewed within 150 days of identification with all appropriate members and data available at the review.
- Adhere to CDR protocols established by the National Center for Fatality Review and Prevention in their Program Manual.
- Discuss risk and protective factors and opportunities for prevention for each case. Prevention recommendations should be drafted and communicated to key stakeholders
- Facilitate the categorization of each case during the multidisciplinary CDR meeting using CDC's SUID Categorization Algorithm.
- Applicants must file the MOU or MOA or LOS, as appropriate, name the file "CDR_MOUs/MOAs/LOS", and upload it as a PDF file at www.grants.gov.

Required for Component B applicants only:
Component B includes additional activities and therefore should have additional partners. Memoranda (MOAs or MOUs) or letters of support (LOS) from collaborating organizations outlining a commitment to the outlined tasks below are required. Memoranda should demonstrate a commitment to assist the applicant with surveillance activities and explicitly detail the nature of past collaborations, including specific activities and products, and of future collaborations in the proposed activities.

1. Clinical Specialists (Advanced review team members) Component B recipients must form an advanced review team including a pediatric cardiologist, epileptologist, or pediatric neurologist, genetic counselor, and hospital and/or forensic pathologists and must include a letter of support from this team. Individual team members may write letters of support that specify partner contributions including the nature of past and proposed future involvement with the Advanced review process. Collaboration should include the following:

- Regularly attend Advanced review team meetings.
- Support the recipient in obtaining access to medical history and support the process to offer an opportunity to consent for subsequent NIH-sponsored research (outside the scope of this funding opportunity).
- Participate in the categorization of each SDY case using CDC's SDY Categorization Algorithm.
- Applicants must file the letter, MOU or MOA or LOS, as appropriate, name the file "Clinical_MOUs/MOAs/LOS", and upload it as a PDF file at www.grants.gov.

Required for Component C applicants only:
1. Recipients of Component C are expected to develop and maintain **collaborative relationships with communities disproportionately impacted by SUID**. Key community organizations that serve disproportionately impacted communities should be engaged throughout the activities of this Component. Applicants should consider community efforts and organizations already addressing safe sleep and infant mortality. For example, local community health centers, local Healthy Start programs, local Safe Kids chapters, or any other community-based organization.

- Letters of Support should document support for the implementation of strategies to reduce sleep-related infant deaths. The LOS should include a description of how partners or community representatives will contribute to the prevention strategy by affecting change and have a key interest in reducing sleep-related infant deaths and in creating a healthier community.
- Applicants must file the LOS, MOU or MOA, as appropriate, name the file "Prevent_LOS/MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

Optional collaborations for all applicants for Components A and C that can support better understanding of data related to sudden unexpected infant deaths and opportunities for prevention:
These federal initiatives may have locally supported organizations that can provide information on infant mortality and prevention efforts. Applicants can file the LOS, MOU or MOA, as appropriate, name the file "Collaborate_LOS/MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

- HRSA Catalyst for Infant Health Equity
    - Catalyst for Infant Health Equity Program Fiscal Year 2022 Awards | MCHB (hrsa.gov)
- HRSA Sudden Unexpected Death Prevention
    - Sudden Unexpected Infant Death Prevention | HRSA
- Title V bock grant
    - Title V Maternal and Child Health (MCH) Block Grant | MCHB (hrsa.gov)
- Healthy Start
    - Healthy Start | MCHB (hrsa.gov)
- Home Visiting Programs:
    - Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program | MCHB (hrsa.gov)
- HRSA funded National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN) (nichq.org)- source of resources for implementation
- HRSA CDR
    - National Fetal, Infant, and Child Death Review Program | Official web site of the U.S. Health Resources & Services Administration (hrsa.gov)
- The NIH Safe to Sleep Campaign

Optional collaborations for all Component B applicants that can support in better understanding sudden unexpected child deaths: These optional collaborators can provide national information on mortality and prevention efforts. Applicants must file the LOS, MOU or MOA, as appropriate, name the file "B_Collaborate_LOS/MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

- Parent Heart Watch
- Citizens United for Research in Epilepsy (CURE)

- Sudden Arrythmia Death Syndromes (SADS) Foundation
- Project ADAM
- Epilepsy Foundation
- Partners Against Mortality in Epilepsy (PAME)
- Sudden Unexplained Death in Childhood (SUDC) Foundation

2. Target Populations

The populations of focus for this funding opportunity are all persons at risk of sudden and unexpected infant (Component A) and infants and children (0-18) (Component B) deaths in a given jurisdiction. These groups will benefit directly from a reduction in deaths. Applicants are required to include a description of the communities that are disproportionately affected by unexpected infant (Component A) and child death (Component B) in their jurisdiction. Component C recipients will be awarded funds to develop and implement safe sleep strategies in defined communities that are disproportionately impacted by SUID. All applicants should describe any disproportionately impacted communities using CDC's preferred terms for select populations groups and communities and visit CDC's Gateway to Health Communication to learn more about Using a Health Equity Lens.

a. Health Disparities

The burden of SUID and SDY disproportionately impacts racial and ethnic minority groups, including tribal populations. Furthermore, families of lower socioeconomic status typically comprise a significant proportion of cases. This funding will support a better understanding of characteristics of these deaths including social determinants of health and other life stressors. Component C will implement community participatory, data driven prevention strategies in communities disproportionately impacted by SUID to directly address disparities. Applicants should describe disparities in SUID (Component A) and SDY (Component B) in their jurisdiction based on geography, race/ethnicity, socioeconomic status, insurance type, preferred language, or any other relevant factors.

iv. Funding Strategy

All applicants must apply for Component A. Applicants may also apply for Component B and/or Component C. Components B and C can only be awarded if applicant is selected for A. Only 1 application and one work plan is needed. Organizational Capacity and experience are similar for all Components. Where additional capacity is needed clearly document which Component the additional information is for. If applying for Component B additional information can be integrated into the same work plan and strategies and activities as Component A however the additional activities should be clearly documented. If applying for Component C add the additional information for this Component to the end of the Approach and add to the work plan. Applicants must submit a separate budget for each component to which they are applying. The funding range for each component has been described in the table below.

The Case Registry recipients are funded on a base-plus-per-case formula. Component A includes base funding plus funds per expected SUID case. Components B and C are optional additions to Component A. Receiving funding for Component A is required to receive funds for Component B or Component C. Component B includes additional base funding plus per expected SDY case. Projected annual case numbers are calculated using five-year rolling averages for each jurisdiction based on a standard list of Vital Statistics ICD10 codes and the Case Registry

standard case definition. Component C applicants will be funded up to $150,000 annually.

Funding Ranges* for Component A and B are shown below:

	Annual Cases in State/Jurisdiction	**Annual Funding Range**
Component A (SUID)	Small (3-69)	$52,000 - $85,000
	Medium (70-130)	$85,000 - $135,000
	Large (<131)	$135,000 - $310,000
Component B (SDY) funds	Small (7-50) Medium (50-110) Large (<110)	$20,000 -$80,000 $80,000 -$140,000 $140,000 - $510,000

*The above are to be used as guidance only when preparing a budget. Depending on the number and geographic distribution of applicants the full range of Component A awards can potentially be from $42,000 - $300,000 in each year of the period of performance. Component B and C funding is in addition to Component A funding.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

Data Use:
CDC contracts with the National Center for Fatality Review and Prevention (NCFRP) to improve the quality of the data that recipients submit to the Case Registry. Through data use agreements (DUA) between individual recipients and NCFRP, between individual recipients and CDC, and between NCFRP and CDC, CDC receives a quarterly de-identified data set from NCFRP to analyze for case ascertainment, data quality, assessment of timeliness, data analysis, and publication development. Upon receipt, CDC saves the data in backed-up, secure (firewall and virus protection and restricted access) folders on the secure CDC network.

Data Monitoring Activities:
CDC will use recipient surveillance data to assess progress towards strategies and activities in the logic model. Using three surveillance constructs - Case ascertainment, Data completeness, and Timeliness - CDC will create quarterly reports for recipients to track their progress and will discuss during monthly one-on-one calls.
CDC will implement the following data monitoring activities:

- Monthly calls with key recipient Case Registry staff.
- Bi-annual budget updates.
- Annual work plan updates.
- Recipient-led site visits anchored by an observation of a multi-disciplinary death review.
- Virtual or in person recipient-led site visits.
- Annual, CDC-led reverse site visit.

Outcome Measures:
Recipients will report on activities and accomplishments during monthly calls, annual work plan updates, site visits, and the annual reverse site visit; enabling CDC to track recipient progress

towards the following performance measures. Listed performance measures are used to measure outcomes in the Logic Model:
Component A and B:

- Increase in high-quality, timely data for SUID/SDY, including information on disparities and SDOH, for program improvement and public health purposes:
    - Number of Case Registry data dissemination reports, presentations, and other outputs for the purpose of 1) program improvement including standardization of death investigations and 2) community awareness.

- Increase in the number of implemented policies and practices to standardize and reduce inequity in investigation practices, including review of medical records, scene investigation and autopsies:
    - Number of policies and practices implemented that address inequity.

Component C:

- Increased engagement opportunities (e.g. meetings, events, gatherings) for networking, cooperation, and data sharing with communities disproportionately impacted by sleep-related infant death:
    - Number of engagement opportunities taken with communities disproportionately impacted by sleep-related infant death.

- Increase in implementation of community participatory, data-driven prevention strategies for disproportionately impacted communities:
    - Number of tailored interventions implemented based on risk factors and high-risk groups.
    - Number of quality information (accurate, reliable, relevant, unbiased, complete) shared with high-risk groups.

Data Management Plan:
Applicants for Components A and B are not required to submit a Data Management Plan (DMP) because the National Fatality Review Case Reporting System is available to external researchers through an application process https://ncfrp.org/data/data-dissemination/. CDC has an approved DMP for Components A and B. Since Component C of the NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required.

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/additional-requirements/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
The applicant's organizational capacity section must clearly demonstrate the necessary skills and relevant experience or partnerships to successfully: 1) implement the strategies and activities outlined in the logic model; 2) achieve short and intermediate outcomes; 3) report on performance measures; and 4) manage a federal award.

A Strong Component A applicant will:

- Describe their ability to identify 100% of cases in their state/jurisdiction.
- Describe their access to key data sources for the Case Registry; especially vital statistics, death investigation reports and law enforcement reports.
- Describe their ability to facilitate multi-disciplinary review meetings including diverse attendance and participation.
- Describe their staffing ability to enter data into the National Fatality Review Case Reporting System.
- Describe their planned process for applying quality assurance protocols to every case.
- Describe their ability to analyze and report on Case Registry data annually, at a minimum.
- Describe their ability to disseminate Case Registry data and findings to systems and agencies that serve birthing persons, infants and families to inform policy and practice changes that improve the health of these populations.

- Provide a staffing plan and project management structure that will be sufficient for Component A. Applicants are expected to provide LOS/MOU/MOAs that demonstrate a staffing plan and project management structure that will be sufficient for Component A.

A Strong Component B applicant will:

- Describe their ability to partner with the required collaborations, including coroners/medical examiners and medical specialties for all Component B SDY activities.
- Describe their ability to identify 100% of cases within 24 hours and apply the autopsy protocols in their state/jurisdiction.
- Describe their access to key SDY data sources for the Case Registry; especially medical records and family history.
- Describe their ability to facilitate advanced clinical review meetings including diverse attendance and participation.
- Describe their staffing ability to enter data into the additional SDY module of the National Fatality Review Case Reporting System.
- Describe their planned process for applying quality assurance protocols to every case.
- Describe their ability to disseminate Case Registry data and findings to systems and agencies that serve birthing persons, infants and families to inform policy and practice changes that improve the health of these populations.
- Provide a staffing plan and project management structure that will be sufficient for Component B. Applicants are expected to provide LOS/MOU/MOAs that demonstrate a staffing plan and project management structure that will be sufficient for Component B.

A Strong Component C applicant will:

- Document evidence of existing community partners in disproportionately impacted communities or the capability to rapidly develop these community partnerships to discuss data and prevention implementation. Applicants are expected to provide Prevent_LOS/MOU/MOAs that demonstrate planned community partnerships.
- Describe access to current data that provides SUID incidence rates and safe sleep prevalence rates for disproportionately impacted communities within the jurisdiction.
- Describe their ability to use data to inform community planning for safe sleep interventions.
- Describe their ability to conduct community participatory planning and implementation of prevention strategies in disproportionately impacted communities.
- Describe how they plan to document and share community process, challenges, and potential facilitators for Safe Sleep practices, prevention strategies, and implementation process and other lessons learned.
- Describe their ability to share project progress in varying formats with community participants, CDC, other Case Registry recipients and other partners.
- Provide a staffing plan and project management structure that will be sufficient for Component C. Applicants are expected to provide LOS/MOU/MOAs that demonstrate a staffing plan and project management structure that will be sufficient for Component C.

d. Work Plan

Below is an optional SUID and SDY Case Registry work plan template. This template outlines the minimum information required in a work plan. The “Challenges” and “Plans to overcome challenges” columns can be completed/updated as needed during the funding cycle. The “Plan/Progress/Steps to accomplish outcomes” column should indicate current work relevant to this activity. Complete the starred "*" sections only if you are applying for Component B and/or Component C, as indicated below.

Activity	**Plan/Progress/Steps to implement activities**	**Challenge**	**Plan to overcome**
Identify 100% of SUID cases for (CDR) within 30 days of death		Information in these 2 columns is not required for the application. If funded and this template is used these columns will be populated.	
*Identify 100% of SDY cases within 24 hours of death and complete autopsy guidance (timeliness)			
Review: Have all data available for a multidisciplinary review within 150 days of identification of death			
Categorize each SUID case at the CDR meeting according to the algorithm at CDR			
* Conduct family medical history interview and provide an opportunity to consent for subsequent NIH-sponsored research (outside the scope of this funding opportunity) on all eligible cases. *Conduct an advanced review of eligible SDY cases, including the additional categorization of each SDY case according to the established algorithm, within 90 days of CDR (Component B only)			
Enter all case information including review team prevention recommendations within 30 days of review			
Perform quality assurance checks/protocols on all cases within 30 days of completing data entry of case information			
Analyze data to provide information on burden, risk factors, and opportunities for prevention, with a focus on identifying disparities and associated social determinants of health (SDOH)			
Disseminate data to internal (death investigators, law enforcement, health			

services) and external (community partners) audiences to inform practice and policy changes, and leverage partnerships to prevent deaths and reduce disparities		
**Develop one or more reduction or prevention strategies for sleep-related deaths using information from compiled data and guided by the American Academy of Pediatrics' Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-Related infant deaths. (Component C only)		

* Only complete if applying for Component B in addition to A
** Only complete if applying for Component C in addition to A

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.

Award specific monitoring (all Components):

During the period of performance, each recipient will be required to develop a work plan and evaluation plan that outlines how they will achieve the strategies, activities and outcomes from the Logic Model. Findings from these assessments will demonstrate the value of building recipients' capacity for conducting population-based SUID and SDY surveillance that can identify risk and protective factors with the goal of equitably improving outcomes.

- Recipients will update their work plan annually with current progress, challenges, and strategies to reduce challenges.
- Recipients (A and B) will use the CDC-generated Data Quality Summary and Categorization Feedback documents and discussions during monthly calls to identify challenges.
- Recipients will update their evaluation plan annually.
- Recipients will use feedback from CDC regarding their annual submission to make adjustments to work plan as needed.

CDC will use the recipient work plan to track recipient progress toward the outcomes, provide feedback, and assist with achievement of outcomes within stated time frames. CDC will use the data provided by recipients to assess opportunities for process and data quality improvement and will share this feedback. In addition, CDC will use all documentation and data submissions for continuous quality improvement of the CDC program and recipient programs. CDC will provide routine feedback to recipients throughout the period of performance using quarterly reports, calls, and email communication.

Annually, at the reverse site visit in Atlanta, recipients will report out on their outcomes and process measures.
Recipients will provide oral and/or written communication annually; and share both successes and challenges with CDC and all other recipients.

f. CDC Program Support to Recipients

CDC program staff will ensure the success of the cooperative agreement by fully supporting recipients in implementing the award, meeting the identified benchmarks, and achieving outcomes.

Technical assistance will be provided for **all Components** in the form of training opportunities, learning collaboratives, expert presentations, and participation in the annual reverse site visit. Additional support for child death review specific needs will be garnered though a contract with the National Center for Fatality Review and Prevention. Technical assistance will include peer-to-peer learning opportunities and other learning opportunities such as attending and/or presenting at national and international conferences, meetings and other workshops.

Additional support for Components A and B will include quarterly CDC-generated data reports on progress towards meeting the benchmarks in the strategies and activities section and quarterly feedback on case categorization. These reports will be sent to recipients via email at the end of each quarter and will be discussed on the monthly call following receipt of the document. CDC will also review and provide feedback on the recipients annual evaluation plan update to ensure progress towards short and intermediate outcomes.

Additional support for Component C will include specific quarterly progress meetings and specialized training opportunities on community participatory activities and promising practices in prevention. CDC can also facilitate connections to partners involved in community-based research.

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:
2023

Estimated Total Funding:
$16,000,000

4. Approximate Total Fiscal Year Funding:
$3,200,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$16,000,000

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

7. Expected Number of Awards:
37
Component A: 33-37
Component B: 13-20
Component C: 1-5

8. Approximate Average Award:

$100,000
Per Budget Period

Component A: $95,000
Component B: $70,000
Component C: $150,000

9. Award Ceiling:
$0
Per Budget Period

This NOFO does not have an award ceiling

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:

September 30, 2023
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)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

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

State controlled institutions of higher education

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

American Indian or Alaska native tribally designated organizations

Other:

Private colleges and universities

Community-based organizations

Faith-based organizations

2. Additional Information on Eligibility

To ensure maximum coverage across the U.S., multiple applications from the same study area/jurisdiction will not be funded. Multiple applications from the same state will be funded as long as they are applying for separate study areas/jurisdictions. Interested applicants from the same study area/jurisdiction are encouraged to collaborate to submit one application.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged

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.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI 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 and a Unique Entity Identifier (UEI). 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 SAM.gov and the SAM.gov Knowledge Base.

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	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	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
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 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	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

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)

Number Of Days from Publication 20

03/27/2023

b. Application Deadline

Due Date for Applications 06/01/2023

06/01/2023
11:59 pm U.S. Eastern 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 Informational Conference Call
March 31, 2023, at 2:00 EST

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1602504053?pwd=dzEwb2N0NURMZVJHT1J2VDJxS0Qzdz09

Meeting ID: 160 250 4053
Passcode: 0X9fU&b&
One tap mobile
+16692545252,,1602504053#,,,,*57522277# US (San Jose)
+16469641167,,1602504053#,,,,*57522277# US (US Spanish Line)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 964 1167 US (US Spanish Line)
+1 646 828 7666 US (New York)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
+1 415 449 4000 US (US Spanish Line)
Meeting ID: 160 250 4053
Passcode: 57522277

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 UEI.

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:
Recommended but not Required
Letter of Intent is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI should include the following:

- Number and title of this NOFO: CDC-RFA-DP-23-2306 *Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry*
- State or Jurisdiction(s)

- Components applying for (A, B, and/or C).
- Name, address, telephone number, and e-mail address of the primary contact for the application

LOIs must be sent via email to:

Project Officer's name: Carri Cottengim
CDC, National Center for Chronic Disease Prevention and Health Promotion
Email address: SUIDSDY@cdc.gov

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.

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.

Refer to Section H for additional information.

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.

Applicants must provide a separate budget narrative for each Component they apply for. The details of the budget narrative must be separated out by Component. Regardless of how many Components the applicant applies for, only 2 people will be required to travel to Atlanta annually. All applicants must provide the details for travel for at least 2 people to Atlanta annually. This travel must be estimated and included in the Component A budget narrative.

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/additional-requirements/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 via email.

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:** 45

Component A: The extent to which the applicant:

- Demonstrates clear understanding of requirements and purpose of the funding announcement by clearly describing the recent burden of SUID in the applicant's jurisdiction/state, including disparities and SUID-related SDOH. **(5 points)**
- Details how they will identify all SUID cases occurring in the funded state/jurisdiction for Child Death Review (CDR) within 30 days of the death. Highest points given to

applicant with direct connections with forensic pathologists, coroners, medical examiners or death investigators and reliable access to vital records data as evidenced by NCFRP_MOU, Investigation_MOU and Vital_MOU. **(5 points)**

- Describes an approach to hosting reviews through a multi-disciplinary local or state CDR meeting including making committee recommendations for prevention on each case as allowable by state statute. **(5 points)**
- Describes an approach to working with child protective services, death investigators and pathologists, Emergency Medical Services (EMS), law enforcement, pediatric and other medical staff, social services, public health, prevention partners, fire departments, and any other relevant organizational or community members to support completion of case/data information. **(5 points)**
- Describes how applicant will categorize each case at the review according to the established SUID algorithm. **(5 points)**
- Describes how applicant perform quality assurance checks/protocols on all Case Registry cases in the NFR-CRS within 30 days of completing data entry paying special attention to completeness of SUID/SDY Case Registry priority variables. **(5 points)**
- Describes how applicant will disseminate Case Registry data to data to internal (death investigators, law enforcement, health services) and external (community partners) audiences to inform practice and policy changes, and leverage partnerships to prevent deaths and reduce disparities. Highest points given for describing both data dissemination elements. **(10 points)**
- Provides a work plan for the first year that demonstrates how they will implement the strategies/activities in the logic model. Work plan activities should lead to attainment of the proposed objectives, and achieve the intended program outcomes. **(5 points)**

Component B: The extent to which the applicant:

- Demonstrates clear understanding of the intent of SDY surveillance as demonstrated through the ability to access data and provide a clear work plan. (**5 points**)
- Describes a plan to identify SDY cases for autopsy protocols within 24 hours. (**5 points**)
- Details a comprehensive plan to engage a team and implement an advanced review committee with membership from cardiologists, epileptologists, forensic pathologists, geneticists and/or neurologists. Highest points given to applicant who has a commitment from all members and a plan to hold regular meetings as evidenced by Clinical_MOU. (**15 points**)
- Describes how applicant will categorize each case at the advanced review and enter the SDY data into the additional module in the Case Reporting System. Highest points given for descriptions that include how comprehensive data will be made available during the review, how the facilitator will walk the review committee through the SDY Classification algorithm and a system for adjudicating each case. **(10 points)**
- Describes a process to conduct a family history interview and offer every family the opportunity to consent for subsequent NIH-sponsored research (outside the scope of this funding opportunity). Highest points given for the ability to share resources and collaborate with medicolegal death investigators on both family history interviews and consent. **(5 points)**

- Provides a work plan that includes SDY Component B activities for the first year that demonstrates how they will implement the strategies/activities in the logic model. Work plan activities should lead to attainment of the proposed objectives, and achieve the intended program outcomes. **(5 points)**

Component C: The extent to which the applicant:

- Describes a plan to identify and mobilize key community partners with a focus on assessing existing community assets and gaps. Full points given to an applicant who describes engagement of representatives and organizations that serve disproportionately impacted communities as evidenced by Prevent_MOU. **(10 points)**
- Describes a plan to identify existing prevention work with key programs already engaged in community-led infant mortality prevention in the jurisdiction(s). **(10 points)**
- Describes a plan to lead identification of SUID prevention recommendations for implementation through development of a prevention strategy, with a focus on engaging community voices and perspectives. **(10 points)**
- Describes a plan to document community collaborative processes, use of data to inform planning, and draft plans for prevention strategies. **(10 points)**
- Provides details in a work plan for the first year and overview for the entire period of performance that is aligned with the strategies, activities, outcomes, and performance measures as described in the NOFO for this Component. Work plan should include a description of specific tasks that are reasonable and feasible, with realistic completion dates, likely to lead to attainment of the proposed objectives, and achieve the intended program outcomes. **(5 points)**

ii. Evaluation and Performance Measurement **Maximum Points:** 25

Component A: The extent to which the applicant:

- Presents a performance measurement plan that is reflective of the proposed work plan and demonstrates the applicant's performance outcomes with respect to the strategies, activities, and outcomes identified in the logic model for the Component. (**5 points**)
- Details how applicant will increase and track the increase in access to high-quality, timely data for SUID, including information on disparities and SDOH, for program improvement and public health purposes. **(10 Points)**
- Details how applicant will increase and track the increase in the number of implemented policies and practices to standardize and reduce inequities in SUID investigation practices, including review of medical records, scene investigation and autopsies. **(10 points)**

Component B: The extent to which the applicant:

- Presents a performance measurement plan that is reflective of the proposed work plan and demonstrates the applicant's performance outcomes with respect to the strategies, activities, and outcomes identified in the logic model for the Component. (**5 points**)

- Details how applicant will increase and track the increase in access to high-quality, timely data for SDY, including information on disparities and SDOH, for program improvement and public health purposes. **(10 points)**
- Details how applicant will increase and track the increase in the number of implemented policies and practices to standardize and reduce inequities in SDY investigation practices, including review of medical records, scene investigation and autopsies. **(10 points)**

Component C: The extent to which the applicant:

- Presents a performance measurement plan that is reflective of the proposed work plan and demonstrates the applicant's performance outcomes with respect to the strategies, activities, and outcomes identified in the logic model for the Component. The plan should provide evidence for the applicant's ability to assess progress in the development and strengthening of both partnerships and community participatory prevention strategies. **(10 points)**
- Develops a clear framework for how the outcomes and performance measurement will be integrated into planning, implementation, and reporting of Component C activities. **(10 points)**
- Describes how outcomes and performance measurement will be used to demonstrate impact and address disparities and health inequities related to Safe Sleep. **(5 points)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 30

Component A: The extent to which the applicant:

- Describes existing ability or plan to identify 100% of cases in applicant's state/jurisdiction and access to key data sources for the Case Registry including vital statistics, death investigation reports, and law enforcement reports. Full points will be given to applicants with direct access to records. **(10 points)**
- Describes their ability to facilitate multi-disciplinary review meetings including diverse attendance and participation. (**5 points**)
- Describe their staffing ability to enter data into the National Fatality Review Case Reporting System and their planned process for applying quality assurance protocols to every case. **(10 points)**
- Describes their ability to disseminate Case Registry data and findings to systems and agencies that serve birthing persons, infants and families to inform policy and practice changes that improve the health of these populations. (**5 points**)

Component B: The extent to which the applicant:

- Describes applicant's ability to partner with the required collaborators, including medical examiners and relevant medical specialties for SDY activities. **(10 points)**
- Describes their ability to identify 100% of cases within 24 hours and apply the autopsy protocols in their state/jurisdiction. **(5 points)**

- Describes their staffing ability to enter data into the additional SDY module of the National Fatality Review Case Reporting System. **(10 points)**
- Provides LOS/MOU/MOAs that demonstrate a staffing plan and project management structure that will be sufficient for Component B. (**5 points**)

Component C: The extent to which the applicant:

- Describes capacity or plans to document evidence of existing community partners in disproportionately impacted communities or the capability to rapidly develop these community partnerships to discuss data and prevention implementation. Highest points given to demonstration of existing relationships with community partners. **(5 points)**
- Describes ability and plan to access to current data that provides SUID incidence rates and safe sleep prevalence rates for disproportionately impacted communities within the jurisdiction.**(10 points)**
- Describe how they plan to document and share community process, challenges, and potential facilitators for Safe Sleep practices, prevention strategies, and implementation process and other lessons learned. (**5 points**)
- Describe their ability to share project progress in varying formats with community participants, CDC, other Case Registry recipients and other partners. **(5 points)**

Provides a staffing plan and project management structure that will be sufficient to accomplish Component activities. **(5 points)**

Budget **Maximum Points:** 0

Although not scored, the applicants must assure their proposed budget aligns with CDC policy.

- Applicant will submit a separate budget for each Component as applicable.
- Consider the extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities.
- Consider the extent to which the budget reflects appropriate focus on the required NOFO strategies and activities.
- Consider the extent to which the budget reflects appropriate staffing for each of the components applied for.

Applicant's budget must include a trip to Atlanta for at least 2 participants to attend the annual reverse site visit.

c. Phase III Review

CDC will objectively review, score, and rank applications for each component. CDC may fund each compoent out of rank order to ensure that no more than one applicant per jurisdiction is funded. If multiple applicants from the same jurisdiction apply, the highest scoring applicant will be funded.

The following factors also may affect the funding decision for each component:

- Disparities in SUID/SDY rates: Applications may be funded out of order to assure that recipients represent jurisdictions with populations disproportionately impacted by

SUID/SDY to reduce disparities and address health inequities. Applications may be funded out of order to assure that recipients represent jurisdictions with sub populations with SUID rate more than twice the 5-year rolling U.S. SUID rate for 2016-2020 (92.9 per 100,000 live births).

- Geographic diversity: Applications may be funded out of order to ensure a variety in geographic representation of recipients to ensure breadth of surveillance and prevention opportunities across different US geographies (i.e., rural, urban, frontier, HHS Regions) are maintained through this funding opportunity.
- Burden of SUID or SDY: Applications may be funded out of order to ensure recipients represent populations with highest burden of SUID or SDY cases. Highest burden of SUID Or SDY cases are those for which the 5-year rolling SUID rate is at or above the overall U.S. SUID rate for 2016-2020 (92.9 per 100,000 live births). SUID rates will be calculated as the number of SUID deaths per 100,000 live births. The following cause of death codes from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) are used to identify and quantify SUID: R95: Sudden infant death syndrome (SIDS), R99: Unknown cause, and W75: Accidental suffocation and strangulation in bed.

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 Announcement in August 2023

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 annual 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.

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 https://www.cdc.gov/grants/additional-requirements/index.html.

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

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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	No later than 120 days before end of budget period. Serves as continuation application	yes
Federal Financial Reporting Forms	90 days after the end of the budget period	yes
Final Performance and Financial Report	90 days after the end of the budget period	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 publicly 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.

For Years 2 and beyond of the award, recipients may request that as much as 75% of their estimated unobligated funds be carried over into the next 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 program requirements.

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:
Carri

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

Address:

Telephone:
770-488-4290

Email:
wsh2@cdc.gov

Grants Management Office Information

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

First Name:
Pamela

Last Name:
Render
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Telephone:

Email:
plr3@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:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

To learn more about the Case Registry at CDC click here:

https://www.cdc.gov/sids/case-registry.htm
https://www.cdc.gov/sids/suid-sdy-case-registry/nofo.html
https://www.cdc.gov/sids/pdf/case-registry/SUID-SDY-Work-Plan-Template-H.pdf

To learn more about the SDY Component through CDC's Data Coordinating Center click here:
www.sdyregistry.org
To learn more about child death review click here: https://ncfrp.org/suid-sdy-case-registry/

The following attachments should be uploaded as PDF files. They are detailed in the Collaborations Section of the announcement.

- NCFRP_MOU/MOA/LOS
- Investigation_MOUs/MOAs/LOS
- Vital_MOUs/MOAs/LOS
- Clinical_MOUs/MOAs/LOS (Component B only)

- Prevent_MOUs/MOAs/LOS (Component C only)

If applying for more than 1 component 5 additional pages are allowed for each additional component applied for.

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 https://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 collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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. https://www.cdc.gov/grants/additional-requirements/index.html.

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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.